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Identity politics, partisanship and healthcare

2017-07-02 10:18:21

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The problem of intense polarization in politics -and in society more generally- has been on the spotlight for several months now. In the past couple of weeks, we've been bombarded by headlines, arguments, and op-eds that show the extent to which this polarization is impacting something that should not –at least in principle- be a matter of partisanship: The provision of healthcare for the American people. How did we get here? This month the web round-up focuses on some attempts at answering this question in various online outlets.

To begin with, there seems to be very different understandings of health along party lines, either as a right or as a commodity. One side understands health care similar to a right, arguing for equity in access to health care based on the idea of a [societal obligation](#) towards those who can't afford access to health care, arguing that health care access represents a way to provide equal opportunities to everyone. The other side sees health care as a commodity, something that each person can freely decide whether to acquire or not. Also, this argument goes, the government should and could not pick up the bill when it comes to cover health care for all. That, the right argues, would be a government overstep with no constitutional basis.

Things are further complicated by identity politics, which is one of the most complex issues to deal with in relation to political polarization. Because the discussion becomes about who you are, and things are framed in an “us vs. them” type of mentality, little room is left for much need sensible debates on actual policies and bills on healthcare. No one denies that [the healthcare system needs improvement](#), debates on how to best tackle its deficiencies are not only important but necessary. But trying to [repeal the health law and replace it later](#) does not seem to be the answer; such an idea exemplifies the extent to which this has become a matter of political win or lose.

Importantly, identity politics and polarization also mean that politicians [can -in practice- mobilize supporters without being forced to discuss or account for their actions](#). It seems counterintuitive that Republicans would push for a new healthcare bill even though [twenty two fewer million Americans](#) would lose insurance in ten years' time, compared with the current health bill. Further, it is precisely the president's [supporters who suffer the most by this change](#). Therefore, the GOP seems to be counting on the tremendous power of identity politics to gain and maintain support, with the goal of reducing the fiscal cost of the health bill to be able to cut taxes. This goal, which has been made explicit, also merits discussion and debate.

Social scientists are in the best position to understand and inform what is happening with the healthcare bill. Economists tend to assume that people will make rational decisions that maximize their well-being. From this position they also emphasize the trade-offs involved in any health system decision; some examples of such trade-offs include the cost of innovation – [creating live saving health technology vs. the access barriers this very same innovation tends to create](#) (because it is very costly), or thinking in terms of limited resources, the tradeoff that exists between coverage and quality for any health system. Social psychologists emphasize the central motivational force of social identity and its power to shape human behavior. The last election cycle showed that identity can matter more than other wellbeing considerations, including economic wealth, but little has been said about how this motivational force should be used or channeled. Furthermore, it is far from established that ethnicity is necessarily the “natural” or even the most powerful source of identity. Medical anthropology can provide insights to inform the current healthcare system debate. Among those, conceptual tools and a large body of evidence that informs how and what value is assigned to health in different local worlds, and the power struggles that define who is deserving of health and healthcare coverage. It seems more important than ever to engage people within and outside the discipline in these debates.

AMA citation

Dedios M. Identity politics, partisanship and healthcare. *Somatosphere*. 2017. Available at: <http://somatosphere.net/?p=13630>. Accessed July 2, 2017.

APA citation

Dedios, Maria Cecilia. (2017). *Identity politics, partisanship and healthcare*. Retrieved July 2, 2017, from Somatosphere Web site: <http://somatosphere.net/?p=13630>

Chicago citation

Dedios, Maria Cecilia. 2017. Identity politics, partisanship and healthcare. Somatosphere. <http://somatosphere.net/?p=13630> (accessed July 2, 2017).

Harvard citation

Dedios, M 2017, *Identity politics, partisanship and healthcare*, Somatosphere. Retrieved July 2, 2017, from <<http://somatosphere.net/?p=13630>>

MLA citation

Dedios, Maria Cecilia. "Identity politics, partisanship and healthcare." 2 Jul. 2017. Somatosphere. Accessed 2 Jul. 2017.<<http://somatosphere.net/?p=13630>>