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Understanding the Pragmatics of Parliamentary Debates :

a Case Study from Switzerland.

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Introduction

Compulsory social health insurance is the main social health protection system in Switzerland. It is as well one of the most discussed policy devices in the Swiss Parliament, being continuously put on the agenda, considered as flawed. However, only changes of limited scope are implemented by the Parliament.

The Swiss political system is very intricate. Usually, a decade is needed from the time when a policy change has been initiated up to the time it has been achieved by changing the law. The decisionmaking process alternates public moments and obvious moments, there are even simultanously public and obvious momentes. At the end, the Parliament has to decide whether changes must take place or not, and which ones. Many scholars, as Abeles for instance (2001), assert that this visible part of the decisionmaking process plays no other special role than performing the politics of parliamentary decisionmaking. Plenary parliamentary debates would then be only a spectacle (Edelman, 1988).

It is nevertheless possible that plenary parliamentary debates play another role in decisionmaking. They might interact with the anterior, subsequent, or parallel obvious arenas constituted by others courses of discursive activities. This could affect the process outcomes, at least the construction of political solutions and their related problems by MP and others concerned actors.

This hypothesis is worth being addressed. Therefore a specific methodological device must be implemented which is based upon various cross-checked sources.

Research problem

According to ILO standards (2008 ; 2015), social health protection should ensure to everyone access to health care and infrastructure in case of sickness and accident. Since 1994, it should be the case in Switzerland : the Swiss Parliament indeed passed a law, called LAMal (loi fédérale sur l'assurance-maladie obligatoire), intended to ensure universal social health protection for persons residing in the country by implementing a compulsory social health care insurance. Nevertheless, although everyone is supposed to be able to go to the doctor, be admitted in a hospital and get medicinal products at an affordable price thank to this health protection system, many insured people cannot access to these benefits and services because they lack financial means. There are at least two reasons for this : some insured either miss paying their insurance contributions and therefore may not access benefits and services until they have paid off their debt ; or some insured cannot carry out out of pocket payments, which may be very expensive in Switzerland[1]. In the latter case, concerned insured simply withdraw their right to be treated[2].

Somehow, the LAMal bill project had been configured in the late eighties and beginning nineties precisely to fix the problem of uncomplete social protection in Switzerland. The Swiss Government wanted to address three situations considered problematic in the former private health insurance system (Conseil fédéral, 1991: 82-120). Firstly, everyone was free to affiliate with a sick fund, but as well not to; for financial reasons some people could not afford becoming affiliated and could hardly, even not, access expensive health care and services. Secondly, affiliated persons had to pay contributions scaled depending on their age and their health condition; therefore, aged and unhealthy people tended to disaffiliate because of constantly and strongly increasing insurance premiums of their own. And thirdly, health care expenditures had grown much quicker than the wages index since decades, so that the insurance premiums had grown proportionally; for this reason, ever more persons could not afford health care insurance anymore.

The Swiss Government proposed a new social health protection system, based on compulsory sick fund affiliation supported by social subsidies and based on competition among health care and services providers relating to the purchasing of their facilities by sick funds. The first instrumentation aimed to grant universal access to health care and

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[1] Out of pocket payments for health care may reach CHF 3'200.- p.a., since the middle range amount of the annual contribution to the social insurance is CHF 2'930.- in that case (calculated according to the informations of the official website of the Governmental Federal Health Office, http://www.priminfo.ch/praemien/praemien_dat/CH-2017.pdf).

[2] According to Bieri et al. (2012), 24% of the insured persons declared in 2012 having waived going to the doctor althought being rather severely sick

services at an affordable price. The second one was focused on limitating the growth of social health insurance expenditures (ibid.).

The Parliament decided nevertheless to radically amend the Government's bill project. It adopted the first instrumentation, but rejected the second one. As an alternative it decided to compel sick funds to purchase any health care and service supplied by any entitled provider (almost all providers being entitled) as long the given facility be meeting certain quality and relevance standards. The actually passed law established a fundamentally unbalanced social health insurance, still existing nowadays. On the one hand, every insured person may get any health care and service at any time, and all received treatments are almost integrally reimbursed. Simultaneously, health care and services providers, as well pharmaceutical companies, are assured that their products are limitless purchased by sick funds. The insured interest and the health care and services providers interest is therefore to maximise their benefiting from the social health insurance's generosity. And expenditures carry on to increase dramatically. On the other hand, compulsive affiliating with a sick fund implies that every insured person must contribute to carry the costs of this generosity, i.e. to pay constantly strongly increasing insurance premiums, regardless of one's financial condition. A subsidies system helps low income insured categories to pay their contributions, but this is not enough to avoid persons loose or waive one's health care insurance coverage, as suggested at the beginning of this chapter.

The disturbing pristine situation – constant and strong growth of social health insurance premiums – which should have been fixed thank to specific public policy instruments, has not changed until now. Nedelmann albeit points out that « modern societies can go through and survive unresolved problems, smouldering conflicts and permanent crisis – contrary to the theoretical assertions of Social Science[3] » (1986 : 14). But since 1996 Swiss political elites[4] are endlessly claiming that this situation is a problem and blaiming patients and providers. So do all MPs and members of the Government. Therefore, two reform processes were undertaken over the last twenty years. Each reform proposal went back to the idea of making health funds free to choose the providers whose supplies they purchase. But each time advocates of this solution proposal failed to convince the others MP.

This is a perfect illustration of a phenomenon pointed out by Zittoun (2013) relating to policymaking processes : solutions proposed to resolve problems are rarely rational, as are the finally adopted solutions rarely connected to a rational reasoning and deliberation process among political decision-makers. How to understand that MP systematically prefer to adopt this inefficient solution ?

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[3] my own translation, from the german text : « moderne Gesellschaften – entgegen der theoretischen Annahme der Sozialwissenschaften – durchaus mit ungelösten Problemen, schwelenden Konflikten und anhaltenden Krisen leben und überleben können »
[4] As defined by Kriesi (1980 : 74)

The Swiss political system has extensively been analysed. Scholars usually put forth structural and cultural reasons for its apparently sometimes unproductive decisionmaking process.

Structural reasons[5] are related to the complex architecture of the federal decisionmaking process. This process begins long before the Parliament discusses bills projects. An impressive list of collective actors are involved in the preliminary discussions leading to the conception of a project by the Government and its Administration. Among these actors, health care and services providers, sick funds, and other agencies defending their own financial interests, are especially powerful and strongly influence the contents of the future bills discussed by the Parliament. Later, as bills are being discussed, lobbyists work at promoting or blocking the adoption of specific solutions. Usually, solutions tending to have strong impacts on the structure of the health care market and social health protection system are systematically blocked. Strategies of political actors are shaped by these conditions. Theories emphasizing the structural reasons as well point out that the Swiss Parliament has little influence on the outcomes of the political decision making process (Varone, 2004) : because participating actors shape the final decision upstream in the process, parliamentary debates only serve as symbolic activities making the political work visible.

Cultural reasons are mostly related to the way the State, the market and the civil society are interrelated since more than 170 years in Switzerland. Civil society is viewed as the bedrock of Switzerland. Almost every collective device should be the consequence of civil society's self organisation ; the State is supposed to act only in cases civil society failed to self-organise. This cultural setting of values has a strong influence on the political organisation and legislative order. State centralised solutions are very rarely adopted, as well solutions supposing any loss of self-reliance by the actors of a self-organised system, be it health care providers, pharmaceutical industry or, first of all, insured and patients (Uhlmann and Braun, 2011 : 204). This leads polity to prefer path dependance in choosing possible solutions, even if the choosen solutions are not rational.

Thus, structural and cultural reasons were explaining that political actors implement strategies in order to orient the outcomes of any decision making. This seems to be very simple and mechanical. If actors choose and deploy appropriate strategies, then their solution proposals shall be adopted. In this approach, actors appear to be very powerful in mastering the course and outcomes of the decision making process, especially if they ally with other advocates of their own solutions.

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[5] See Sciarini, 2006 ; Doorenspleet and Pellikaan, 2013 ; Traber, 2013

However, things might not be as simple. Even if many talks and negociations are happening « silently » before the Parliament discusses a bill project, even if these may affect the adoption or refusal of solution proposals, one cannot rule out the possibility that public parliamentary debates play an important role in shaping the MPs final choices. Following Teisman's considerations, « decisionmaking is assumed to consist of different decisionmaking rounds. In all sets of rounds, the interaction between different actors results in one or more definitions of problems and solutions » (2000 : 938). Parliamentary debates might be one of these several rounds. I furthermore assume that two or more rounds may happen simultaneously, in- and outside the Parliament, each round comprising discursive activities which are setting up strongly interconnected discussion arenas.

And now, what else ?

We now know what are the outcomes of the decisionmaking process. Various interpretations – culture-related ones, structure-related others – may be made for these outcomes. But what we do not know, is how these outcomes build up gradually. The ultimate MPs responsibility is to choose a solution among several possible solutions. Therefore, there is value in understanding how public discursive activities accomplished by MP during the parliamentary debates about social health care insurance, are shaping actually adopted solutions, in the light of particular structural and cultural conditions of Swiss politics.

A first requirement for this is to specify the nature of MPs discursive activities. Most theoretical insights about parliamentary plenary discursive activity lean on the presupposition that discourse is a mere (true or false) representation of reality. This is what Krieg-Planque calls a « transparentist concept[6] » of discourse (2012 : 41). According to this concept, MPs discursive activities may be e.g. offering a spectacle of politics in the Parliament (e.g. Abelès, 2001 ; Edelmann, 1988), demonstrating that they are concerned with finding solutions (e.g. Müller, 2000 : 94), stabilising an « official » version of the adressed problem (e.g. Marshall, 2002), explaining and advertising a policy (e.g. Patzelt, 2009 : 317), and so on[7]. In other words, talking at a plenary

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[6] My translation of : « conception transparentiste »
[7] I am deliberately caricaturing what the quoted scholars assert about MPs discourses. Their theories are much more nuanced, but the purpose of my text is to emphasize the specification of discursive activities my research bases on.

parliamentary debate stands for demonstrating various matters about MPs work and its object, and does likely not have another purpose. Having told at the podium what they had to tell, MPs have done their job and they may run outside the Parliament. In that transparentist concept of discourse, communication goes one-way, from the MPs to the public. The questions of reception and reaction are not really raised.

This has to be linked with a specificity of social/public problems sociology. Parliament has raised very little interest by sociologists of social problems. Most of them focus on what happens within civil society long before any agenda setting of a problem, precisely with an interest in the construction of problems by various social actors. Some others focus on what happens within civil society, as well, for applying solutions defined by policymakers. Scholars are rare who raise interest in the problems' destiny in the political sphere. As if the right to study this part of the social-problems-making-and-solving-processes were a privilege of political scientists. Surprisingly it seems to be a shared assumption among many sociologists that problems are constructed in the public sphere, that they are then handed over to the secluded political sphere where one decides a solution, and that they thereafter go back to the public sphere where they will get fixed. Or not. Sociological research tends to treat these steps separately, as if they were distinctive areas (topographical hiatus) and moments (chronological hiatus), inhabited by distinctive people (social hiatus). In that paradigm, the Parliament is a distinctive building and a distinctive institution at a distinctive time ; it is the last component of the political sphere. Its role is to synthesize the outcomes of a long deliberative and secluded hidden process, and to introduce these outcomes to the world. Thereby social problems sociology tends to rely on a transparentist concept of discourse.

Moving from this paradigm makes possible to understand MPs discursive activities during plenary sessions as practices actually engaged in shaping the outcomes of the decisionmaking process and shaping even what happens before and outside the parliamentary arena. According to the pragmatist paradigma, discourse is to be regarded as an action. That is, an enunciative action embedded in collaborative action devices deployed into courses of activities (Widmer, 2010). Such devices and courses of activities are easily recognisable in organisations. And precisely, decisionmaking procedures are organisational settings. Fairhust and Putnam (2004) point out that discursive activities in organisations – like any activity – occur among ranges of others activities interconnected by actors themselves. These discursive activities set up stereotypical relations between actors, and dispense specific roles.

Discourse is an enunciative action accomplished by interactants, an action embedded in collaborative action devices deployed into courses of activities (Widmer, 2010). Such devices and courses of activities are easily recognisable in organisations. And precisely, decisionmaking procedures are organisational settings. Fairhust and Putnam (2004)

point out that discursive activities in organisations – like any activity – occur among ranges of others activities interconnected by actors themselves. These discursive activities set up stereotypical relations between actors, and dispense specific roles.

This means that MPs discursive activities have others effects and consequences than merely showing that they do their job and advertising for the choosen (or to be choosen) policy instruments. These discursive activities establish identities (the speaker and his audience), which are categorisation devices (e.g. member of party A vs members of other parties), related to activity devices. The adressees are not only invited to listen. They are being proposed to do something consequently, for instance, working on persuade third parties to choose a specific solution. Therefore they are being proposed to take a specific position, associated with a specific activities setting, whithin a specific positions setting, each position being associated with specific activities. Speaking MP have an « action programme », so called by Widmer (Acklin et al. 2007). Their programme is to act in ways that will/should make others act in corresponding ways. Their programme is to be sure that their audiences will act in a « good » way. And ultimately, that their colleagues will choose the appropriate solutions. But this action programme is not so easy to carry out.

Indeed, the Parliament's organisation does not make things easy. Firstly, the usual speakers, those who publically debate about social health care insurance, are quite rare. There are 246 MP, and the Parliament is so organised that only a few of them are specialized in social security themes. These ones are members of the parliamentary social security committee, at the very most 25 MP. All others MP do not really understand the technical elements of this issue. They must continuously be convinced about what they shoud think and vote. « Continuouly » is the second aspect of the challenge for specialized MP. The parliamentary procedure is very complex. Bills are usually being discussed during monthes : both Chambers of the Parliament alternately discuss the bills projects, and they often do it on different sessions ; our 25 specialists must continuously maintain their colleagues attention to what should be considered as « good ». There is indeed a danger that others policy advocates try to persuade non-specialized MP to change their mind, because these have many contacts with lobbyists outside the parliamentary sessions.

This means that most discussions leading to the choice of any possible solution are not obvious. Obvious and inconspicuous arenas are co-existing (cf. Gilbert and Henry, 2009 : 18-19). Several public and/or inconspicuous arenas may build up simultaneously and/or alternately. There are many discussions rounds and places. Arenas are interweaving (Ferree, 2002 : 11 ; Teisman, 2000 : 938). The making of policy solutions occurs therefore as a complex processing, which parts and moments cannot be

systematically identified. For this reason, a specific methodological strategy is needed to make possible having the broadest outlook on what is public and what is obvious.

Methodological device

Speaking to audiences during plenary parliamentary sessions is a complex activity playing a specific role in constructing acceptable solutions and audible meaningful problems. MP work at building policy change solutions. This activity takes place within through discourse accomplished power settings. Their discursive activities build up arenas interacting with others arenas, among which many are hardly publically apparent. One needs to have an indirect look at them.

Parliamentary debates in Switzerland are carried out progressively. Passing a bill needs several discussions rounds. Between each round, there is more or less time (a few days, monthes, even years). The parliamentary arena is surrounded with other discussion areas. There are « first ring » arenas and more distant ones. The first ring arenas usually occur in the same time as parliamentary debates, as if the plenum were a stage and the others arenas a backstage. By the way, the Swiss Chambers are circled by anterooms where lobbyists may stay and work at influencing MP. But MP are as well engaged in building up others arenas, accomplished in others locations, previously or subsequently. Their challenge is to ensure a solution be ratified by the Parliament or be rejected. To facilitate or to prevent policy changes. Others acteurs engaged in these arenas have the same purposes.

Of course, there are power[8] relations in these competitions. They spread across the arenas. Many actors involved in Swiss politics hold a specific institutionalised place in the decisionmaking process, a place associated with rights and abilities. They are entitled to take part to this process as experts, opinion leaders, concerned agencies and organisations, and so on. They are able to force the Parliament to legislate on a matter just as they can hinder passing a bill. But they do not possess these abilities ; they build them intersubjectively through discursive interactions (cf. Quéré, 2010 ; Zittoun, 2013 : 642-643). In the decisionmaking process, actors take the others' possible abilities into consideration for their own acting. For instance, the ability – be it supposed or real – to request a referendum, aiming to cancel policy changes, plays a very important role in the construction of policy solutions. Each political actor – and MP are political actors – is able to evaluate the possible ability of others actors to call for a referendum. Each

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[8] I refer to the very basic definition of « power » proposed by the Merriam-Webster Dictionary: « ability to act or produce an effect » (retrieved from https://www.merriam-webster.com/dictionary/power, 15.06.2017)

political actor as well knows the ability of any other actor to convince citizens to reject the bill passed by the Parliament. However, it is well know that the Swiss Parliament tends to prefer to avoid a referendum being called for (Sciarini, 2015). Therefore, using the threat of calling for a referendum is powerful tool for influencing building up solutions for policy changes. This depends of course on the ability the threatening actor to hold the related place and role : calling for a referendum is very expensive and energy-consuming.

Power relations occur through any discussion building up public as well hidden arenas. Using the threat of calling for a referendum is one of these power relations device. There are other ones. All of them are related to the ability to burden on the future – near or distant – of the decisionmaking process. In their discursive interactions, political actors propose scenarios, some being desirable, others being unwelcome. As Zittoun points out (2013 : 63-65), there are scenarios (apocalyptic futures) articulated about situations which could be transformed by politics. But the Swiss political actors as well articulate desirable or apocalyptic scenarios about the decisionmaking process itself. And most of these enunciative activities occur undiscernibly. The question remains : how to find them out ?

These occurances leave traces. They are frequently indirectly mentioned in other discourses made by others actors. MP themselves sometimes refer to discussions having taken place in other settings. Regional governments may publish press releases indicating that they intervened with MP in order to persuade them to do or not to do something. Political parties spokesmen make statements indicating that they took part to the discussion. And so on.

Let us mention a concrete example.

From 2006, the Swiss Parliament started working on a revision of the LAMal (the law regulating promote among insurees affiliation social health insurance). The Government proposed the following policy change: thank to financial incentives they could establish themselves, insurance companies were to promote among insured people affiliation to HMO schemes ; in order to do that, they were as well to stimulate competition among existing HMO and foster the emergence of new HMO. This would have slightly narrowed the insured persons right to freely choose one's physician, but was supposed to be cost-saving.

In the first debate[9], a minority proposed the Government, and not the insurance companies, to set immovable incentives for all insured categories : a 10% user charge for everyone choosing a HMO scheme, instead of a 20% user charge for choosing a

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[9] It will be recalled that bills are always discussed through several debates

normal scheme. This proposal was made by the left-wing parliamentary party[10]. The majority rejected it, arguing that competition among insurance companies was needed.

The second debate took place in June 2010. There are many evidences indicating that a big deal of undiscernible discussions occured outside the Parliament up to that time, building up arenas significantly affecting the policy solutions development. The former structure of positions radically inverted since the first debate. The former rejected left-wing proposal was meanwhile advocated by the right-wing party and countered by the left-wing party !

Already from 2007 traces of undiscernible discussions were left by an important insurance company advocating the solution initially supported by the left-wing party. This company published several documents and press releases a few weeks before the second parliamentary debate. The competent parliamentary Committee picked up on this idea and decided to make a corresponding proposal to the plenum a few days after that. This is no coincidence. Parliamentary Committees usually organise hearings before they decide to amend a bill project or not : they invite experts from insurances companies, hospitals, care providers, and so on, and these ones detail their opinions. Furthermore, most of the Committees members are as well members of the board of directors of insurance companies. These issues were discussed within the Committees between September 2009 and April 2010. Although Committees debates are kept secret, press releases are frequently published about the decisions they make. Already in January 2010, the States Council[11] Committee communicated that it was advocating the financial-incentives-established-by-the-Government solution. Simultaneously, a right-wing party, the PRD (Liberal Party), declared supporting this idea ; the Health Care Minister was belonging to this party. A few days later, the National Council Committee, after having heard non-parliamentary experts, adopted the same position. Then, another right-wing party, the PDC (Christian Democrats) publically adopted this position. In the same time, another important insurance company published a study advocating this policy solution.

However, there were opponents to this solutions. Patients organisations desagreed with any services cut for insured persons. They as well considered that only the rich insured would be able to afford themselves better services. They succeeded in their position being mentioned in several Sunday newspapers thank to long articles and interviews, at the end of March 2010. Some members of the concerned parliamentary Committees belonged to these organisation, and a few days later, in April, they made know publically that they did not agree with their right-wing Committee colleagues.

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[10] In the Swiss Parliament, the right-wing party holds the absolute majority

[11] The Swiss Parliament has two Chambers. The National Council and the States Council. The National Council is similar to the US Chamber of Representants. The States Council is similar to the US Senate.

In the second debate, just after this long stage of public and hidden discussions, the National Council decided to set the discounted user charge at 10% and the normal user charge at 20%, regardless of the left-wing protests. In that context, the left-wing party though used the threat of calling for a referendum. A speaker even pretended that patients organisations would call for it. Other MP, both from the left- and the right-wing, but close to health care providers, claimed that the most liberal components of the reform would be countered by a referendum if the majority of MP did not amend their project. In the next months, the two Chambers disagreed again and again, the one staying on a 5/15% scheme, the other on a 5/10%, and so on. Every combination of user charge was examined, choosen and then rejected. At the end, both Chambers decided to establish the user charge at 10 and 15%. But the left-wing party carried on being unsatisfied and called for a referendum. In 2012, the citizens rejected the law the Parliament had painstakingly formulated.

Even if there were many traces of previous undiscernible debates in the public debates, it remains difficult to avoid overinterpretations by tracking these traces. The researcher may unintentionally select particular traces and skip other traces. It is possible to overcome this limit by interviewing persons engaged in the corresponding policymaking. Demongeot, for instance, used this methodology for his research about tram projects in France and Ireland (2011 : 92-93). Interviews are useful for identifying very secluded arenas. Interviewed persons are requested to mention which actors collectively grew up which arenas and to explain the structure of the advocated solutions. They may as well explain whom they addressed their discourses and if their initial intentions did succeed. However, interviewing concerned persons does not do wonders. Such a method has limits as well. Interviewed are indeed requested to talk about activities they had at a given time. Once, as they had these activities, they did not know what would happen subsequently. But nowadays, they know. This may make them choose, during the interview, only memories that make sense relating to what happend subsequently. I tried to set up a strategy aiming to take some control on that phenomenon. I randomly divided my interviewed persons into two groups. I questioned the members of my first group about what actually happened during the reform process. And I interviewed the persons of my second group about their job and activity as MP, regardless of any particular policy project. This second group, which members were interviewed first, allowed me to better prepare my other interviews, in order to avoid the usual political chitchat.

This pluralistic methodological device operated so that I could better understand the role played by the plenary parliamentary debates about social health insurance, in shaping the actual policy changes. It was possible to understand how public and undiscernible arenas interoperate, which are constituted of and by discursive activites. Are these particular interactions only related to debates about social health insurance or are they

similarly organised for debates about others matters ? This is difficult to say. One needs comparative research to examine this possibility.

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