Why won’t it sell?

Universal Health Care in America, 1945 - 2009

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ABSTRACT

This project examines the language used to frame universal health care reform from 1945 to 2009, focusing on four frames: morality, efficacy, personal vulnerability, and fear of government. It analyzes whether the frames used by the opponents and proponents of reform evolved by researching three health care debates: President Truman from 1945-1950, President Clinton from 1993-1994, and President Obama in 2009. The analysis focuses on speeches given by the presidents, advertisements produced by interest groups, and newspaper coverage of the debates. For all three presidencies, fear of government was the frame most commonly used by opponents of reform in advertisements while morality was the frame most commonly used by proponents. This suggests that the language has not evolved significantly over the past sixty years and provides insight into why universal health care reform continues to fail. Notably, however, there is a trend in the Obama administration toward utilizing the personal vulnerability frame. Ultimately, this project found that self-interested arguments are the most effective, and therefore opponents should continue to address people’s fear of government while proponents should follow President Obama’s lead in utilizing the personal vulnerability frame.
THE LONG PATH OF HEALTH CARE REFORM

“For twenty years Washington has talked about health reform, and reformed nothing.”

Barack Obama, 2007 Campaign Ad

Imagine a store owner who has a product sitting on his shelves for twenty years. The owner believes the product will be useful to many people so he does not want to take it off the shelves, but it will not sell. What does the owner do? Most likely, he will change the package to make the product more appealing to his customers and apply a new label that better showcases what it can offer. He will sell the same product, but in a different way than he has in the past.

While it may seem absurd to imagine a case where an unsuccessful product is on sale for twenty years, health care reform has sat on the shelves for over sixty years. In the early twentieth-century, an ideological debate formed around the issue, with conservatives generally preferring limited government oversight of health care and liberals calling for some type of government-funded insurance. Although not widely known, President Harry S. Truman recommended a comprehensive health program for all Americans in 1945 during a special address to Congress. His plan was defeated by a campaign led by the American Medical Association (AMA), who framed reform as “socialized health care” and called for a voluntary health plan instead. Health care remained a significant item on the political agenda, with President Lyndon B. Johnson signing Medicare into law in 1965 and President Richard M. Nixon expanding the health maintenance organization in 1973 (Igel). After 1973, health care became a second-tier issue and would remain there until President William Jefferson Clinton made it a priority in his 1992 presidential campaign.
In his “Address to a Joint Session of the Congress on Health Care Reform” in 1993, President Clinton put universal health care back up for sale. He said that “on any given day, over 37 million Americans, most of them working people and their little children, have no health insurance at all,” even though “medical bills are growing at over twice the rate of inflation, and the United States spends over a third more of its income on health care than any other nation on Earth” (Clinton). Although these statistics are staggering, Clinton’s plan, like Truman’s, was defeated by more effective arguments posed by the opposition.

Today, over sixty years after Truman first tried to sell universal health reform, the United States is the only industrialized nation that does not guarantee its citizens access to health care. At the same time, the U.S. spends far more on health care than other major countries: While most industrialized nations spend eight to ten percent of gross domestic product on health care, the U.S. spends sixteen percent (Davis). Despite this high spending, seventy-five million American adults had either no insurance or inadequate insurance in 2007 (Schoen).

High costs, declining benefits, poor access, and a growing number of uninsured, have led Americans to view health care as a top priority for the new president and Congress. A national survey conducted by the Kaiser Family Foundation in November 2009 found that fifty-eight percent of Americans believe that now, because of the country’s economic situation, “tackling health reform is more important than ever” (Kaiser).

Both Republicans and Democrats acknowledge that health care reform is a national priority not only from the standpoint of our commitment as Americans to take care of one another, but also for our economic recovery and long-term economic strength. They do not agree on the type of reform that is necessary, but accept that the U.S. cannot sustain the current inefficiencies in our health care system or the unbridled growth of health care costs.
Although many types of reform were considered over the past century, this study analyzes how the packaging of universal health care has changed – or remained the same – over time. The research began by reviewing the language used by proponents and opponents of reform during the Truman and Clinton presidencies, focusing on speeches given by the two presidents, advertisements produced by interest groups, and newspaper coverage of the debate. This information was used to assess what made the opponents’ frameworks successful and the proponents’ frameworks unsuccessful. The analysis then turned to the current health care debate in Washington and compared the frames being used now with those used in the two historical cases. Is the health care debate being presented in the same terms as in the past or has the message evolved? Rather than determine whether universal health care is the best type of reform for the U.S. health care system, this research sought to answer the following question:

Given that universal health care has been on the shelves for over sixty years, why won’t it sell and under what conditions might it sell?
THE PACKAGING MATTERS: SUPPLYING A COMMON VOCABULARY

I. Understanding Framing

Frames are a tool used to organize political discourse and define what is and is not relevant to a policy issue (Carragee). Framing refers to the way political actors, including the media, “use linguistic cues to define and give meaning to issues and connect them to a larger political environment” (Callaghan 2). Citizens often learn to associate a given frame with a position on a policy issue. For example, abortion is associated with two frames: “pro-life” and “pro-choice.” By providing people with clear phrases to use in policy debates, framing encourages citizens to express opinions about complex issues that they might not be able to formulate on their own (Callaghan 16). In other words, frames “supply a common vocabulary, one that enables elites and citizens to take part in the same conversation” (Callaghan 116).

Development of frames:

Frames do not develop in a vacuum; rather, they come from “multiple social actors, including politicians, organizations, advocates and social movements” (Carragee). Among these actors, the president is typically the best positioned to dominate the framework presented in the media because he receives free, and guaranteed, media attention during his television addresses, speeches and press conferences (Callaghan 8). Policy entrepreneurs, politicians that have a strong reputation on a policy issue, and large and wealthy interest groups are also able to significantly influence the frames used by the media. The different players each seek to develop the frame that will have the most impact on political participation, including encouraging people to donate money to a cause, attend a rally, volunteer time, or vote (Callaghan 118).
Limitations of frames:

Political players do not have infinite power to manipulate frames. Gabrielson explains that the ability to frame political issues is constrained by two factors: public mood and the level of institutionalization (Callaghan 78-91). She defines public mood as “a macro or global measure of the ideological tendencies of the citizenry at a given point in time” (Callaghan 79). Framing options are restricted by this factor because actors must choose a message that resonates with the current public mood. For example, today frames must take into account American’s financial concerns resulting from the economic downturn when presenting a policy.

Likewise, institutionalization restricts framing options because frames that have become fixed elements in public discussion are difficult to replace. Institutionalization is related to the historic lines of conflict: If an issue has been defined in terms of a conflict between two ideologies, favored by opposing parties and referenced frequently in national debate, reframing becomes more difficult. Players embed their issue frames with values, and these values become ingrained in the public memory.

It is also important to note that frames often oversimplify the issues. By restricting discussions of complex policies to short, “black-and-white” phrases, frames frequently leave no room for discussion of middle-ground policies or in-depth analysis of the details of policies. Finally, frames may foster the creation of opposing camps – who focus on conflict, emphasizing their differences, rather than on compromise.
II. Framing and Health Care

Framing plays a critical role in health care reform. Presidents Truman and Clinton both failed to develop frames that could overcome those produced by the powerful lobbying efforts of their opponents, and their reforms were defeated. Today, President Obama has promised to move the country closer to universal health care, with a quasi public-private solution. There are many debates over how Obama should frame his reform to ensure that his plan avoids the fate of the Truman and Clinton reforms.

Possible frameworks:

Howard Brody, the director of the Institute for the Medical Humanities at the University of Texas Medical Branch, believes that the health care debate should be framed in terms of morality. This frame focuses on values rather than complex economic arguments. Brody argues that while technical terms are often unfamiliar to even the most informed of voters, moral values such as “basic rights,” “universal access,” “fairness of burdens,” and “reasonable equality of benefits” resonate with most people (7). Thus, he believes a moral framework increases the likelihood of principled compromise on reform by engaging the public at large (7).

In contrast, Kenneth Thorpe, the chairman of the department of health policy and management at Emory University, argues that the health care debate should be framed around affordability, rather than covering the uninsured. Around eighty-seven percent of Americans have health insurance, and Thorpe says a successful framework must address their health care costs (1560). Therefore Thorpe believes the framework should explain the factors responsible for the growth of health care spending. He identifies these factors as “the rise in the prevalence of treated disease, the rise in spending per treated case, and the interaction of these factors” (1561).
Finally, Larry Churchill, a professor of medicine at Vanderbilt University, argues that self-interest should frame the debate. He says that it is unrealistic to assume that the well-insured will give up some of their medical care or pay more for it in order to benefit others (53). In other words, universal care cannot be supported on arguments of benevolence alone. Churchill's message of self-interest focuses on the scarcity of health resources relative to health problems, the largely unpredictable nature of health care needs, and the precarious nature of anyone's status as “insured” (74). He believes the frame must focus on instability and insecurity (46). This emphasis on security plays on the personal vulnerability of the insured and directs people to view universal care as the only way to secure access for their own continued care (49).

Self-interested language is not restricted to arguments in support of reform. Opponents of reform may utilize this frame by appealing to people’s fear of government. For example, opponents can stress that government involvement in health care will have a negative impact on those who are already insured by leading to higher taxes, lower quality, and more bureaucracy.
III. HAS THE DEBATE EVOLVED? FIVE HYPOTHESES

*Hypothesis 1: The packaging of universal health care has not changed over time.*

Health care reform has sat on the shelves for over sixty years without selling. The first hypothesis suggests that the reason attempts to enact universal health care continue to fail is that proponents chose an unsuccessful frame for packaging reform and have stuck to their strategy. In contrast, opponents found a successful frame for defeating reform and have continued to use it. This argument is intuitive because if the frame chosen by opponents of reform during the Truman debate was effective, they have no reason to change it.

*Hypothesis 2: Advertisements and speeches have had a significant impact on the language used in newspaper coverage over the past sixty years.*

According to West et al., interest groups typically have less influence in highly visible public arenas. However, in the highly visible case of health reform, they argue, “the media coverage amplified the messages of certain groups, giving them tremendous influence in shaping the ensuing debate” (West et al. 39). They also contend that the Clinton health care debate “shows that outside strategies can work not just by targeting the public but also by altering the impressions of news reporters and Washington elites” (West et al. 64). The second hypothesis suggests that the claim that interest groups can alter the impressions of news reporters also applies to the Truman and Obama debates. This hypothesis requires examining whether the language used in advertisements consistently had a significant impact on the language used in newspaper coverage. Additionally, because the framing literature explained that speeches given by presidents generate large amounts of media attention and free coverage, this hypothesis also predicts that the language used in speeches will likewise have a significant impact on newspaper coverage.
Hypothesis 3: Newspaper coverage will focus on details of reform, while advertisements will focus on simplistic arguments.

Print advertisements have restricted space and television advertisements are often limited to thirty seconds, and therefore it is likely that advertisements will utilize simple, superficial messages. In contrast, newspaper articles have more space and are intended to inform the public. Therefore the third hypothesis predicts that newspaper articles will be more likely to explain the details of health care reform and provide analysis of different proposals.

Hypothesis 4: Fear of government is the most effective frame to defeat reform.

It is well-known that health care was branded as “socialized medicine” during the Truman debate, a frame which played on people’s concerns about big government. Therefore, this hypothesis predicts that a frame which associates health care reform with any negative attitudes people have toward the government will be highly effective.

Hypothesis 5: Personal vulnerability is the most effective frame to pass reform.

Past polls suggest that personal vulnerability would be an effective frame. A Harvard University poll in the fall of 1993 asked people what they were interested in learning about health care proposals: seventy-nine percent wanted to know how much they would have to pay out of pocket for a doctor or hospital visit, seventy-seven percent wanted to know how it would affect the cost of their family’s health insurance premiums, and seventy-three percent were interested in the amount of taxes they would pay (West et al. 52). Thus, it is clear Americans made based judgment of reform on whether or not it was good for them and their families. Or, as West et al. explain, “All people want to know is, is this going to help me or hurt me?” (264).

It is likely that this self-interested tendency is not limited to the years of the Clinton administration, and applies to both the years of the Truman and Obama administrations.
Therefore, the final hypothesis suggests that the personal vulnerability frame will be the most effective way for proponents to discuss reform because it directs its message toward the concerns of insured Americans.
A JOURNEY FROM 1945 TO 2009: THE METHODOLOGY

I. Let’s Talk about Reform: Project design

This project is a historical comparative case study of the frameworks used to package and sell universal health care during the presidencies of Truman and Clinton, as well as those used to defeat it. It analyzes whether the language used in the debate evolved over time and assesses how this information could aid proponents and opponents of universal health care in achieving their respective goals during the current Obama debate.

Truman and Clinton were chosen as historical case studies because they are the only presidents who made support for national health insurance a centerpiece of their presidencies. Interestingly, both Democratic presidents initially announced their reforms to a Democratic-controlled House of Representatives, mirroring the political environment Obama faces today. However, during the midterm elections after Truman and Clinton proposed their reforms, Republicans regained control of the House. It will therefore be interesting to see how Democrats fare in the upcoming midterm elections.

This case study also investigates other attempts to enact health care reform. President Franklin D. Roosevelt attempted to include health care legislation in the Social Security Plan of 1935. Roosevelt again advocated for a health reform in the failed Wagner National Health Act of 1939. The Wagner Bill evolved into the Wagner-Murray-Dingell Bill, which was introduced in 1943 and proposed creating a new program of national medical and hospitalization care (Poen 32). Although this bill was reintroduced every year for fourteen years, Congress never passed it. Additionally, President Richard M. Nixon also attempted to implement an employer health care mandate, but could not create political consensus.
This study utilized three types of primary sources: speeches, advertisements, and newspaper articles. The content of the primary sources was analyzed based on four frameworks, utilizing some of the concepts from the Kaiser Family Foundation Report entitled “Effective Language and Themes for Talking about the Uninsured.” The frames included in the analysis were morality, efficacy, personal vulnerability, and fear of government. Tone, context, and trigger words/phrases served as indicators of each frame (Appendix A).

Some advertisements and newspaper articles were assigned more than one frame because any trigger words/phrases that were used were noted. It is important to note that the content analysis did not account for how prevalent a given framework was throughout an article; for instance, an article with a trigger word mentioned one time and an article with the trigger word mentioned many times were categorized in the same group. This study was intended to generate descriptive statistics about the type of language used in the debate rather than to produce a comprehensive quantitative analysis.

*Framework 1: Morality*

First, drawing from Brody, the analysis identifies moral arguments. The morality framework focuses on the responsibility of providing all people with health care, using phrases such as “It’s the right thing to do.” It utilizes statistics that draw attention to the large number of uninsured citizens in the United States in order to convey the gravity of the issue. This frame also stresses that the uninsured are hardworking and deserve health care. Other trigger words associated with this frame are “disparities,” “basic need,” “equal opportunities,” “right,” and “fair/unfair.”
Framework 2: Efficacy

Second, the project considers frameworks based on efficacy and affordability. This framework treats universal health care as a cost-benefit analysis and explains why reform is cost-effective. One example is “It’s cheaper in the long run to make sure people can access care.” This framework also stresses the benefits of increased preventative care, using phrases such as “Preventative care means less disease for everyone.”

The frame focuses on communicating that our current system is not a health care system but an illness system. This is not a new idea: in his Special Message to Congress in 1945, President Truman referred to the large amount of money Americans spend on “sickness care.” Dollars and services predominately focus upon treatment of illness, long after the causes of the disease in the first place have taken hold, and often long after the ravages of the illness can be reversed. Currently, seventy percent of health costs and deaths are due to smoking, heart disease, obesity, and other health problems that can be prevented. Private insurers have no incentive to prioritize prevention because the cost benefits may not be realized until far in the future, when a person has switched providers. This frame explains that health care reform can lower costs by creating a health system that prioritizes wellness over illness.

Another important aspect of this frame is that it refers to health care reform as an economic responsibility. It reminds citizens that the U.S. economy cannot sustain the uncontrolled growth of health care costs. It is well known that today the U.S. automobile industry currently spends more money per car on health care than steel, and Starbucks spends more money on health care than coffee beans. These American employers cannot compete in a global economy while carrying this tremendous burden. One possible phrase used to convey this message is “Universal health care will improve the competitiveness of Americans businesses.”
Framework 3: Personal vulnerability

Churchill’s argument of self-interest was broken into two frameworks: one that is pro-reform and based on personal vulnerability and the other that is anti-reform and based on people’s fear of government. The personal vulnerability frame shows insured Americans why universal health care is in their self-interest by arguing that reform is the only way to guarantee their families’ security. This framework uses phrases that remind Americans of their personal vulnerability, especially in the midst of a recession, such as, “A rapidly changing economy means anyone can lose insurance.” It often directs its message toward particular demographics that are particularly at risk for being uninsured, including young people and aging workers. It also plays on people’s fears about the uncertainty of disease with phrases such as, “untreated illness can have serious consequences” and “illness can wipe families out.” The overall goal of this framework is to tell Americans that the benefits of universal health care are not limited to those who are uninsured.

Framework 4: Fear of government

The final frame considered uses fear of government to tell Americans why health care reform is not in their self-interest. This frame utilizes terms like “socialized medicine” and “bureaucracy.” It tells citizens that a “government takeover” of health care will lead to limited choices, longer waits, and higher taxes. Citizens who are unhappy with government control in other areas of their lives will likely respond to this framework.

Restrictions of health care frames:

Frames cannot account for unexpected national or international events that may detract attention from the health care debate. For example, days after Clinton’s major health care address, eighteen Americans were killed and nearly eighty were wounded in Somalia. Media
attention focused on videos of the brutality committed against the dead American soldiers and on the dispatch of more American troops to Somalia (Johnson). Disaster continued to strike, with crises in Haiti and Russia detracting even more attention from health care at a time when the plan’s success was dependent upon Americans learning more about its complexity.

II. Collecting the Language: Search parameters

Speeches:

Transcripts of speeches delivered by Presidents Truman and Clinton were found in the *Public Papers of the President*. Transcripts of health care addresses delivered by President Obama were obtained on the White House website. For each president, the first major speech dedicated entirely to health care was considered, followed by any speeches that were delivered in the designated time period of the case study.

Advertisements:

Next, the research considered advertisements generated by proponents and opponents of reform. Print advertisements from newspapers and magazines were used in the analysis of the Truman plan, while television advertisements were used in the analysis of the Clinton and Obama plans. The different mediums were chosen for the presidents based on what formats were considered most effective in communicating to the public at the given period of time. The fact that interest groups spent significantly larger sums of money on television advertisements than print advertisements during the Clinton and Obama debates suggests that television was the more valued medium. For instance, during the Clinton debate, the Health Insurance Association of America spent $20 million overall, of which more than half - $10.5 million – was spent solely on television ads that ran in the fall of 1993 (West et al. 46, 63).
The analysis of print advertisements for the Truman debate was limited to advertisements produced by the AMA, as it led the opposition campaign and was the only known group with archives dating back to 1945. The AMA advertisements were found in the archive of the Council on Medical Services Collection, which formed in response to the Wagner-Murray-Dingell Bill of 1943. Despite the small sample size, important lessons about messaging can be obtained from these advertisements and therefore this section was also included in the research.

Television advertisements for the Clinton debate were obtained from the Political Communication Center at the University of Oklahoma. The analysis of interest group media surrounding the Clinton reform focused on the messages presented by AARP, the American Hospital Association, Citizens for Health Insurance Reform, Citizens for a Sound Economy, the Democratic National Committee (DNC), the Health Insurance Association of America (HIAA), the National Health Care Campaign, and the Republic National Committee (RNC). The Coalition for Health Insurance Choices was also considered in the analysis because it was a front group for the HIAA (Appendix C). Callaghan and Schnell explain that only large and wealthy interest groups are able to receive significant media attention; these groups were chosen because they met both qualifications and were or still are powerful voices in the health care debate.

In order to collect television ads for the Obama debate, a list of the top twenty-five biggest players in terms of total money spent on lobbying in the health care debate during the first half of 2009 was obtained, published by the National Journal. An online search was then conducted to identify the biggest players in terms of total money spent specifically on television ads. Although many of these groups were the same as those with the largest total lobbying expenditures, there were five groups with staggering television buys that were not on the National Journal’s list. These include Conservatives for Patients’ Rights, who is planning to
spend $20 million on television, radio, and web ads this year, the RNC and DNC, who each spent more than $1 million in August alone, and Americans United for Change and Americans for Prosperity, who are also running multi-million dollar campaigns (Jacobs). A combination of these two lists produced a pool of the top thirty “health care players” that were considered in this analysis (Appendix D).

Initial research revealed that many of the top spenders did not produce ads under their own names, but rather created front groups with other top spenders. For example, the Pharmaceutical Research and Manufacturers of America, AMA, Federation of American Hospitals, Service Employees International Union, Biotechnology Industry Organization, and American Academy of Family Physicians, all of which are featured in the list of top twenty-five spenders, produced ads together under the name “Americans for Stable Quality Care.” As a result, the following leading front groups were included in the analysis: Americans for Stable Quality Care, Health Care for America Now, and Divided We Fail.

A Youtube search was then conducted using the group name and the phrase “health care advertisement.” Only advertisements aired after the election of President Obama were considered in the search results. A total of thirty-eight television ads were obtained, from which a random sample of twenty-five ads were chosen. Of this data subset, fourteen ads were pro-reform and eleven were anti-reform. All of the ads were available on Youtube as of October 30, 2009 (Appendix D).

Newspaper coverage:

Multiple studies found that news coverage affects public opinion about health policies, and public opinion, in turn, affects the development of health policies (Walsh-Childers). Newspaper articles provide context for how the frames used by the presidents and the interest
groups were interpreted by the media and explained to the public. As a result, it is important to analyze news coverage in order to understand the massive decline in public support for universal health care in both the Truman and Clinton cases.

Newspaper articles regarding the Truman debate were located through the Proquest Historical Newspaper database using the terms “Truman” and “health care.” The search was not restricted to any particular newspapers and ranged from November 19, 1945, when Truman first announced his plan for national health insurance, to April 22, 1950, one year from the announcement of the Truman bill of 1949. A longer search period was needed for the Truman case than the other cases because of the limited articles available in archives from this time period. Additionally, the AMA’s counterattack was not launched until 1949, despite the fact Truman’s intention to reform health care was announced in 1945.

Newspaper articles for the Clinton and Obama sections were gathered from LexisNexis Academic Power Searches using the terms “health care” and the president’s name. In the Clinton case, the search was limited to six months from his announcement of his proposed health care reform (September 22, 1993 – March 22, 1994). This time period provides sufficient time for interest groups to launch advertisements about the plan and for journalists to absorb the language being used in the debate. In the Obama case, the search included the three month period beginning with Obama’s address to the AMA (June 15, 2009 – September 15, 2009. This time period includes coverage of Obama’s health care address to a joint session of Congress on September 10, 2009. It was not possible to extend the search to a six month period because data collection was completed in October 2009.

The LexisNexis searches were limited to The New York Times (NYT), Washington Post (Post), Washington Times (Times), and USA Today (USA). NYT and the Post were chosen
because they were respected newspapers during the Truman administration and remain prominent news sources today. This therefore created some consistency in search results between case studies. Because both USA and the Times were not founded until 1982, thus these newspapers were not included in the section on Truman. It was important to include these newspapers for Clinton and Obama, however, because USA has the highest daily circulation and is a representative national newspaper with no regional ties and the Times offers more conservative reports to contrast with coverage offered by NYT and the Post. A random sample of articles was chosen to limit the results to 100.

All articles published by NYT, USA, the Times and the Post are not indexed in the LexisNexis database, and therefore the sample was only chosen from those articles that are available. As a result, it was impossible to guarantee a perfectly representative sample of media coverage. However, this method was an effective way to understand the type of language that was present in advertisements and utilized by the newspapers. Occasionally, stories in the search results were unrelated to the health care debate, although containing both of the keywords, and therefore were not included in the analysis. Appendices B, C, and D provide an overview of the search parameters for the data collection during each period.

The aggregation of findings from the speeches, interest group advertisements, and newspaper coverage across time periods was then analyzed to determine whether the packaging of health care reform has evolved over time and identify the most effective frames used to sell reform and to defeat reform. Before each section, a brief context is provided about the respective health care debates. It was necessary to first research the historical context of the debates in order to understand the implications of the data.
A LOOK AT THE LANGUAGE: OVER 60 YEARS OF DEBATE

I. President Truman

“T’ve had some bitter disappointments as President, but the one that has troubled me most, in a personal way, has been the failure to defeat organized opposition to a national compulsory health insurance program.”

President Harry S. Truman, 1954

Context:

On November 19, 1945, Truman became the first president to recommend a comprehensive health program for all Americans when he delivered his “Special Message to the Congress.” He identified a five-part plan to reform health care, which included constructing hospitals to make health services accessible to all people, expanding maternal and child health services, strengthening professional education support for medical research, developing a system for prepayment of medical costs, and providing protection against loss of wages from sickness and disability. His message resonated with the public: a 1945 poll found that fifty-eight percent of Americans who heard about Truman’s proposal approved of it (Greenberg).

Shortly after this speech, the Democratic sponsors of the Wagner-Murray-Dingell bill of 1943 introduced a bill that embodied Truman’s speech. The bill was sent to the Senate Education and Labor Committee, chaired by Senator Murray in 1946. Indicative of the tone of the hearings, Senator Robert Taft interrupted Murray’s first statement to call the bill “the most socialistic measure that this Congress has ever had before it” and then stormed out of the hearings and never returned (Derickson). The Senate hearings ended in June 1947, after three thousands of pages of testimony, with a bill never considered by the House.

In November of that year, Republicans gained majorities in both the House and the Senate during the midterm elections (Maioni 21). But Truman was not ready to accept defeat,
and made health care a prominent issue in his 1948 re-election campaign. His surprising victory, as well as the return of Congress to Democratic control, seemed to signal hope for the passage of comprehensive health care legislation. Despite positive momentum, Truman’s message was overcome by a national campaign created by the American Medical Association (AMA).

The AMA officially opposed national health insurance since 1920, but its massive advertising assault did not begin until 1949. The husband and wife public relations team of Clem Whitaker and Leone Baxter created the largest lobbying campaign ever seen by raising a “war chest,” collecting $25 from every physician who was a member of the AMA, and then preceding to spend $5 million on the aggressive opposition campaign in 1949 and 1950 (Mayes 37). In one two-week period before the 1950 congressional elections, the AMA spent over $1 million on advertising, producing full-page anti-reform ads in each of the nation’s 10,000 newspapers and on 1,000 radio stations (Greenberg). The proponents of reform had no means to compete with the AMA. The one private lobbying group created counter the AMA – the Committee for the Nation’s Health – had an annual budget of only $36,000 in 1950 (Greenberg).

Truman’s bill never made it out of committee. By the end of 1949, only one-third of people polled preferred Truman’s plan to voluntary alternatives (Erskine 139-40). Several Democrats targeted by the AMA were defeated in the 1950 midterm elections. Fear of political fallout because of the branding of reform as “socialized medicine,” combined with the major resource gap between opponents and proponents of reform, and the lack of unity of purpose among Democrats, caused health reform to be dropped from the sales shelves for decades (Poen 68). In fact, universal health care was not seriously considered again until after the end of the Cold War.
Speeches:

Three speeches were considered in the analysis of the Truman debate: President Truman’s “Special Message to the Congress Recommending a Comprehensive Health Program” on November 19, 1945, his State of the Union Address on January 5, 1949, and his “Special Message to the Congress on the Nation’s Health Needs” on April 22, 1949.

Truman’s Special Message to Congress in 1945 was framed in terms of morality. He referred to access to adequate medical care as a “right” that all citizens deserve. He also stressed the “inequality” present in the health care system: “People with low or moderate incomes do not get the same medical attention as those with high incomes. The poor have more sickness, but they get less medical care.” His proposal offered a system of “health care for all” in which “whether or not patients get the services they need would not depend on how much they can afford to pay at the time.”

Although morality framed the speech, Truman made multiple references to the efficacy frame, stressing the toll of sickness on productivity in the workplace and the importance of increasing access to preventative care. He also made one argument using the personal vulnerability frame by explaining that patients would “remain free to choose their own physicians and hospitals” and that reform would bring protection against loss of wages against sickness, which “can affect everyone.” Finally, the speech stressed that his plan was “not socialized medicine,” and seemingly legitimized coverage of the AMA’s campaign.

During his reelection campaign, Truman continued to use the morality frame. He responded to the critique that his plan was un-American by saying, “I put it to you. Is it un-American to visit the sick, aid the afflicted or comfort the dying? I thought that was simple
Christianity” (Greenberg). In his State of the Union address, Truman reiterated his appeal for universal health care through the morality frame, saying “In a nation as rich as ours, it is a shocking fact that tens of millions lack adequate medical care….we need – and we must have without further delay – a system of prepaid medical insurance which will enable every American to afford good medical care.”

Less than four months later, in May 1949, Truman repeated his demands in his third, and final, “Special Message to Congress.” In this speech, Truman said that, “As a nation, we have not yet succeeded in making the benefits of these scientific advances available to all who need them. The best hospitals, the finest research laboratories and the most skillful physicians are of no value to those who cannot obtain their services.” He again described health care as a “right” and also described the “unnecessary human suffering” that was caused by the health care system.

In addition, Truman reiterated the importance of preventative care, explaining that his plan would both improve productivity, and allow Americans to have more and better care for the same amount of money that we were currently spending, thus again utilizing the efficacy frame. He also implied the personal vulnerability frame by saying that it was no longer just the poor who were unable to pay for necessary medical care – “such care is now beyond the means of all but the upper income groups.” Additionally, he stated that his plan would protect people against loss of income due to sickness and preserve people’s choice of doctors and hospitals. Overall, however, his appeals were dominated by morality.

Print advertisements:

Five advertisements and pamphlets were obtained from the AMA archives in the Council on Medical Services Collection, published in 1949 and 1950. No ads were located prior to 1949 because the AMA did not launch its major attack until after Truman’s second major health care
address. Although this sample is small, the advertisements obtained were the advertisements that drove the health care debate and thus provided critical insight into the type of language used. Because the AMA only used one frame – fear of government – these advertisements were categorized by the specific language used, rather than the overarching frame. The most frequently used words/phrases in these ads, shown in Figure 1, highlight the dual strategy of the AMA: defeat Truman’s health plan in the short run through an aggressive “National Education Campaign” and implement a voluntary health insurance proposal in the long run.

![Top Ways AMA Ads Talk About Reform, 1949 - 1950](image)

Un-American and socialized medicine

The most popular way for the AMA to talk about reform in its ads – present in four of the five ads – was that it was “un-American” and put our “freedom at stake.” The next most popular description of reform – present in three of five frames – was “socialized medicine.” Reframing universal health care as socialized medicine and a threat to our freedom was especially effective at this time because it played on the fears generated by the onset of the Cold War. By associating
these phrases with reform, the AMA made it politically dangerous for politicians to support
national health care because they were then seen as jeopardizing the American way of life and
even as national security threats (Mainoi 24).

This tactic is illustrated by one of the AMA’s campaigns called the “Freedom Role Call,”
which highlighted the “swelling ranks of medicine’s public allies in the fight for freedom,”
growing from 103 National, State, and local groups in January, 1949, to 1,829 in December,
1949, and 10,206, at the time of publication in June, 1950. There was also a pamphlet produced
with a cover reading, “At this Time of National Crisis, Your Cooperation Can Help to reaffirm
and solidify public faith in American enterprise, progress and freedom.” This title demonstrates
that the AMA depicted reform as a battle that would determine whether America would remain
free or become a socialist state.

Government takeover

Another phrase repeatedly used by the AMA to describe reform was a “government
takeover” of insurance or “government-run” insurance. By changing what President Truman
referred to as “national health care” to “government-run health care,” the AMA was able to
evoke multiple negation emotions. First and foremost, this phrase played on people’s fear of
government controlling any aspect of personal lives. Additionally, switching from “national” to
“government-run” is a powerful word change because it exploits negative attitudes about the
government (Johnson and Broder 207). With one simple word change, opponents are able to
convey the message that “if you like the compassion of the IRS….you’ll love how they run
health care” (Johnson and Broder 289). Finally, this phrase suggested that people would lose
their ability to make individual health care decisions.
Compulsory versus voluntary

Another message conveyed by the AMA in three of the five ads was the distinction between the “compulsory” plan proposed by Truman and the “voluntary” plan offered by the AMA. As mentioned earlier, the AMA’s long-term objective was to promote voluntary, private health insurance. The idea was that if President Truman was selling national health care based on the fact that only 3.5 million Americans were adequately protected under private health insurance, then Whitaker and Baxter could stop consideration of Truman’s kind of insurance by selling more of the AMA’s kind of insurance (Poen 151). In order to accomplish this goal, the AMA once again played on the fears of Americans living through the Cold War by making “voluntary” synonymous with “American” and linking “compulsory” with “socialism.”

The best example of this language was a pamphlet that featured a title that would become the theme of the AMA’s campaign: “The Voluntary Way is the American Way” (Poen 145). The pamphlet featured “40 Vital Questions” and “40 Factual Answers” on health insurance reform. More than ten of the forty questions focused on the “compulsory payroll tax” that the public would be subject to as a result of reform. In fact, one answer states, “the only guarantee in the Compulsory Health ‘Insurance’ Proposal is a guarantee of a new payroll tax.”

The Committee for the Nation’s Health (CNH) countered the AMA’s pamphlet by providing responses to the same questions during the 1949 Senate hearings, but their answers were on the defensive and did not carry the same force. For instance, one question asked, “Under compulsory health insurance, may a patient choose his own doctor?” CNH produced a reply to this same question, which was ineffective from the onset because it allowed the AMA to define the terms of the debate by labeling reform as “compulsory.”
Intrusion

The idea that health care reform would lead to “government intrusion” into people’s personal health decisions was present in two of the five ads. This tactic was best illustrated by a pamphlet distributed by the AMA in April 1949. A pamphlet called “Compulsory Health Insurance – Political Medicine – Is Bad Medicine for America!” was displayed in doctor’s waiting rooms around the country (Poen 145). On the cover of this pamphlet was Sir Luke Fildes’s famous nineteenth century painting “The Doctor,” which shows a family doctor caring for a sick child. The AMA added the caption “Keep Politics Out Of This Picture” and reproduced the image countless times. No one wanted politicians responsible for a sick child and therefore no one wanted reform.

Newspaper coverage:

Thirteen newspaper articles from 1945-1950 were analyzed. This sample was small because large numbers of newspapers articles from this time period were not available. However, the small sample size was not a problem because this project focused on identifying the main messages used rather than large numbers of messages. As Figure 2 shows, the sample of newspaper articles suggests that it was the AMA’s language, and not the language used by President Truman in his speeches, that dominated the debate. This was a crucial factor in the debate because newspapers were where Americans who did not listen to the President’s speeches received their information about health reform.
Top phrases came from the AMA, not Truman

In the sample of newspapers articles, the two most commonly used phrases – found in eight of thirteen articles – were “socialized medicine” and “compulsory insurance,” both examples of the fear of government frame employed by the AMA. Other common phrases were “government-run” and “higher taxes,” each found in four of the articles and also in the top list of phrases employed by the AMA.

Phrases from Truman’s speeches

There were three pro-reform phrases that were seen in some of the newspaper articles, including five articles which mentioned that reform would increase preventative care (efficacy frame), four articles which mentioned that reform would improve the quality of care (efficacy frame), and four articles which mentioned that reform would preserve choice of doctor (personal vulnerability frame). These phrases are important because they were the only arguments used in President Truman’s speeches that were reproduced in newspaper coverage. Notably, this language was able to survive the AMA’s advertising blitz, despite having few dollars promoting
it, and thus, may be persuasive arguments for reform. It is also significant to note that although morality dominated Truman’s speeches, these arguments were not picked up in newspaper coverage, while other arguments that he mentioned fewer times were repeated.

**Black-and-white coverage**

One particularly interesting finding in the newspaper analysis was that newspaper coverage depicted reform as a black-and-white choice between two options: President Truman’s national health care plan and the voluntary plan proposed by the AMA. In reality the plans proposed by Truman and the AMA were not the only options. In fact, there were at least four other major proposals on the table (Mayes 38, 39).

Significantly, newspapers provided very few details about the actual proposals, even for the two plans they did cover. Only two of the thirteen articles analyzed provided specific information. This made it difficult for people to make an educated decision about the advantages or disadvantages of universal health care and encouraged them to use the superficial language that they heard in the coverage of the debate – in this case, socialized medicine and compulsory health insurance.
II. Clinton

“I am very sorry that this means Congress isn’t going to reform health care this year. But we are not giving up on our mission to cover every American and to control excess costs. This journey is far, far from over... we are going to keep up the fight and we will prevail.”

President William Jefferson Clinton, September 26, 1994

Context:

Fifty years after the failed Truman plan, President Clinton revived the effort to implement universal health care. On September 22, 1993, President Clinton addressed a joint session of Congress and identified security, simplicity, savings, choice, quality and responsibility as the six principles embodied in his reform. Clinton’s plan, the American Health Security Act, guaranteed universal health coverage for all Americans by 1998. Clinton delegated the job of designing this plan to a health care task force, chaired by the First Lady Hillary Rodham Clinton. The plan produced by the task force was incredibly comprehensive, totaling 1,364 pages and addressing benefits ranging from prescription drugs, to mental health and substance abuse treatment, abortion services, home health, and hospice. In 1993, seventy-one percent of Americans approved of the president’s initial proposal (Blendon 8). But by June 1994, only thirty-three percent of Americans believed the president’s proposal would be good for the country. How did support fall so far, so fast? (Blendon 12).

Immediately following the President’s speech, Republican members of Congress went on air criticizing Clinton for the lack of details his speech provided. The Health Insurance Association of America (HIAA) launched its media blitz against the plan in the spring of 1993, even before Clinton’s speech, giving the opposition a head start to define the language of the debate. The President and First Lady began traveling the country to counter the attack ads and encourage support of health reform, but in early October 1993, crises in Somalia, Haiti, and Russia broke out, which canceled all but one health care event scheduled for that month. The
administration’s priorities shifted from health care to these international crises as well as the upcoming vote over the North American Free Trade Agreement (NAFTA), and almost all of the momentum generated by the president’s speech was lost (PBS). On the last day of 1993 session, a bill was finally presented to Congress. The opponents saw “in its length and language proof that their claims are correct: This is government-run health care” (PBS).

In late December, a new Clinton scandal called “Troopergate” and the continuing stories about Whitewater, a real estate controversy, dominated the media and eroded the president’s remaining political capital. In fact, from the first of the year to the end of March, there were more stories on Whitewater in the newspaper than on health care, welfare, and crime legislation combined (Johnson and Broder 275). Republicans linked these scandals with healthcare, leading the public to doubt whether Clinton could be trusted in either case (Summary).

In January 1994, Clinton reiterated his appeal for health care reform in his State of the Union address. Immediately afterward, Senate Majority Leader Bob Dole delivered a speech where he said, “There is no health care crisis.” During this talk, Dole displayed an incomprehensible chart riddled acronyms of the new government agencies and programs, as well as the new taxes that would be created under reform, to show that Clinton’s plan was in fact government-run health care and laden with bureaucracy.

In February 1994 yet another distraction from the health care debate emerged when Paula Jones, a former Arkansas state employee, announced a lawsuit against Clinton for sexual harassment and violation of civil rights. The health care battle continued with more delays and distractions, but by August 25, 1994 it was clear the Clinton plan had failed. The Democrats, with a majority of 257 to 176 and one independent in the House had failed to even bring a bill close to a vote (Johnson and Broder 509).
Speeches:

One speech was considered in the analysis of the Clinton plan, the president’s “Address to a Joint Session of the Congress on Health Care Reform” on September 22, 1993. Despite an initial problem with the teleprompter, Clinton delivered a powerful speech that detailed his proposed American Health Security Act. The speech contained seven major points, four of which fell into the efficacy frame, two of which constituted the personality vulnerability frame, and only one which used the morality frame.

Efficacy

The first goal Clinton outlined utilized the efficacy frame: the need to “provide a broad range of preventative services.” Clinton argued, “People will stay healthier and long-term costs of the health system will be lower if we have comprehensive preventive services.” The second objective that fit this frame was “simplicity.” Clinton cited a statistic that “The number of administrators in our hospitals has grown by 4 times the rate that the number of doctors has grown.” He therefore argued for implementing one, standard insurance form to simplify the system for both patients and providers and decrease the amount of time and money spent on paperwork.

Clinton also argued that reform would bring substantial “savings” by making American companies more competitive, cracking down on fraud and abuse, spending less on paperwork, and decreasing costs from severe illness. His final argument from an efficacy perspective was that reform would improve “quality.” He explained that “high prices simply don’t always equal good quality” and therefore his plan would implement report cards for consumers and track quality indicators “so that doctors can make better and smarter choices about the kind of care they provide.”
Personal vulnerability

In addition to these four arguments from an efficacy perspective, Clinton proposed two objectives relating to people’s personal vulnerability. First, he identified “security” as the most important principle of his reform. He explained that “Security means that those who do not now have health coverage will have it, and for those who have it, it will never be taken away.” Second, Clinton identified “choice” as an important principle, explaining that reform would preserve the ability of both doctors and consumers to make their own decisions.

Morality

The final principle Clinton outlined in his speech was “responsibility.” Clinton said this principle applies to “anybody who abuses this system and drives up the cost for honest, hard-working citizens and undermines confidence in the honest, gifted health care providers we have.” Clinton also emphasized that “This is not a free system….We have to pay for it.” He also stressed that there would be no free rides: “Every employer and every individual will be asked to contribute something to health care.

Although only one of Clinton’s main objectives utilized the morality frame, this was the frame most commonly used in the rest of his speech. Clinton spoke about health care as one of our “most basic needs.” He also talked about the number of people who have “worked hard and played by the rules and still been hurt by this system that just doesn’t work for too many people,” and then went on to describe the story of one of those people. He focused on the fact that “on any given day, over 37 million people, most of them working people and their little children, have no health insurance at all.” Thus, it seemed that although Clinton himself saw arguments from an efficacy and personal vulnerability perspective as the most compelling, he was more inclined to
speak about health care as a moral issue when he was not specifically describing the main components of his proposal.

*Television advertisements:*

![Figure 3](Frames%20Used%20in%20Ads%2C%201993%20-%201994.png)

**Figure 3**

Twenty-five television ads were obtained from the Political Communications Center at the University of Oklahoma, aired between 1993 and 1994. Twelve of these ads were pro-reform, twelve ads were anti-reform, and one was unrelated to the national health care debate and therefore excluded from the analysis. *Figure 3* shows that, like the Truman debate, the majority of the opposition ads – ten out of twelve – used the fear of government frame. Of note, though, two opposition ads utilized the morality frame, arguing that proponents of Clinton’s reform did not want what was best for Americans.

*Figure 3* also shows that the morality frame was the frame most commonly used by the proponents of reform, seen in seven of twelve ads. Efficacy framed three of the ads and personal vulnerability framed two ads. This analysis suggests that fear and morality were driving the debate in the media during this period.
Opponents don’t care

The twenty-five ads were also analyzed based on the trigger words/phrases utilized to determine the specific arguments used within each frame (Figure 4). The most common tactic, used by players in both sides of the debate and present in eight ads, was to attack the values of people on the “other side” of the debate (morality frame). Opponents of reform attacked Democrats in Congress and the Clinton administration as untrustworthy and wasteful, while proponents of reform attacked Republicans in Congress, insurance companies, and other special interests for being more concerned with profits than people.

Lower quality

The next most frequently used phrase, present in five ads, was that reform would lower quality of care. Typically the ads did not explain why or how the quality of care would be lowered. This exemplifies the ease with which the opposition can create strong and memorable
arguments with only a few words in a thirty-second spot. The public only needed to hear that reform would lower quality, limit choices (present in three ads), or raise taxes (present in three ads), in order to turn against reform.

Better way

Also present in five ads was the argument that there was a better way to reform health care than President Clinton’s plan. This was the main slogan of the HIAA’s advertising campaign although other opposition groups also utilized this language. In each case, the group argued that there was a better way to reform health care, but did not offer any description of alternatives. This was a way for groups to sound like they were not trying to prevent changes that would improve the health care system, while they also blocked the president’s plan.

Health care for all

Four ads described reform as guaranteeing “health care for all.” It is interesting that groups used this phrase rather than “universal health care.” The two imply the same end-goal, so it is interesting to examine the effectiveness of each phrase.

Government takeover

Groups referred to universal health care as “government-run” insurance or a “government takeover of insurance” in four ads. This was a tactic consistently used by the AMA, as seen in the past section.

Other

The final most commonly used phrases, all present in three ads, were a mix of anti-reform and pro-reform arguments. The anti-reform phrases were that reform would raise taxes and limit choice (fear of government). The pro-reform phrases were that reform would prohibit a person from being denied coverage based on pre-existing conditions, increase access to
prescriptions/care, establish portability so people would not have to worry about losing coverage if they switched jobs, and preserve choice of doctor (all examples of the personal vulnerability frame). Another pro-reform phrase used was that reform would lower costs (efficacy frame). Finally, a tactic utilized by both players was to accuse the other side of misusing facts.

President Clinton

A series of ads obtained for this analysis were produced by the DNC and featured President Clinton explaining the details of his plan in long segments (sixty to ninety second spots). These ads explained important parts of his proposal, but covered too much material. Since these ads were each over a minute, they did not give the public memorable language to use in order to discuss reform in a positive light. Rather, it is likely that many people stopped listening to the ads or could not understand the complex jargon that was used. The president was speaking about portability, cost shifting, cost containment, community ratings, and managed competition, which are difficult terms for even skilled politicians to understand, and therefore incredibly challenging for the general public to understand during a commercial break.

Newspaper coverage:

A random sample of 100 newspaper articles was obtained from the New York Times, the Washington Post, USA Today, and the Washington Times, each containing the words “Clinton” and “health care.” It was necessary to choose a random sample and limit the findings to the period six months after Clinton’s major health care address because of the abundance of articles available.
**Figure 5**

Universal coverage

*Figure 5* shows that the phrase most commonly used to describe reform in the random sample of 100 newspaper articles was “universal coverage,” featured in twenty-seven articles. This phrase cannot be characterized as either pro- or anti-reform because proponents used the term “universal” to suggest that it is beneficial to cover everyone while opponents used the term “universal” to suggest that if everyone has coverage, it must not be quality coverage, and to argue that it will be expensive to cover the millions of uninsured. It is interesting that this phrase was used so frequently in the media when it was not regularly used in advertisements. As mentioned earlier, the phrase “health care for all” was much more common.
It is likely that the use of “universal health care” in the newspaper articles was damaging for the proponents of reform because it made health care sound like a government “give away.” In fact, one of the critical failings of the Clinton debate was that too much was seen as given away for free (Blendon 5).

**Higher taxes**

The next most prevalently used phrase – featured in twenty-four articles – was that reform would result in higher taxes. This is an example of language employed by opposition groups in their advertising campaigns that was picked up by the newspapers. Journalists know people are interested in reading about things that will affect them, which made this phrase attractive.

**Republicans versus Democrats**

Significantly, twenty-one newspaper articles talked about reform in terms of a battle between Republicans and Democrats. Thus, journalists treated health reform like a campaign and looked at strategies and attacks, rather than analyzing the details of the proposals. This presentation of the health care debate as a battle was not unjustified; health care was a divisive battle and conflict sells newspapers. However, space in print newspapers is a limited and prized commodity, and more space devoted to the conflict means less space devoted to an analysis of the specific provisions of the plan. In fact, only three articles in the sample of 100 mentioned specific details of the bill.

Like the Truman case, the presentation of health reform as a black-and-white debate between Republicans and Democrats suggested that there was no middle ground or room for compromise. The articles presented the public with a stark choice between Clinton’s plan and no reform. Reporters largely ignored by the plan to the left of Clinton’s proposal – the Wellstone-
McDermott “Canadian-style” plan – and plans to the right, such as a proposal by Senator Lincoln Chafee of Rhode Island which called for universal coverage without an employer mandate (Jamieson et al.). A Wall Street Journal poll during the debate described bills without naming them and found that more people supported the Clinton bill when it was not named. While this may be a reflection of American’s views of President Clinton, it also suggests that more newspaper coverage of the details of the proposals on the table, and less focus on the strategy, might have generated more support for reform.

**Mandatory/compulsory and bureaucracy**

The next most frequently used descriptions of reform were mandatory/compulsory (eighteen articles) and leading to more bureaucracy (thirteen articles). These are both fear of government frames that were employed by the opponents of health reform in ads during the Clinton debate as well as during the Truman debate. People are comfortable with the present system where health care is a commodity that they can choose to purchase (Bales). As a result, opponents were able to create a successful message by depicting reform as taking away individual consumer choice.

**Lower costs**

The first pro-reform frame used in newspaper coverage was that reform would lower cost. This was only present in six of 100 articles, showing that the language used by the opponents of reform once again dominated the language used in newspaper coverage.

**Harry and Louise**

Of interest, “Harry and Louise,” the fictional couple in the HIAA’s advertisements, were mentioned in four of the articles, the same number of articles which mentioned the value of preventative care. The Harry and Louise advertisements were only shown in the Washington, DC
media market, yet they managed to produce considerable media attention because of reactions from the White House (Goldsteen et al. 1326). In November 1993, Hillary Clinton launched a counter-attack against these ads and the battle played out in front-page newspaper stories. The President and Hillary Clinton also did their own spoof of the ads, bringing even more attention to the ads (West et al. 60).

Clearly reporters were also responsible for the added emphasis on these ads. As the media consultant for the HIAA’s efforts said, “When the White House attacked us, it helped us because the press loves a dogfight. That’s what they like to cover” (West et al. 49). It was not a coincidence that these results found that Harry and Louise received as many mentions in the sample of 100 newspaper articles as preventative care. Further research revealed that Louise had more headline ads than the senate majority and minority leaders during the debate; she was mentioned over 700 times in newspapers in one year (Jamieson et al.).

Details of bills

Only two newspaper articles provided details of the bills. This was reflected in public understanding of the debate: a Harvard University poll in the fall of 1993 revealed that forty-four percent of people said they did not understand the Clinton plan very well or not at all (West et al. 52). Without details, the public could not make informed decisions. Americans therefore defaulted to speaking about the debate in the simple terms provided by opposition groups and printed in the newspapers – “higher taxes,” “compulsory,” and “bureaucracy.”
III. Obama

“I suffer no illusions that this will be an easy process. It will be hard. But I also know that nearly a century after Teddy Roosevelt first called for reform, the cost of our health care has weighed down our economy and the conscience of our nation long enough. So let there be no doubt: health care reform cannot wait, it must not wait, and it will not wait another year.”

President Barack Obama, February 24, 2009

Context:

As a presidential candidate, Barack Obama focused on the need to reform the U.S. health care system. In the spring of 2009, momentum began to build for him to follow through on his promise. During May and June, the health care industry pledged to cut $2 trillion in costs over ten years, the pharmaceutical industry promised to spend over $80 billion over the next decade to improve Medicare drug benefits, and the AMA signaled that it was willing to work with the administration. Despite this positive momentum, Obama knew that the window of opportunity for implementing reform was short, and announced on May 28, 2009 that the opportunity would be lost if reform was not enacted by the end of the year.

On June 15th, President Obama addressed the AMA. He said that his health care plan would be deficit-neutral in the next decade and proposed paying for it by modestly limiting the tax deductions the wealthiest Americans can take, ending overpayments to Medicare advantage, using Medicare reimbursements to reduce preventable hospital readmissions, and introducing generic biologic drugs into the marketplace.

On July 23rd, President Obama’s plan faced a serious setback when Senate Majority Leader Harry Reid announced that a health care vote would not take place before the summer recess. Obama then traveled to North Carolina and Virginia, holding town hall meetings to garner support for reform. On July 31st, the America's Affordable Health Choices Act was passed in the House Energy and Commerce Committee by a 31-28 vote. It was a significant vote
because this was the third of the three panels with jurisdiction over health reform in the House and a vote had never cleared this committee under the Clinton administration.

During the August recess, angry protestors interrupted town hall meetings held by members of Congress across the country. Seeming to have lost control of the debate, President Obama addressed Congress on September 9th. After much anticipation, the Senate Finance Committee released a 223-page proposal on September 16th. On October 13th, after weeks of debate, the Senate Finance Committee passed a bill, 14-9, with the support of one Republican Senator: Senator Olympia J. Snowe of Maine. This marked the furthest a bill to expand coverage to the uninsured had advanced in the past century, yet the future of Obama’s health reform still remains to be seen.

*Speeches:*

Two speeches were considered in the analysis of the Obama plan: his address at the Annual Conference of the AMA in Chicago on June 15, 2009 and his remarks to a Joint Session of Congress on Health Care on September 9, 2009. Obama’s speech to the AMA mainly utilized the efficacy frame. He highlighted seven steps necessary for reform, five of which were framed by efficacy and two of which utilized the personal vulnerability frame.

**Efficacy**

Throughout his speech, Obama framed health care as a threat to the economy, likely because of the economic downturn: Health care is “an escalating burden on our families and businesses. It’s a ticking time bomb for the federal budget. And it is unsustainable for the United States of America.” To this end, the first five steps he addressed as part of reform focused on ways to decrease costs to ease the burden of health care on our economy These included improving efficiency by switching from a paper to an electronic system of record keeping,
investing more in preventative care, promoting better quality care rather than simply more care, addressing the cost of a medical education, and improving the quality of medical information available to doctors and patients.

**Personal vulnerability**

Obama also appealed to American’s personal vulnerability concerns with two arguments. First, he assured people repeatedly that reform would allow everyone to keep their choice of doctor and health plan: “If you like what you’re getting, keep it. Nobody is forcing you to shift.” Second, he explained that reform would prohibit insurance companies from denying coverage on the basis of preexisting conditions in order to improve the security of every person’s health care.

**Morality**

Despite his focus on the economic, Obama also used the morality frame, referring to reform as “a necessity.” He said, “We are not a nation that accepts nearly 46 million uninsured men, women and children. We are not a nation that lets hardworking families go without coverage, or turns its back on those in need. We’re a nation that cares for its citizens. We look out for one another. That’s what makes us the United States of America.”

On September 9, 2009, after failing to meet the summer recess deadline, Obama delivered an address to a Joint Session of Congress on health care. Similarly, he began with the morality argument, saying, “Everyone understands the extraordinary hardships that are placed on the uninsured, who live every day just one accident or illness away from bankruptcy. There are not primarily people on welfare. These are middle-class Americans. Some can’t get insurance on the job. Others are self-employed and can’t afford it....”

Unlike either Truman or Clinton, Obama switched his focus in the majority of his speech to a personal vulnerability argument: “In just a two-year period, one in every three Americans
goes without health care coverage at some point. Any every day, 14,000 Americans lose their coverage. In other words, it can happen to anyone.” Similarly, he stressed, “…the problem that plagues the health care system is not just a problem for the uninsured. Those who do have insurance have never had less security and stability than they do today.”

Obama focused on telling each group of Americans how reform would affect them. For instance, he told the people who like their current coverage that “nothing in our plan requires you to change what you have.” He explained that the only thing that would change for this group is that they would have more security and stability. For those who do not have insurance, he explained that his plan would offer “quality, affordable choices” by creating a new insurance exchange. Finally, for individuals and small business who could not afford the lower-priced insurance he would offer, he explained that there would be tax credits to assist with costs. And overall, he explained that everyone – families, businesses, and the government – would benefit from his plan to slow the growth of health care costs. This was the first time in this analysis that the majority of a president’s speech was dedicated to the personal vulnerability frame.

Television advertisements:

A random sample of twenty-five television ads was obtained through a Youtube search of different group names involved in the health care debate and “health care advertisement.” The groups included in the search were either in the list of the top twenty-five spenders in the overall health care debate or the top spenders on television ads in particular. Also considered were the names of the front groups, created by the players on these lists, to promote their campaigns. All of the ads obtained were aired on television between January 2009, when Obama took office, and early-October 2009, when data collection for this project was completed.
According to Evan Tracey of the Campaign Media Analysis Group, $53 million had already been spent on television ads in the health care debate by the end of July 2009 (Jacobs). Interestingly, as opposed to the Truman and Clinton cases, groups that supported Obama’s health reform plan had outspent those that opposed it by more than a two-to-one margin. This was reflected in the fact that of the total pool of thirty-eight ads obtained through the Youtube search, twenty-three ads were pro-reform while fifteen ads were anti-reform.

![Frames Used in Ads, 2009](image)

*Figure 6*

In the random sample of twenty-five ads, fourteen ads were pro-reform and eleven ads were anti-reform. *Figure 6* shows that, like the Truman and Clinton cases, the opposition ads utilized the fear of government frame (used by all eleven opposition ads). Also mirroring the Truman and Clinton cases, the frame most commonly used in ads created by the proponents of reform was the morality frame (present in seven of the fourteen ads). The efficacy frame was used by four of the ads and personal vulnerability, once again, was the least used frame, seen in three ads.
Opponents don’t care

*Figure 7* shows that, like the Clinton analysis, the most common way for ads to discuss reform was to attack the opponents of reform as not caring about people (morality frame). This type of language was used in seven ads, once again informing people more about the ethics of the players in the debate than the details of the proposals.

Lower costs and government takeover

The next most commonly used words/phrases to describe reform, each found in six articles, were that reform would lower costs (efficacy) and lead to “government-run” insurance (fear of government). This was the third time government-run insurance was in the top list of language used in advertisements, showing that the opposition has not changed its messaging.

Improve quality of care and pre-existing conditions

The claims that reform would improve the quality of health care and prohibit people from being denied coverage on the basis of pre-existing conditions are both pro-reform and were each
seen five times in the sample of advertisements. Improving the quality of care is an example of the efficacy frame and the focus on pre-existing conditions is an example of the personal vulnerability frame. These are both points that were stressed by President Obama in his speeches.

**Higher taxes and too expensive**

These two phrases are anti-reform and were each also seen five times in the sample of advertisements. Both phrases are included in the fear of government frame, but while the claim that reform would raise taxes has been a favorite in the debate across time periods, the claim that reform was too expensive was new to the debate. Opponents’ use of this language is likely due to the current economic downturn, which has made people more concerned with the country’s deficit and therefore hesitant about more government spending. Since this argument is part of the fear of government frame, it also brings out people’s feelings that the government is wasteful and will spend too much money on health care without being held accountable.

**Newspaper coverage:**

Like the Clinton case study, a random sample of 100 newspaper articles was obtained from the *New York Times*, the *Washington Post*, *USA Today*, and the *Washington Times*, each containing the words “Obama” and “health care.” The search was limited to the period of time three months from Obama’s address to the AMA.
Sweeping/overhaul

Figure 8 shows that the most common way for newspaper articles to talk about reform was as a massive or sweeping overhaul, present in twenty-four articles. This was an interesting result because this phrase was not on the top list of language used in newspaper coverage for either the Truman or Clinton debates. This phrase may appeal to some who see the health care system as severely flawed and believe a massive overhaul is the only way to fix the system. However, since most Americans like their doctor and like their insurance, this phrase will likely frighten people by convincing them that everything they like about the system will be changed.
Government takeover

Once again, “government takeover” and “government-run insurance” were in the list of top phrases cited in descriptions of reform, present in twenty-one articles. Thus, this continues to be an effective phrase for the opposition because it is still picked up in newspaper coverage.

Too expensive (deficit)

The claim that reform was too expensive and would increase the budget was present in twenty newspaper articles, a large number considering this argument was not present in either the Truman or Clinton debates. As mentioned earlier, the addition of this phrase to the discussion was likely due to the economic downturn and American’s increasing dissatisfaction with the growing deficit.

Republicans versus Democrats

Once again, the focus on many newspaper articles was on conflict, with twenty articles framing reform as a partisan battle.

Public option

Nineteen articles highlighted the public option when discussing reform. This should not be considered a new phrase in the debate because all nineteen articles focused on the conflict about whether or not to have a public option in the health reform plan rather than the impact or meaning of a public option. Discussions of the public option were also frequently tied to the “government-takeover,” furthering the image of big government.

Town halls

Significantly, thirteen articles cited the angry town hall eruptions by protestors when describing health reform. Similar to descriptions of partisan battles, this informs people more about conflict than the health care proposals.
Higher taxes

Eleven articles cited higher taxes in discussions of reforms. This phrase plays on people’s fears of a tax-and-spend government, especially in light of the recent economic stimulus package. Furthermore, it is another example of language used by the opposition that has become a staple in the health care debate.

Universal coverage

President Obama and other proponents of reform seem to have avoided the phrase “universal health care” because it was not consistently used in ads or speeches. However, this phrase once again was used in newspaper coverage, showing that it is truly an institutionalized part of the debate.

(Large #) of uninsured

Eight articles referenced that there are forty-seven million uninsured people in America. This was one of the first times that a morality frame was repeated in newspaper coverage.

Misuse of facts

Eight articles also referenced that one side of the debate (sometimes the proponents of reform, sometimes the opponents), were misusing facts to persuade the public and could not be trusted. Yet again, the focus was on tension and conflict. Frequently the articles did not explain what facts were wrong, but rather provided an account of the “he said, she said,” as each party accused the other of misusing facts.

Skyrocketing costs

Skyrocketing costs have been the core of the health care problem for the past century, yet this was the first time this type of language was included in the top ways newspaper ads talked about reform. This problem was referenced in six articles.
“You lie”

In yet another instance where newspaper coverage was dedicated to conflict, six articles referenced the incident where Republican Representative Joe Wilson of South Carolina shouted “You lie!” when President Obama stated during his speech to Congress that health reform would not lead to coverage for illegal immigrants.

Death panels and abortions

Two additional examples of the focus on controversies and conflict in the newspaper articles were four articles that addressed whether or not abortions would be covered by health reform and four articles which addressed the rumor of “death panels.” Former Alaskan governor and vice-presidential candidate Sarah Palin created this controversy when she said health reform would result in “bureaucrats” deciding whether people were “worthy” to receive health care.

Details

In this sample of 100 newspapers articles, no articles described the details of any bills.
THE FUTURE OF UNIVERSAL HEALTH CARE: WILL IT SELL?

Hypothesis 1: The packaging of universal health care has not changed over time.

The first hypothesis proved largely true. For more than sixty years, opponents of universal health care have consistently framed the debate in terms of fear of government, using phrases like “government-run insurance” and “higher taxes.” During the Truman debate, the AMA labeled health care as “un-American” and this notion persists today.

Proponents of universal health care consistently framed the debate in terms of morality, arguing for the need to cover the uninsured and portraying the opponents of universal health care, particularly the insurance companies, Republicans, and special interest groups, as uncaring. Although President Obama is breaking away from this type of language and focused more on the personal vulnerability frame than any president in the past, the advertisements produced by interest groups in 2009 continued to predominately use the morality frame.

Hypothesis 2: Advertisements and speeches have had a significant impact on the language used in newspaper coverage over the past sixty years.

In both the Truman and Clinton cases, the opponents of health reform far outspent the proponents on advertising. This was seen in the Truman analysis given that the only advertisements that could be obtained were opposition ads. In the Clinton case, groups opposed to the Clinton plan outspent supporters by a 2.2-to-1 ratio (West et al. 43). In both of these cases, the language used by the opponents of reform dominated newspaper coverage, supporting the hypothesis that advertisements play a significant role.

In contrast to the Truman and Clinton eras, today the supporters of reform have outspent those who oppose it by a more than two-to-one margin. However, the differential in health care reform pro versus con spending has not been reflected in precisely the same way in newspaper
coverage. The significant expenditures made by the supporters of reform have caused the language used by the opposition to receive less attention, but this has not resulted in the proponents’ language garnering more attention. Rather, newspaper coverage is moving more toward a discussion of conflict, rather than the validity or content of the arguments. This suggests that although the substantial amount of money spent on advertisements in support of reform has lessened the impact of oppositional advertising, the proponents have not found a simple and memorable message for talking about reform that is widely picked up in newspaper coverage.

Surprisingly, speeches do not have a significant impact on newspaper coverage despite the free media attention they generate. The morality frames, which dominated Truman and Clinton’s speeches, were not used in newspaper coverage. Similarly, Obama’s personal vulnerability language has not yet been picked up in newspaper articles, as press coverage has focused instead on political turmoil rather than the actual arguments for and against reform.

Hypothesis 3: Newspaper coverage will focus on details of reform, while advertisements will focus on simplistic arguments.

Analysis confirms that advertisements focused on simplistic arguments, but results indicate that newspapers coverage also resorted to these simplistic arguments and rarely explained details of health care reform bills – and this trend towards superficial coverage is increasing. In fact, in the Truman sample of thirteen newspaper articles, two talked about the details of reform; in the Clinton sample of 100 newspaper articles, only three talked about details of reform; and in the Obama sample of 100 newspaper articles, there were no articles providing analysis or details about reform.
The most common trend was for newspaper articles to instead focus on conflict, analyzing the strategy of the players involved in the debate, rather than the proposals on the table. A major consequence of this tendency was that newspaper articles consistently presented reform as a black-and-white choice between the president’s plan and no plan, without explaining potential alternatives or areas for building consensus. The lack of analysis also meant that newspapers did not identify the accuracy of claims made in advertisements by either opponents or proponents of reform and therefore did not enable the public to form educated opinions.

West et al. describe political battles as “fights over the terms of a debate” (West et al. 36). This analysis showed that opponents of health reform have largely controlled the terms of the debate for the past sixty years, with their phrases the most prevalent in newspaper coverage. This is because it is far easier for opponents to produce the type of simplistic arguments and sound bites that were utilized in newspaper coverage. For example, opponents only needed to say that reform would raise taxes or limit choices, without further explanation, in order to turn the public against a plan. In contrast, the proponents, who were asking for a change from the status quo, were expected to explain the complicated terminology in the debate, which are not easy concepts to understand. As John Rother of the AARP said in the summer of 1993, “I’ve got to worry about the complexity of this [plan] and the ability of people to feel comfortable with something that is so complicated. If you’re explaining it, people’s eyes glaze over. If you’re attacking it, you need only that one rhetorical salvo” (Johnson and Broder 154).

Hypothesis 4: Fear of government is the most effective frame to defeat reform.

Analysis supported the hypothesis that fear of government is the most effective frame for defeating reform; in fact, it was essentially the exclusive frame utilized by the opponents. One reason this frame was so successful is because size matters: “Big reforms elicit fear, small
reforms are seen as failing to address the scope of the problem” (Bales). The language most frequently used by newspapers to describe reform in the Obama case was as an “overhaul” of the health care system. Another phrase in the top lists of phrases used in both oppositional advertisements and newspaper coverage for all three cases was “government-takeover” of health care. This type of language aids the success of the opponents of health care because it makes reform sound too large. Opponents should continue using this language, because it is picked up in newspaper coverage and generates fear among the insured, while proponents must find a way to convey that they are not “overhauling” the system for people who like it, but rather are building on the existing system.

_Hypothesis 5: Personal vulnerability is the most effective frame to pass reform._

It is not possible to definitively determine the effectiveness of the personal vulnerability frame because it was rarely used during the Truman and Clinton debates and the end result for the Obama reform has yet to occur. However, the analysis does suggest that personal vulnerability would be more effective than either the morality or efficacy frames and therefore should be considered by the proponents of reform. Additionally, President Obama made the personal vulnerability frame the focus of his remarks to Congress and his call for health care reform has come closer to becoming a law than any past attempt.

_Merits of the morality frame?_

This project provides evidence contrary to Brody’s argument that morality should frame the debate. “Them vs. us,” zero-sum frames are not effective because they result in negative rhetoric, as witnessed in past debates over immigration and welfare reform, and cause people to worry about the impact of reform on their own coverage (Bales). While all of the players in the debate have utilized negative rhetoric over the past sixty years, proponents of reform have most
consistently turned to zero-sum frames by using language that pits the opponents of reform against the proponents of reform and the insured against the uninsured. The morality frame has repeatedly failed, yet it continues to be used by proponents because it promotes a simple idea that does not require detailed analysis or explanation. Proponents should move away from the morality frame and develop a new package for health care reform.

Merits of the efficacy frame?

Ultimately, everyone wants to know how reform will affect their costs (Bales). Thus, the opponents’ use of “higher taxes” has been very successful. This phrase was included in the top of the lists of ways both advertisements and newspapers talked about reform in all three cases. In fact, a discussion of higher taxes was present in twenty-four Clinton news articles and eleven Obama news articles.

While this suggests that proponents’ claims focused on improving affordability should be equally as effective, this surprisingly was not the case. No newspaper articles in the Truman or Obama cases mentioned lower costs and only six articles used this language in the Clinton case, despite the presence of this message in advertisements. Thus, although a focus on high costs is an effective frame for opponents of reform, a focus on low costs was not an effective frame for proponents. Perhaps this is because people tend to associate lower costs with lower quality. Additionally, it is more difficult to understand how reform would in fact lower costs (by preventing severe illnesses; by reducing the financial burden that health care providers transfer to the insured when the uninsured receive untimely and expensive medical care; etc). This argument requires more in-depth analysis – analysis that has consistently been absent from newspaper coverage. In contrast, it is easy to understand how reform could raise costs (covering
more people intuitively must mean spending more money). Overall, the findings discount Thorpe’s argument that health reform should be framed around affordability.

Merits of the personal vulnerability frame?

Ultimately, this research agrees with Susan Bales of the FrameWorks Institute: “People are more likely to approve of reforms that are framed as addressing situations they believe they could experience.” Around eighty-seven percent of Americans have insurance. These are the people who are most likely to vote. These are the people who want to know how health care will affect them. Anti-reform groups recognize this and direct their message toward the insured – they tell the public that health reform will increase taxes and lower their quality of care. Yet, time and time again, proponents of reform reach out to the smaller percentage of people that do not have health care, using the morality argument.

Proponents of reform must utilize a frame that reaches out to the insured: the personal vulnerability frame. One example of how President Obama can continue to switch from the morality frame to the personal vulnerability frame is to work to change the definition of universal health care from protecting all of the uninsured, to “guaranteeing that you’ll never lose your family’s health protection” (Johnson and Broder 153).

This research is not the first time a study has suggested that personal vulnerability arguments would be the most effective. In fact, a report entitled “Medical Care for the American People,” produced by the Committee on the Costs of Medical Care in 1931, stressed that “…the unpredictable nature of sickness and the wide range of professional charges for nominally similar services render budgeting for medical care on an individual family basis impracticable. On the present fee-for-service basis, it is impossible for 99 per cent of the families to set aside any reasonable sum of money with positive assurance that the sum will purchase all needed medical
care” (19). In other words, “If a family lays aside for medical costs 4 per cent of its annual income (say $110), it may spend only $10 or it may spend $1,000” (19).

A review of this study published in *The Milbank Memorial Fund Quarterly Bulletin* in 1933 summarized the facts from the report – statistics about the inequalities in the health care system, the lack of preventative care, the amount of waste in the system – but agreed with the conclusion that the most important thing to note is the unpredictable nature of health care spending. Although facts about the health care system “will astonish the average citizen if he stops to think about it, [they] will not long stay in his mind. But what he never forgets is that he cannot predict, nor can his doctor, how much money he may have to spend next year, or the year after, for doctors’, hospital, and dentists’ bills.” The unpredictable nature of sickness and health care costs holds true today and it is likely that the package that will create popular consensus in support of reform is the one that does not let the insured forget this fact.

***

In summary, analysis provided partial but not complete support for the various hypotheses examined in this study. Results indicate that advertising matters, as it impacts free newspaper coverage, but that messaging needs to be simple and straightforward. Fear of government is the strongest frame for opponents of health care reform and has been heavily utilized for over sixty years. Conversely, personal vulnerability appears to be the most useful frame for generating popular support for reform but is historically underutilized. Results of this research have implications for the current reform efforts, suggesting that proponents of reform should follow President Obama’s trend of using the personal vulnerability frame to focus on how reform will help those who are already insured. If proponents of universal health care want to sell their product, they must find a new package that makes it more appealing to their customers.
FUTURE RESEARCH

This study analyzed the packaging of the debate over universal health care. This is not the only type of reform proposed for the health care system, and therefore it would be interesting to look at the presentation of other types of reform over the years. Are similar frames used by the proponents and opponents of other types of reform?

Additionally, it was often challenging to identify the organization paying for television advertisements because many companies created front groups. Future research could analyze whether the public understands what interest groups are producing advertisements and if this has an impact on how people receive the message.
REFERENCES

I. Primary Sources

_Truman:_


_Clinton:_


_Obama:_


II. Secondary Sources

Truman:


Clinton:


**Obama:**


**Framing and Health Care Trends:**


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Committee on the Costs of Medical Care. *Medical Care for the American People*. University of Chicago Press, 1931.


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APPENDICES

A. Trigger Words/Phrases for the Four Health Care Frameworks

<table>
<thead>
<tr>
<th>Morality (M)</th>
<th>Efficacy (E)</th>
<th>Personal Vulnerability (V)</th>
<th>Fear of Government (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- It’s the Right Thing to Do* (Right/wrong)</td>
<td>- It’s cheaper in the Long Run to Make Sure People Can Access Care*</td>
<td>- Vulnerability</td>
<td>- Socialized medicine</td>
</tr>
<tr>
<td>- (large #) of uninsured/underinsured</td>
<td>- Affordability/lower costs</td>
<td>- Everyone affected</td>
<td>- Government takeover/government run</td>
</tr>
<tr>
<td>- Services for the poor</td>
<td>- Improve Productivity</td>
<td>- Job doesn’t guarantee insurance</td>
<td>- Bureaucracy</td>
</tr>
<tr>
<td>- Disparities</td>
<td>- Preventative care for everyone means less disease*</td>
<td>- Illness Can Wipe Families Out*</td>
<td>- Long waits</td>
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<tr>
<td>- The uninsured are hardworking</td>
<td>- Improve competitiveness of American businesses by removing burden of health care costs</td>
<td>- Uncertainty</td>
<td>- Limited choices</td>
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<tr>
<td>- Equal opportunities</td>
<td>- Cut waste</td>
<td>- Recession/ A Rapidly Changing Economy Means Anyone Can Lose Insurance*</td>
<td>- Higher taxes</td>
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<tr>
<td>- Basic need/right</td>
<td>- Better quality of care</td>
<td>- Aging Workers Are at Risk*</td>
<td>- Compulsory/mandatory vs. voluntary</td>
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<tr>
<td>- Suffering</td>
<td>- Improved IT/communication/claim forms</td>
<td>- Young people are the most likely to be uninsured</td>
<td>- Massive overhaul</td>
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<tr>
<td>- Fair/unfair</td>
<td></td>
<td>- Untreated illness can have serious consequences*</td>
<td>- Intrusion (into your doctor's office</td>
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<td>- Universal coverage/health care for all</td>
<td></td>
<td>- Long-term security (insecurity)</td>
<td>- Failures of other governments</td>
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<td>- Special interests and/or insurance industry don’t care about people</td>
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<td>- Access to care/prescriptions</td>
<td>- Too expensive (deficit)</td>
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<td></td>
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<td>- Preserve choice of doctor</td>
<td>- Lower quality of care</td>
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<td></td>
<td></td>
<td>- Portability</td>
<td>- Un-American; our freedom is at stake</td>
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<td></td>
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<td>- Medicare could be cut</td>
<td>- Rationing</td>
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<td>- Pre-existing conditions</td>
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</tr>
</tbody>
</table>

*From “Effective Language and Themes for Talking about the Uninsured”
B. Data Collection for the Truman Case Study

1. **Speeches:**
   
   a. Special Message to the Congress Recommending a Comprehensive Health Program, November 19, 1945
   b. State of the Union Address, January 5, 1949

2. **Advertisements:**

   Dates: January 1, 1949 – December 31, 1950
   Source: AMA Council on Medical Services Collection
   Sample size: 5
   Group: AMA

3. **Newspaper Articles:**

   Dates: November 19, 1945 (major health care speech) – April 22, 1950 (one year from the announcement of the 1949 health care bill)
   Source: Proquest Historical Newspapers
   Newspapers: All
   Search terms: “Truman” and “health care”
   Sample size: 13
C. Data Collection forth Clinton Case Study

1. Speeches:
   

2. Advertisements:

   Source: Political Communications Center at the University of Oklahoma  
   Sample size: 25  
   Groups:
   
   1. AARP  
   2. Citizens for a Sound Economy  
   3. Citizens for Health Insurance Reform  
   4. Coalition of Health Insurance Choices (front group for the HIAA)  
   5. Democratic National Committee  
   6. Health Insurance Association of America (HIAA)  
   7. Republican National Committee  
   8. The American Hospital Association  
   9. The National Health Care Campaign  

3. Newspaper Articles:

   Dates: September 22, 1993 (major health care speech) – March 22, 1994 (6 months from date of major speech)  
   Source: LexisNexis Academic  
   Search terms: “Clinton” and “health care”  
   Sample size: random sample of 100
D. Data Collection for the Obama Case Study

1. *Speeches:*

   a. Address at the Annual Conference of the AMA in Chicago, June 15, 2009
   b. Remarks to a Joint Session of Congress on Health Care, September 9, 2009

2. *Advertisements:*

Dates: January 20, 2009 (Obama’s inauguration) – October 27, 2009 (last day of data collection for this project)
Source: *Youtube*
Search terms: “group name” and “health care advertisement”
Sample Size: random sample of 25
Groups:

1. Chamber of Commerce
2. PhRMA
3. AARP
4. American Medical Association
5. Business Roundtable
6. American Hospital Association
7. Blue Cross and Blue Shield Association
8. America's Health Insurance Plans
9. Biotechnology Industry Organization
10. American College of Radiology Association
11. American Cancer Society Cancer Action Network
12. Federation of American Hospitals
14. American Dental Association
15. American Academy of Family Physicians
16. Service Employees International Union
17. American College of Emergency Physicians
18. AFSCME
19. National Association of Children's Hospitals
20. American Association of Orthopedic Surgeons
21. Generic Pharmaceutical Association
22. Alliance for Quality Nursing Home Care
23. AFL-CIO
24. College of American Pathologists
25. Academy of Managed Care Physicians
26. Conservatives for Patients’ Rights
27. Republican National Committee
28. Democratic National Committee
29. Americans United for Change
30. Americans for Prosperity

Front Groups:

a. **Americans for Stable Quality Care**: American Academy of Family Physicians, American Academy of Physician Assistants, American Academy of Nursing, American Academy of Nurse Practitioners, American College of Nurse Practitioners, American College of Physicians, American College of Preventive Medicine, American Osteopathic Association, American Medical Association, Biotechnology Industry Organization, Families USA, Federation of American Hospitals, National Alliance on Mental Illness, National Association of Pediatric Nurse Practitioners, National Coalition for Promoting Physical Activity, National Consumers League, National Council of Women's Organizations, PhRMA, YMCA of the USA

b. **Divided We Fail**: AARP, Business Roundtable, Service Employees International Union, NFIB, AHA


3. **Newspaper Articles**:

Dates: June 15, 2009 (major health care speech) – September 15, 2009 (3 months from major speech)

Source: LexisNexis Academic


Search terms: “Obama” and “health care”

Sample size: random sample of 100