

South Dakota State University ILL



ILLiad TN: 224775

Borrower: ZGM

Lending String: *SDB,SEA

Patron:

Journal Title: Agendas, alternatives, and public policies /

Volume: **Issue:**

Month/Year: **Pages:** 90-115

Article Author: Kingdon, John W.

Article Title: Chapter 5: Problems

Imprint: New York : Longman, ©2003.

ILL Number: 204093798



Call #: JK274 .K62 2003

Location: BOOKS/UPPER LEVEL

ODYSSEY ENABLED

Charge

Maxcost: 0.00IFM

Shipping Address:

The Graduate Center, CUNY--Library, ILL
The Graduate Center, CUNY--Library, ILL
365 Fifth Ave
New York, New York 10016

United States

Email: ill@gc.cuny.edu

Email: ILL@GC.CUNY.EDU

Agendas, Alternatives, and Public Policies

Second Edition

John W. Kingdon

THE UNIVERSITY OF MICHIGAN

With new foreword by
James A. Thurber

THE AMERICAN UNIVERSITY



New York San Francisco Boston
London Toronto Sydney Tokyo Singapore Madrid
Mexico City Munich Paris Cape Town Hong Kong Montreal

HILTON M. BRIGGS LIBRARY

South Dakota State University

Brookings, SD 57007-1098

51861997

Vice President and Publisher: Priscilla McGeehon
Executive Editor: Eric Stano
Senior Marketing Manager: Megan Galvin-Fak
Production Coordinator: Shafiena Ghani
Cover Designer/Manager: Wendy Ann Fredericks
Cover Photo: © Jim Wehtje/BrandXPictures/PicturesQuest
Technical Desktop Manager: Heather A. Peres
Junior Manufacturing Buyer: Kara Frye
Printer and Binder: RR Donnelley & Sons Inc.—Crawfordsville
Cover Printer: Coral Graphics Services, Inc.

Library of Congress Cataloging-in-Publication Data

Kingdon, John W.

Agendas, Alternatives and public policies / John W. Kingdon. --
2nd ed.

p. cm.

Includes bibliographical references and index.

ISBN 0-673-52389-6

1. United States—Politics and government. 2. Political planning—
United States.

3. Policy sciences. I. Title.

JK274.K62 1995

320.973—dc20

94-17762
CIP

Copyright © 2003 by Addison-Wesley Educational Publishers Inc.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher. Printed in the United States.

Please visit our website at <http://www.ablongman.com>

ISBN 0-321-12185-6

1415 DOC 08

CHAPTER 5

Problems

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

INDICATORS

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

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

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

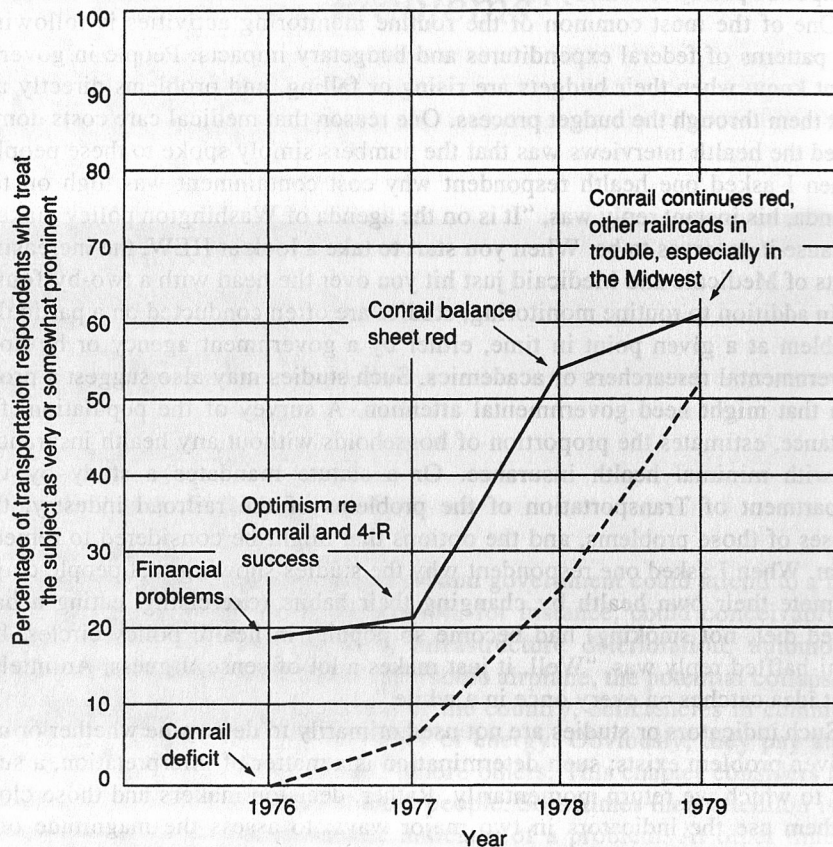
In addition to routine monitoring, studies are often conducted on a particular problem at a given point in time, either by a government agency or by nongovernmental researchers or academics. Such studies may also suggest a problem that might need governmental attention. A survey of the population, for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

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

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

Figure 5-1

Discussion of Rail Financial Problems and Conrail Deficit



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

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

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

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

Pervasive, Necessary, and Powerful Indicators

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

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

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

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

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

Interpretation of the Indicators

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

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

FOCUSING EVENTS, CRISES, AND SYMBOLS

Problems are often not self-evident by the indicators. They need a little push to get the attention of people in and around government. That push is sometimes provided by a focusing event like a crisis or disaster that comes along to call at-

tention to the problem, a powerful symbol that catches on, or the personal experience of a policy maker.

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

The whole process is crisis. This system responds to crisis. It's the only thing that it does respond to. That's what politics is all about. In the American system, you have to get hit on the side of the head before you do something.

An issue becomes a burning issue when it reaches crisis proportions. Until there's a crisis, it's just one of many issues. Governmental policy always has been, and always will be, a function of crisis.

You have to fall out of bed before you get any help.

The whole legislative process is putting out brush fires, not building a good fire department.

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

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

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

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

Variations on the Focusing Event

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

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

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

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

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

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

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

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

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

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

How Focusing Events Need Accompaniment

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

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

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

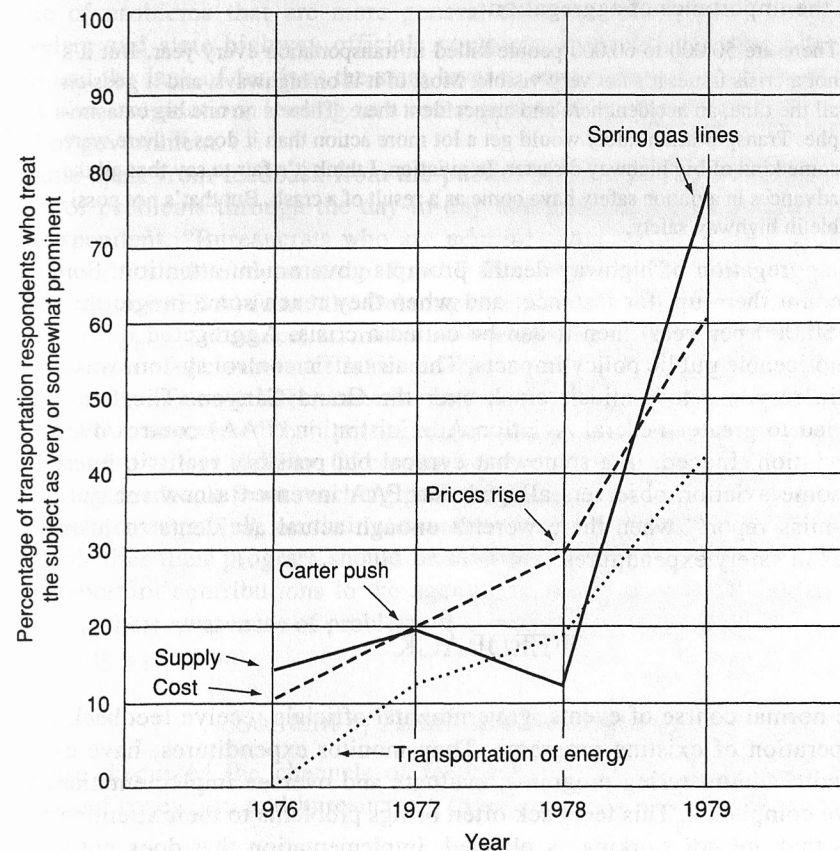
Even if the Federal Highway Administration estimate of 80,000 was inflated, there was a problem that would be hard for politicians with bridges in their districts to ignore. But in general, a disaster by itself is not enough to create a definition of a policy problem. The disaster acts as an early warning,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

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

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

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

Figure 5-2
Discussion of Supply, Cost, and Transportation of Energy



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

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

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

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

FEEDBACK

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

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

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

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

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

Content of Feedback Messages

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

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

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

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

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

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

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

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

WHY PROBLEMS FADE

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

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

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

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

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

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

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

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

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

If Anthony Downs is right, problems often fade from public view because a short period of awareness and optimism gives way to a realization of the finan-

cial and social costs of action.⁷ As people become impressed with the sacrifices, dislocations, and costs to be borne, they lose their enthusiasm for addressing the problem. For example, ecology runs afoul of the realization that mobility by automobile, jobs, or the convenience of abundant energy might be affected.

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

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

BUDGETS: A SPECIAL PROBLEM

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

Budgetary considerations certainly loom large in the data generated for this study. In the interviews, budgets were important in 70 percent of the interviews, and in 15 of the 23 case studies. They are slightly more prominent in health than in transportation⁸ for two reasons. First, federal government expenditures for health are simply much higher. When the highway program was

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

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

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

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

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

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

So some potential agenda items never make it to agenda status because they do not pass the hurdle of the budget constraint. Other items that do achieve some prominence on the agenda are affected greatly by budgetary considera-

tions. Proposals for national health insurance during the late 1970s constitute a nice example. As advocates of various plans plied their wares during 1977 through 1979, they all came face to face with the fact—and it was treated as a simple fact—that the federal budget could not accommodate a comprehensive plan, what one opponent called a "lust to dust" plan. As a congressional staffer summarized it, "You're faced immediately with this fierce budget constraint. That's a very, very significant factor. I can't stress it too strongly." So everybody jockeyed to see how much of their plans they could get off the budget. Even advocates of comprehensive insurance proposed mandated private coverage as a substantial part of their package. Others cut back on coverage or benefits, retreating from a completely comprehensive plan. One respondent summarized the operation of the budget constraint very nicely:

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

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

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

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

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

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

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

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

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

PROBLEM DEFINITION

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

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

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

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

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

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

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

The Place of Values in Problem Definition

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

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

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

Comparisons and Problem Definition

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

Categories

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

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

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

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

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

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

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

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

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

CONCLUSION

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

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

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

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

The Importance of Problem Recognition

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

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

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

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

Yet between 1978 and 1979, there was a dramatic increase in the proportion of my respondents who said that there was in fact a need or constituency for na-

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

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

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

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