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## Why the “Death Panel” Myth Wouldn’t Die: Misinformation in the Health Care Reform Debate

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# Why the “Death Panel” Myth Wouldn’t Die: Misinformation in the Health Care Reform Debate\*

Brendan Nyhan

## Abstract

Both Bill Clinton and Barack Obama struggled to overcome widespread and persistent myths about their proposals to reform the American health care system. Their difficulties highlight the influence of factual misinformation in national politics and the extent to which it correlates with citizens’ political views. In this essay, I explain how greater elite polarization and the growth in media choice have reinforced the partisan divide in factual beliefs. To illustrate these points, I analyze debates over health care reform in 1993–1994 and 2009–2010, tracing the spread of false claims about reform proposals from Bill Clinton and Barack Obama and analyzing the prevalence of misinformation in public opinion. Since false beliefs are extremely difficult to correct, I conclude by arguing that increasing the reputational costs for dishonest elites might be a more effective approach to improving democratic discourse.

**KEYWORDS:** health care, health care reform, Barack Obama, Bill Clinton, Betsy McCaughey, Sarah Palin, no exit, death panel, euthanasia

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Factual misperceptions are a problem that has received far too little attention from political scientists. While scholars have documented widespread ignorance about government and politics, much less attention has been paid to those false or unsubstantiated beliefs that are confidently held by members of the public, potentially distorting their issue preferences and voting decisions. In practice, such misinformation has proven to be stubbornly resistant to change—corrective information is likely to be rejected or even to make misperceptions *worse* (Nyhan and Reifler N.d.).

Misperceptions have proven to be a particularly difficult problem in recent debates over health care policy. While both sides have made misleading claims, opponents of reform have been particularly successful in creating misperceptions. For instance, President Clinton's attempt to overhaul the U.S. health care system in 1993–1994 was damaged by the false claims that people would not be able to keep seeing their doctor or purchase coverage outside the proposed system of managed competition. Similar misconceptions also clouded the recent debate about health care reform under President Obama, including the myth that the elderly would have medical care denied by so-called government “death panels.” Though not all opponents of reform endorsed these false claims, it is indisputable that they played a major role in both debates.

In this article, I examine the parallels between the two episodes, showing how misinformation about the reform proposals spread rapidly from elites to the public, especially the “death panels” myth of 2009. I then analyze individual-level survey data on misperceptions about the Clinton and Obama plans, showing in both cases that Republicans who were most confident that they understood the proposals were actually the most likely to be misinformed. Given the difficulty of overcoming such strongly held beliefs, I conclude by arguing that increasing the reputational costs for dishonest elites may be a more effective approach.

### **The Challenge of Misperceptions**

There are few absolute standards of truth in political debate. As such, confining misperceptions to statements that can be strictly proven to be false is quite limiting. Instead, I follow Nyhan and Reifler (N.d.) in defining political misperceptions to include both demonstrably false claims *and* unsubstantiated beliefs about the world that are contradicted by the best available evidence and expert opinion.

Unfortunately, such beliefs are all too easy for elites to create. For instance, Jerit and Barabas (2006) show that approximately one-third of Americans in 1998–1999 believed Social Security would eventually run out of money completely under existing law. Only 15% of the public or less knew that the program was projected to be able to pay 75% of promised benefits indefinitely

even if no changes were made (283). These perceptions varied with elite rhetoric about the program going “bankrupt.” More recently, misleading statements by Bush administration officials and flawed media coverage appeared to contribute to widespread misperceptions about Iraq (Fritz, Keefer and Nyhan 2004; Gershkoff and Kushner 2005). Polls in summer 2003 showed that 45–52% of Americans believed Saddam Hussein was “working closely” with Al Qaeda and 21–24% thought the US had found weapons of mass destruction (Kull, Ramsay and Lewis 2003).

As one might expect, the likelihood that an individual holds a given misperception tends to differ sharply along partisan lines. In other words, partisans do not simply differ in their views of political issues, but in their factual beliefs about the world. For instance, a Daily Kos/Research 2000 poll released in July 2009 (Research 2000 2009a) found that 11% of Americans endorsed the myth that President Obama was not born in this country and another 12% were not sure (Factcheck.org 2008). However, these beliefs were heavily concentrated among Republicans: 28% said Obama was not born here, and a further 30% said they were not sure. By contrast, Democrats and independents overwhelmingly rejected the claim.

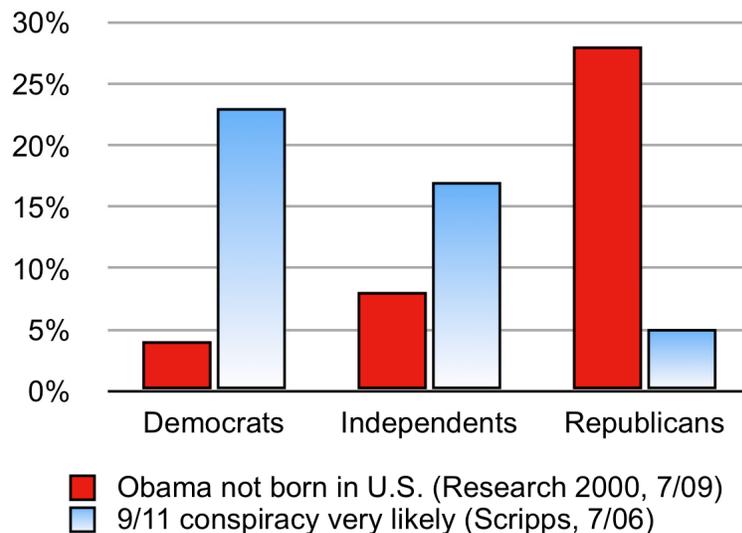
Similarly, a Scripps Howard/Ohio University poll in July of 2006 showed widespread support for the conspiracy theory that Bush administration officials were complicit in the 9/11 terrorist attacks. 16% of Americans found it “very likely” and 20% said “somewhat likely” that “[p]eople in the federal government either assisted in the 9/11 attacks or took no action to stop the attacks because they wanted the United States to go to war in the Middle East.” However, the results again differed substantially by party. A majority of Democrats were receptive to the statement: 23% called such a conspiracy “very likely” and 28% called it “somewhat likely,” while 45% said it was “unlikely.” By contrast, only 5% of Republicans said it was “very likely” while 13% said “somewhat likely.” (Independents fell in the middle: 17% “very likely” and 15% “somewhat likely.”)

To illustrate the parallel, Figure 1 directly compares the proportion of incorrect responses to the 9/11 conspiracy and Obama birth questions. The misperceptions skew in the expected partisan directions in both cases. The total proportion of incorrect responses among Republicans on Obama’s citizenship (28%) is similar to the proportion of Democrats who believe a 9/11 conspiracy is “very likely” (23%). The pattern holds if we also include those respondents who said they did not know and the “somewhat likely” responses on the 9/11 question in the totals. In short, significant numbers of both party’s supporters are receptive to conspiracy theories about the other side.<sup>1</sup>

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<sup>1</sup> A subsequent Public Policy Polling poll conducted September 18–21, 2009 found that the Obama birth certificate misperception had become far more prevalent among

**Figure 1**  
**9/11 and Obama Birth Misperceptions by Party**



Research in “motivated reasoning” has demonstrated two mechanisms that help to explain this relationship between factual beliefs and partisan preferences. (See Kunda 1990 and Molden and Higgins 2005 for reviews.) First, people tend to seek out information that confirms their beliefs and avoid information that is inconsistent with those views (Taber and Lodge 2006; Stroud 2008; Iyengar et al. 2008; Iyengar and Hahn 2009). They are also likely to process information with a bias toward their pre-existing views, disparaging contradictory information while uncritically accepting information that is consistent with their beliefs (Lord, Ross and Lepper 1979; Edwards and Smith 1996; Taber and Lodge 2006). As a result, exposure to and acceptance of politically salient misperceptions will frequently divide along partisan or ideological lines.

Misperceptions have seemingly become more sharply polarized as a result of two recent trends in contemporary politics—increased polarization among political elites and activists (see, e.g. Layman et al. 2005; McCarty, Poole and Rosenthal 2008), and the expansion of choice among media outlets (Sunstein 2001; Prior 2005, 2007), including those that specialize in ideological/partisan content (Nie et al. N.d.). First, as elites have become more polarized, legislators, pundits, and interest groups have waged a vicious communications war against each other, making misleading claims about the other side and its policy agenda.

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Republicans (42% no, 22% not sure) than the 9/11 misperception for Democrats (25% yes, 12% not sure) (Public Policy Polling 2009).

These claims are then rapidly disseminated to the public via both the mainstream media, which often reports misleading rhetoric in a “he said, she said” format (Cunningham 2003), and the growing array of talk radio hosts, cable news shows, and websites that cater to the demand for preference-consistent news and (mis)information. (See, e.g., Baum and Groeling 2008; Lawrence, Sides, and Farrell 2010; and Nie et al. N.d.)

Unfortunately, the same factors that lead to acceptance of myths and misperceptions also make them very difficult to correct. The increasing array of media choices means that individuals are less likely to encounter information that would correct misperceptions (Sunstein 2001). In addition, people’s tendency to process information with a bias toward their pre-existing views means that those who are most susceptible to misinformation may reject the corrections that they receive. Nyhan and Reifler (N.d.) find that more realistic corrections embedded in mock news articles often fail to reduce misperceptions among the targeted ideological group and sometimes even *increase* them—a phenomenon called a “backfire effect.” These results suggest media fact-checks are often ineffective and may sometimes make misperceptions worse.

Other psychological factors also increase the likelihood that corrections will fail to undo the effects of misperceptions. Research by Mayo, Schul, and Burnstein (2004) shows that negations (i.e., “I am not a crook”) often reinforce the perception they are intended to counter. (See Nyhan et al. 2009 for an application of this finding to the myth that Barack Obama is a Muslim.) In addition, even if people initially accept corrections debunking a false statement, they may eventually fall victim to an “illusion of truth” effect in which people misremember false statements as true over time (Skurnik et al. 2005; Schwarz et al. 2007). Finally, Bullock (2007) used the belief perseverance paradigm (c.f. Ross and Lepper 1980) to show that misleading statements about politics continue to influence subjects’ beliefs even after they have been discredited.

### **Myths about the Obama and Clinton Plans**

To understand the role misinformation has played in recent debates over health care reform, it is necessary to trace the development of the principal myths about the Clinton and Obama plans. In both cases, the record shows that these misperceptions were promoted and disseminated by elites who opposed the proposed legislation on ideological grounds. This misinformation distorted the national debate, misled millions of Americans, and damaged the standing of both proposals before Congress. The effect of these myths on public support for reform is less clear, since people who were inclined to oppose the Clinton and Obama proposals were more susceptible to misinformation about them. However, if even a fraction of the people who believed these myths turned against reform as a

result, the aggregate effect on public opinion was likely to have been highly significant.

### *The Clinton doctor choice myth (1993–1994)*

During the period in which the Clinton plan was being drafted, polls showed widespread concern about patients losing their choice of doctors if they were forced to enroll in health management organizations. (See, e.g., Goldberg 1993.) As a result, the White House repeatedly emphasized that Americans would be able to choose their doctor under the proposed reforms. In his speech to Congress on September 22, 1993, Clinton specifically attempted to address these concerns:

We propose to give every American a choice among high quality plans. You can stay with your current doctor, join a network of doctors and hospitals, or join a Health Maintenance Organization. If you don't like your plan, every year you'll have the chance to choose a new one. The choice will be left to you—not your boss and not some bureaucrat. . . .

The administration's draft proposal stated that each regional health alliance must offer at least one fee-for-service plan<sup>2</sup> that allows patients to see doctors without a gatekeeper, though such a plan would be more expensive than managed-care plans (New York Times 1993*b*, 1993*a*). In addition, patients could select a plan with which their current doctor had affiliated or use their own funds to continue seeing their doctor. The upshot was that some patients would have been required to change plans or pay more in order to keep seeing their existing doctor, while others would have had *more* choices of doctors and plans than were available to them at the time (especially those without health insurance). Though some patients would have faced obstacles in continuing to see their doctor, the plan did not eliminate the choice of physician.

However, polls suggest that a substantial portion of the public falsely believed they would *lose* their choice of doctor entirely under Clinton's plan. For instance, a CBS News/*New York Times* poll conducted September 16–19, 1993, found that 23% of respondents with a regular doctor said they would not “be able to keep seeing that doctor”, and an additional 20% were not sure (CBS News/*New York Times* 1993*b*). A *Newsweek* poll conducted after the speech showed similar results indicating that approximately half of all Americans believed they would “lose the power to choose the doctor they want” under Clinton's plan (PRSA/*Newsweek* 1993).

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<sup>2</sup> This requirement could be waived under certain conditions.

Enter Betsy McCaughey. A fellow at the conservative Manhattan Institute with a Ph.D. in constitutional history and no health care expertise, McCaughey published an op-ed in the *Wall Street Journal* of September 30 (McCaughey 1993) that claimed she had read “all 239 pages plus charts” of the Clinton plan and discovered that most Americans would indeed not be able to keep their existing physicians:

Under the Clinton plan, most Americans will not be able to hold onto their personal physician or buy the kind of insurance that 77% of Americans now choose. Such fee-for-service insurance allows them to pick a doctor, go to a specialist when they feel they need one, get a second opinion if they have doubts, and select the hospital they think is best.

Again, the statement that “most Americans will not be able to hold onto their personal physician or buy...fee-for-service insurance” suggested that people would be prevented from seeing their current doctor and that fee-for-service insurance would not be available under the Clinton plan.

McCaughey expanded on these claims during an appearance the next day on CNN (1993). Her claims were also disseminated by (among others) Senate Minority Leader Bob Dole in a speech the next day (1993) and by Rush Limbaugh on his television show (1993). Limbaugh in particular made McCaughey’s misleading suggestion explicit: “In other words, you want to go to the doctor and pay for it out of the back of your pocket, avoid the lines or whatever, they want to be able to eliminate that.”

These claims were contradicted by a report from the Journal itself just days later, which found that most people would retain choice under Clinton’s plan (Lohse 1993):

One of the biggest worries people have about the prospect of health-care overhaul is that they’ll lose the freedom to choose their own doctors.

That concern is probably most acute for people who currently get generous health coverage from employers that reimburses them for virtually any medical expense they incur. If the sweeping overhaul proposed by President Clinton or some similar plan were enacted, would they still have the freedom to choose the best doctor or hospital care they can find?

The answer, health-care advisers say, is a qualified yes. . . . The caveat, advisers say, is that some employees could end up paying more to get the traditional "fee-for-service" health care they now enjoy for little or no cost.

. . . .

Undeterred, McCaughey expanded on this approach in a *New Republic* article released in late January of 1994 entitled “No Exit” (1994). The premise of the article was (again) that she had read the entire 1,364 page health care bill, which Clinton had presented to Congress in late October of 1993, and discovered that it placed draconian restrictions on patient choice. In reality, her untrained interpretation again resulted in a number of egregious errors, most notably the claim that people would not be able to purchase health care services outside the proposed system of managed competition:

If the bill passes, you will have to settle for one of the low-budget health plans selected by the government. The law will prevent you from going outside the system to buy basic health coverage you think is better, even after you pay the mandatory premium (see the bill, page 244). . . . Escaping the system and paying out-of-pocket to see a specialist for the tests and treatment you think you need will be almost impossible. If you walk into a doctor’s office and ask for treatment for an illness, you must show proof that you are enrolled in one of the health plans offered by the government (pages 139, 143). The doctor can be paid only by the plan, not by you (page 236).

In fact, the bill contained an explicit provision stating that “Nothing in this Act shall be construed as prohibiting ... [a]n individual from purchasing any health care services.” Her suggestion that patients would be trapped inside the Clinton system without alternative means of access to doctors was simply false.

McCaughey’s article played an important role in the debate over Clinton’s plan. Though her claims were immediately debunked by Theodore R. Marmor and Jerry L. Mashaw of Yale (1994) and later by James Fallows of *The Atlantic* (1995) and Mickey Kaus of *The New Republic* (1995) among many others, they were repeated in television advertisements by William Kristol’s Project for the Republican Future (1994) and promoted in the press by conservative pundits like George Will (1994). The resulting controversy, which surely influenced public perceptions of the plan (though no poll data are available), forced the White House to send a rebuttal to every newspaper editorial page editor in the country (Lambro 1994) and drew extensive mainstream media coverage. During this period, support for Clinton’s plan declined (Bowman 1995, 32-33), and the plan’s prospects in Congress diminished. By fall, Democrats were forced to abandon health care without ever holding a vote. The Republican landslide in November of 1994 then took the issue off the table entirely.

While other factors surely contributed to the plan’s demise, the influence of the misperceptions fueled by McCaughey’s article on the eventual outcome seems clear. Newt Gingrich, who served as House Minority Whip during the

103rd Congress of 1993–1994, later called McCaughey’s article “the first decisive break point” in the GOP’s opposition to Clinton (Wills 1997). Liberal observers also placed substantial blame on McCaughey for the plan’s defeat, including former *TNR* editor Hendrik Hertzberg, who told me that “No Exit” was “the low point in [The New Republic’s] history since it stopped being sympathetic to the Soviet Union” (2002), and James Fallows of *The Atlantic*, who recently nominated her for “[m]ost destructive effect on public discourse by a single person” during the 1990s (2009).

### ***The Obama “Death Panel” Myth (2009–2010)***

A similar process unfolded during the initial debate over President Obama’s health care reform effort. Following the approach she used during the Clinton years, McCaughey again helped poison the debate by promoting false and misleading claims about the content of proposed legislation. First, she published a commentary in *Bloomberg News* in February of 2009 falsely claiming that a provision in the stimulus bill would lead to government control of medical treatments (McCaughey 2009c). Then, in June, she falsely claimed on CNBC that “the Democratic legislation pushes Americans into low-budget plans” and was given space to make similar claims by the *New York Daily News* and the *Wall Street Journal* (McCaughey 2009d, 2009b, 2009a).

However, McCaughey had her greatest impact on the debate during the summer of 2009 when she invented the false claim that the health care legislation in Congress would result in seniors being directed to “end their life sooner.” Here is what she told former Senator Fred Thompson on his July 16 radio show (McCaughey 2009c):

And one of the most shocking things I found in this bill, and there were many, is on Page 425, where the Congress would make it mandatory—absolutely require—that every five years, people in Medicare have a required counseling session that will tell them how to end their life sooner, how to decline nutrition, how to decline being hydrated, how to go in to hospice care. And by the way, the bill expressly says that if you get sick somewhere in that five-year period—if you get a cancer diagnosis, for example—you have to go through that session again. All to do what’s in society’s best interest or your family’s best interest and cut your life short. These are such sacred issues of life and death. Government should have nothing to do with this.

McCaughey’s statement was a reference to a provision in the Democratic health care bill that would have provided funding for an advanced care planning

consultation for Medicare recipients once every five years or more frequently if they become seriously ill. As independent fact-checkers showed (PolitiFact.com 2009b; FactCheck.org 2009a), her statement that these consultations would be mandatory was simply false—they would be entirely voluntary. Similarly, there is no evidence that Medicare patients would be pressured during these consultations to “do what’s in society’s best interest...and cut your life short.”

Nonetheless, McCaughey repeated this argument in subsequent op-eds in the *New York Post* (McCaughey 2009d) and *Wall Street Journal* (McCaughey 2009b). Her claim, which built on previous warnings by prominent conservatives that Obama might promote euthanasia (Rutenberg and Calmes 2009), was quickly parroted by numerous pundits and Republican members of Congress. For instance, Rep. Virginia Foxx suggested that the Democratic plan would “put seniors in a position of being put to death by their government” during a House floor speech on July 28, 2009 (Foxx 2009). Table 1 provides a timeline of prominent conservative and Republican elites who endorsed this myth in the press (sources available upon request). In most cases, the claims were made in conservative outlets on cable news, talk radio, and the Internet, highlighting the importance of increased media choice in promoting the dissemination of misinformation.

**Table 1**  
**Tracing the Spread of the “Death Panel” Myth**

Speaker	Media outlet	Date
Betsy McCaughey	The Fred Thompson Show	7/16/09
Betsy McCaughey	<i>New York Post</i> op-ed	7/17/09
Sean Hannity	The Sean Hannity Show	7/17/09
Laura Ingraham	The Laura Ingraham Show	7/17/09
Rush Limbaugh	The Rush Limbaugh Show	7/21/09
Betsy McCaughey	<i>Wall Street Journal</i> op-ed	7/23/09
Rep. Boehner (R-OH)	Press release	7/23/09
Rep. Bachmann (R-MN)	House of Representatives speech	7/27/09
Peter Johnson Jr.	Fox News Channel	7/27/09
Rep. Foxx (R-NC)	House of Representatives speech	7/28/09
Washington Times	Editorial	7/29/09
Sarah Palin	Facebook posting	8/7/09
Glenn Beck	The Glenn Beck Program	8/10/09
Rush Limbaugh	The Rush Limbaugh Show	8/10/09
Sen. Grassley (R-IA)	Town hall in Winterset, IA	8/12/09
Rush Limbaugh	The Rush Limbaugh Show	8/13/09
Rep. Broun (R-GA)	American Conservative Union letter	8/14/09

The myth reached its peak after it was embellished by Sarah Palin, former Alaska governor and Republican vice-presidential candidate, who denounced fictitious government “death panels” (Palin 2009b) :

The Democrats promise that a government health care system will reduce the cost of health care, but as the economist Thomas Sowell has pointed out, government health care will not reduce the cost; it will simply refuse to pay the cost. And who will suffer the most when they ration care? The sick, the elderly, and the disabled, of course. The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama’s “death panel” so his bureaucrats can decide, based on a subjective judgment of their “level of productivity in society,” whether they are worthy of health care. Such a system is downright evil.

After coming under criticism, Palin defended her statement by citing the counseling provision identified by McCaughey and academic articles previously written by Obama adviser Ezekiel Emanuel (Palin 2009a). However, independent observers condemned her claim about “death panels” as false (FactCheck.org 2009b; PolitiFact.com 2009c): there was simply no evidence that funding for voluntary end-of-life consultations would create a mechanism for “bureaucrats” to withdraw care from “[t]he sick, elderly, or disabled.” While efforts to reduce growth in health care costs under Obama’s plan might lead to more restrictive rationing than already occurs under the current health care system, that hardly justifies suggestions that reform legislation would create a “death panel” that would deny care to individual seniors or disabled people.

Nonetheless, Palin’s comments created a media frenzy. In the ten days after her initial statement, Howard Kurtz, *Washington Post* media critic, counted 18 mentions of “death panels” in the *Post*, 16 in the *New York Times*, and more than 154 on network and cable news shows (2009). By mid-August, Pew reported that 86% of Americans reported having heard of the claim that the health care reform legislation “includes the creation of so called ‘death panels’ or government organizations that will make decisions about who will and will not receive health services when they are critically ill” (Pew Research Center for the People and the Press 2009). Among those who had heard of the claim, fully half either believed it was true (30%) or did not know (20%), including 70% of Republicans (47% true, 23% don’t know). Three other polls found similar results (Research 2000 2009b; CBS News/*New York Times* 2009; CNN/ORC 2009).

While a great deal of misinformation was spread about Obama’s proposal (e.g., Holan 2009), the “death panel” myth was especially inflammatory. Though public support for the plan did not appear to change during the period in which it was most prominent (Pollster.com N.d.), opponents of reform became inflamed by

the claim. *Time* reported that “a single phrase—‘death panels’—nearly derailed health care reform, as town halls were flooded with angry voters who got their information online” (Scherer 2010). The speed with which the myth took hold is especially striking in comparison to 1993–1994.

### **Public Opinion on the Clinton/Obama Myths**

To understand these misperceptions, it is useful to go beyond survey tabulations and analyze public opinion in more detail. In this section, I will show that beliefs about the Clinton and Obama reform plans represented misperceptions rather than simple ignorance—a distinction that is emphasized by Kuklinski et al. (2000: 792). The difference between the two concepts is that members of the public who are uninformed typically know that they lack information about a given issue, while those who hold misperceptions are paradoxically more likely to believe that they are well-informed. For instance, Kuklinski et al. (2000) found that Illinois residents who held misperceptions about welfare benefit levels and the beneficiary population were the most confident in the accuracy of their beliefs. Using survey data from 1993 and 2009, we observe a similar dynamic in misperceptions about the Clinton and Obama health care plans among opposing partisans (i.e., Republicans).<sup>3</sup> As noted above, the confidence with which these beliefs are held is one reason they are so difficult to correct.

Specifically, I compare the following measures of factual beliefs about and perceived knowledge of the Clinton health care plan from the CBS News/*New York Times* poll of September, 1993, described above. The dependent variable is constructed from responses to this question:

From what you have heard, do you think that if the (President Bill) Clinton health care plan is adopted, you would be able to keep seeing that doctor (your own doctor), or wouldn't it be possible?

Among respondents who reported having a regular doctor (76%), 57% said they would be able to keep their doctor, 23% said it would not be possible, and 20% said they did not know or failed to answer. The measure of perceived knowledge in the 1993 data is the following:

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<sup>3</sup> In this case, Republicans are the partisan identifiers who are most susceptible to misperceptions about Democratic presidents, but I would expect the opposite relationship for a Republican president (as in the case of the 9/11 conspiracy poll described above).

As of now, do you think you have a good understanding of what the (President Bill) Clinton health care plan will mean, or is it too early to know that yet?

13% of respondents said they had a good understanding of Clinton's plan, 84% said it was too early to know, and 3% said they didn't know or failed to answer.

I compare misperceptions about the Clinton plan to those about the Obama plan using the following question from a CNN/ORC poll in September of 2009 (2009):

Based on what you have read or heard about (Barack) Obama's health care plan, please tell me whether you think each of the following would or would not happen if that plan became law....If Obama's plan became law, do you think senior citizens or seriously-ill patients would die because government panels would prevent them from getting the medical treatment they needed?

41% of respondents said government panels would withhold medical treatment, 57% said it would not happen, and 2% had no opinion. The CNN poll also asked a question about respondents' perceived knowledge of the Obama plan:

As you may know, President (Barack) Obama presented his health care reform proposals to Congress and the American people in a broadcast address last Wednesday evening. How much do you know about the details of President Obama's health care proposals—a great deal, a good amount, only some, or not much at all?

11% said they knew a great deal, 32% said they knew a good amount, 37% said only some, and 20% said not much at all.

For each survey, I defined a binary dependent variable for whether respondent held the misperception in question or not<sup>4</sup> and estimated a logit model incorporating probability weights intended to make the survey sample nationally representative. The predictors included were indicators for whether the respondent was a self-identified Republican or an independent (Democrats are the omitted reference category),<sup>5</sup> an indicator for whether the respondent's self-reported

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<sup>4</sup> Missing values and "don't know" responses are therefore defined as zeroes.

<sup>5</sup> I include Republican- and Democratic-leaning independents with their respective partisan groups. If leaners are excluded, GOP-leaning independents boost the independent variable to statistical significance in the 2009 data, but results are otherwise substantively identical (details available upon request).

knowledge of the bill was “good” or better,<sup>6</sup> interactions between the partisanship and knowledge variables, and controls for education, gender, race, and age. (Further details available upon request—a replication file will be posted on the author’s website upon publication of this article.) Table 2 reports the results of the estimated models.

Both models find a positive and statistically significant coefficient for GOP identification, which means that Republicans who did not perceive themselves to be knowledgeable were more likely than comparable Democrats to endorse the relevant misperception. In addition, the interaction between GOP identification and perceived knowledge of the health care plan is statistically significant. When we calculate the marginal effect of perceived knowledge among GOP identifiers, we find that it was positive and significant for both myths ( $p < .01$  and  $p < .05$ , respectively). In other words, Republicans who believed they knew about the plan were paradoxically more likely to endorse the misperception than those who did not.<sup>7</sup> By contrast, the coefficient for perceived knowledge is negative and significant in 2009 (but not 1993), indicating that the Democrats who believed they were knowledgeable about Obama’s plan were less likely to endorse the “death panel” myth than those who said they knew little. Finally, the marginal effect of perceived knowledge did not reach statistical significance for independents in either 1993 or 2009.

To illustrate these results, Figure 2 presents predicted probabilities for hypothetical Democrats and Republicans<sup>8</sup> as respondents’ perceived knowledge of the two reform plans increased. Again, the probability that Republicans would endorse a misperception about reform *increased* in both surveys with their perceived knowledge of the plan. In 1993, the likelihood that GOP identifiers believed they would lose their choice of doctors increased from 30% among those who said it was “too early” to know about Clinton’s plan to 58% among those who said they had “a good understanding” of it. Similarly, the predicted probability of endorsing the “death panel” myth in 2009 increased from 73% among Republicans who said they only knew “some” or “not much at all” about Obama’s plan to 84% among those who said they knew “a good amount” or “a

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<sup>6</sup> For both surveys, I include those respondents who said “don’t know” or did not answer as not having high self-reported knowledge of the reform proposal.

<sup>7</sup> An identical result obtains in the 2009 CNN/ORC data for the misperception that the federal government would provide insurance to illegal immigrants under Obama’s plan (PolitiFact.com 2009a).

<sup>8</sup> Other variables are set to their modal values. The predicted probabilities are therefore calculated for a non-college-educated woman who is not black and between the ages of 45 and 64.

great deal.”<sup>9</sup> As above, the only statistically significant change in predicted probabilities for Democrats and independents came for Democrats in 2009 (the predicted likelihood of holding the “death panel” misperception declined from 36% to 15% as perceived knowledge increased).

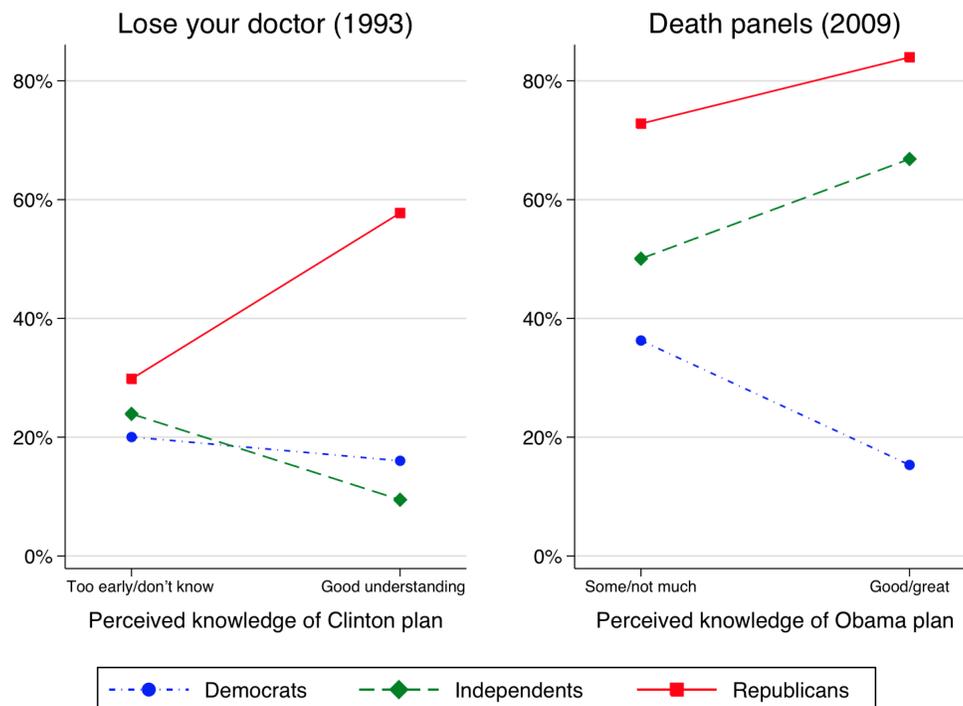
**Table 2**  
**Logit Models of Health Care Misperceptions**

	<b>Doctor choice (1993)</b>	<b>Death panels (2009)</b>
GOP identifier	0.53** (0.23)	1.55*** (0.29)
Independent	0.23 (0.32)	0.57 (0.40)
Perceived knowledge	-0.27 (0.56)	-1.15*** (0.37)
GOP × knowledge	1.44** (0.67)	1.82*** (0.47)
Independent × knowledge	-0.83 (1.04)	1.84*** (0.62)
College graduate	0.24 (0.21)	-0.79*** (0.20)
Male	-0.16 (0.19)	-0.12 (0.21)
Black	-0.12 (0.44)	-0.35 (0.46)
30–44 years old	-0.11 (0.29)	-0.35 (0.40)
45–64 years old	0.06 (0.28)	0.08 (0.36)
65 and over	-0.15 (0.31)	-0.09 (0.38)
Constant	-1.45*** (0.28)	-0.64* (0.37)
N	861	1006

\*  $p < .10$ ; \*\*  $p < .05$ ; \*\*\*  $p < .01$

<sup>9</sup> It is important to note that the relationship between perceived knowledge and misperceptions may vary over time depending on the prevalence of misleading information in the media. The publicity given to McCaughey’s claims (and those like hers) in the Fall of 1993 meant that the observed relationship between perceived knowledge and misperceptions among Republicans had dissipated in a November of 1993 CBS/New York Times survey (1993a; results available upon request).

**Figure 2**  
**Predicted Likelihood of Health Care Misperceptions**



In addition, these misperceptions were strongly correlated with respondent's policy preferences. The likelihood that people believed Clinton's health plan would make American health care better declined from 51% among those who did not hold the doctor choice misperception to 26% of those who did. Similarly, the likelihood of support for Obama's plan decreased from 72% among Americans who did not believe the "death panel" claim in 2009 to 20% among those who did. As noted above, these differences, which hold even among non-Republicans, were not necessarily caused by misinformation, but they do suggest its potential importance for public opinion.

### Implications and Conclusions

The evidence presented in this article suggests that misinformation played an important role in the two most recent debates over health care reform. While some critics have faulted the response of the Clinton and Obama administrations to these charges (e.g., Kaus 1995; Tucker 2009), the argument presented in this article suggests that political myths are extremely difficult to counter. For instance, proponents of reform might attempt to address concerns in the bill-

writing process, but Betsy McCaughey's 1994 article suggests that such disclaimers can be distorted or ignored. And false claims with no actual basis in legislation such as the "death panel" myth are especially insidious precisely because they cannot be addressed in the bill itself.<sup>10</sup>

As a result, until the media stops giving so much attention to misinformers, elites on both sides will often succeed in creating misperceptions, especially among sympathetic partisans. And once such beliefs take hold, few good options exist to counter them—correcting misperceptions is simply too difficult. The most effective approach may therefore be for concerned scholars, citizens, and journalists to (a) create negative publicity for the elites who are promoting misinformation, increasing the costs of making false claims in the public sphere, and (b) pressure the media to stop providing coverage to serial dissemblers.

Along these lines, it is worth noting that the media's treatment of McCaughey was far more appropriate in 2009–2010 than in 1993–1994.<sup>11</sup> The first time around, McCaughey's *New Republic* article was rewarded with a National Magazine Award and led to her being elected lieutenant governor of New York. By contrast, numerous media outlets reported in 2009 that her claim about mandatory end-of-life counseling was false (Kurtz 2009; Media Matters 2009), and several even explicitly identified her as its chief proponent (Rutenberg and Calmes 2009; Snow, Gever and Childs 2009; Saltonstall 2009). In turn, widespread debunking of the myth prompted some conservative elites to disavow it.<sup>12</sup> Though the "death panels" misperception may still persist, these events suggest that it is possible to raise the reputational costs of promoting misinformation, which may help dissuade the next McCaughey on either side of the political spectrum.

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<sup>10</sup> I am indebted to Andrew Gelman for this point.

<sup>11</sup> One potential explanation is that her claim was more demagogic. Alternatively, the notoriety she acquired in the years since 1994 may have increased journalists' skepticism about her claims.

<sup>12</sup> For instance, Senator Chuck Grassley (R-IA) retracted his suggestion that the health care legislation in Congress would create "a government program that determines if you're going to pull the plug on grandma" (Bacon 2009).

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