

**A “Right for Every American:”
Understanding the Concept of a “Human Right to Health” in the Context of the
Patient Protection and Affordable Care Act**

Victoria Wilmarth

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Sanford School of Public Policy
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TABLE OF CONTENTS

FIGURES AND TABLES	3
ABSTRACT.....	4
A GREAT DEBATE: HEALTH CARE REFORM, HUMAN RIGHTS, AND THE OBAMA PRESIDENCY	5
UNDERSTANDING A “RIGHT TO HEALTH” AND HUMAN RIGHTS IN THE AMERICAN CONTEXT	7
History of Health Care Reform in the United States.....	12
Key Actors in the Health Care Reform Process.....	15
The Role of Human Rights in the American Health Care System.....	17
HEALTH, HUMAN RIGHTS, AND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA): METHODOLOGY AND PROJECT DESIGN.....	19
Content Analysis	20
2008 Presidential Campaign.....	22
Debating and Passing the PPACA	22
A “HUMAN RIGHT TO HEALTH” IN THE AMERICAN CONTEXT?: RHETORICAL TRENDS AND POLICY FRAMING STRATEGIES FROM THE NATIONAL HEALTH CARE REFORM DEBATE.....	26
2008 Presidential Campaign: “A Right for Every American”	26
American Values and Responsibilities Framework	26
Financial Framework.....	28
Role of an “American Right” to Health in the 2008 Campaign	29
The White House: From “Moral” to “Fiscal Imperative”	30
American Values and Responsibilities Framework	31
Financial Framework.....	32
Role of an “American Right” to Health in the White House Debate on Health Care Reform	34
Health Reform in the Media: Newspapers	36
Arguments Against A “Right to Health”	37
Arguments For A “Right to Health”.....	41
Financial Framework.....	44
Health Reform on the Radio: NPR.....	47
NPR: Trends of Political Discussion and Episodic Reporting	50
Other Key Sub-Issues Within Media Sources	52
LOOKING FORWARD: LESSONS FROM A “RIGHT TO HEALTH” IN THE CONTEXT OF THE PPACA.....	54
“Human Right to Health” and Grassroots Activism: The Vermont Example.....	54
Two Complementary Frameworks for Health Care Reform: American Values and Responsibilities and Financial Frameworks.....	58

President Obama.....	59
Beyond the Passage of the PPACA: Broader Implications.....	61
FUTURE RESEARCH	63
ACKNOWLEDGMENTS.....	64
REFERENCES.....	65

FIGURES AND TABLES

Figure 1: Chard's Conceptual Model of the Potential For Policy Change (Page 15)

Figure 2: Expanded Model of Actors Influencing Health Care Policy (Page 16)

Figure 3: Project Design (Page 20)

Figure 4: Trigger Words Used in Content Analysis of Primary Sources (Page 21)

Figure 5: Comparison of Key Trigger Words: 2008 Campaign v. White House (Page 30)

Figure 6: Coding of Primary Sources with Regards to Concept of "Human Right to Health" (Page 36)

Figure 7: Frequently Used Trigger Words in Newspaper Op-Ed Pieces (Page 45)

Figure 8: Frequently Used Trigger Words in NPR Pieces (Page 47)

Figure 9: Key Sub-Issues Discussed Within Media Sources (Page 52)

Table 1: Media Primary Sources (Page 25)

ABSTRACT

This project examines the role that the concept of a “human right to health” played in the passage of the Patient Protection and Affordable Care Act (PPACA). It analyzes this topic through the study of speeches made by President Obama and a study of the media through a selection of newspaper op-ed pieces and radio news stories. Key speeches made by candidate Obama during the 2008 presidential campaign were also considered to provide greater context for the health care reform debate.

The concept of a “human right to health” played a minimal role in the media during the health care reform debate. Instead, the media discussion emphasized the financial needs and potential implications of reform. Media coverage also chronicled political components of the debate, in addition to a variety of divisive sub-issues.

Yet, an “American right” to health played an important role in the rhetorical arc President Obama employed in order to secure the passage of the PPACA. President Obama utilized two key frameworks to discuss health care reform: namely, an American values and responsibilities framework and a financial framework. He adjusted his rhetoric and policy framing strategies according to his audience: the American Public or Congress. Ultimately both frameworks were necessary in order to pass the PPACA. This research has implications for the President’s continued health care work as he and other leaders work to implement the PPACA. It is also relevant to future health care reform efforts and human rights activism at both national and state levels.

A GREAT DEBATE: HEALTH CARE REFORM, HUMAN RIGHTS, AND THE OBAMA PRESIDENCY

In the second presidential debate on October 8, 2008, journalist Tom Brokaw asked candidates Senator John McCain and then Senator Barack Obama a “quick” but deceptively complex question: “is health care in America a privilege, a right, or a responsibility?” Senator McCain responded that health care is a “responsibility,” while Senator Obama in contrast affirmed that health care “should be a right for every American” (CNN, 2008).

This debate and the 2008 presidential elections reignited an important national conversation about how Americans view access to health care and whether “rights” have any part in it. Intensely heated discussion throughout the nation eventually led to the passage of one of President Obama’s signature legislative achievements: the Patient Protection and Affordable Care Act (PPACA). Although the PPACA was successfully passed and largely upheld by the Supreme Court in June 2012, the American public and political system remain undecided on whether health care is a right, responsibility, or privilege.

This discussion carried on into the 2012 election, as activists on both sides passionately argue whether government should have any role in providing health care or regulating the health care industry. The debate has also shifted to a state level, as individual states begin to implement the PPACA. States are faced with decisions that reflect their views on health. One such decision is whether or not to expand Medicaid eligibility in order to enable more low-income Americans to access health care.

Amidst heated national debate, this project seeks to answer the following question: what role did the concept of a “human right to health” play in the arguments that lead to the passage of the Patient Protection and Affordable Care Act (PPACA) in 2010?

The success of the PPACA is an anomaly in recent political and policy history. Thus, it is important to understand if and how the concept human right to health care factored into arguments made in connection to PPACA. This analysis is relevant not only to health care advocates, but to human rights organizations in general. Lessons from the case of the PPACA can be built upon in future health care reform efforts and may possibly be applied to other human rights issues and societal challenges.

UNDERSTANDING A “RIGHT TO HEALTH” AND HUMAN RIGHTS IN THE AMERICAN CONTEXT

What is a right to health? This phrase has a unique and complex meaning. The World Health Organization (WHO) defines health as “a complete state of physical, mental and social well-being, and not merely the absence of disease.” The Universal Declaration on Human Rights (UDHR) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR) are two key instruments of international law that build on this definition of health by laying out a right to health (Albisa, 2008 pg. 174).

Article 25 of the UDHR defines the “right to health,” stating:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (United Nations, 1948).

This definition of a “right to health” presents health in a broad sense and thus considers a wide range of conditions that facilitate well being.

A “right to health” is not a guarantee that an individual will always be healthy. Instead, it is a positive right, which obliges governments to create certain conditions in order to facilitate the good health of their citizens. Yamin identifies these conditions as “a claim of social arrangements” that best allow individuals to achieve (what the ICESCR describes as) the “highest attainable standard of physical and mental health.” By focusing on the “highest attainable standard” of health, the ICESCR “builds a reasonableness principle into the implementation of this right” (Albisa, 2008 pg. 175).

Many philosophers and legal scholars commonly recognize two broad categories of legal rights: negative and positive rights. Negative rights generally prevent action from

being taken. Most negative rights tend to fall under the categories of civil and political rights. Positive rights, on the other hand, generally require action and are often classified as social, economic, and cultural rights (Beauchamp et al., 2003). One could argue that negative rights are designed to prevent the abuse of government or other sources of authority. By contrast, positive rights require action in order to be fulfilled. This distinction illustrates the differences between negative and positive rights.

The majority of rights discussed in the U.S. Constitution are essentially negative rights, for example: the right to free speech or free assembly. These rights give Americans the ability to do something, but also explicitly prohibit the government from interfering. Yet in order to be enforced, negative rights necessitate some sort of positive, proactive action. For example, the civil right to vote (a negative right) requires that no one interfere with this right to bar an individual from voting. However, the right also demands action, for a person cannot vote if the government does not create an electoral system and a legal system to enforce the right to vote.

The Supreme Court is often called upon to mediate the complex, dynamic relationship between negative and positive rights, thus settling debates about what rights Americans are entitled to and what type of government action is constitutional. Two Supreme Court cases are particularly relevant to the concept of a “right to health:” *Harris v. McRae*¹ and *DeShaney v. Winnebago*.²

In the 1980 *Harris v. McRae* ruling, a 5-4 Supreme Court said that Medicaid had no obligation to fund medically necessary abortions (Center for Constitutional Rights,

¹ *Harris v. McRae*, 448 U.S. 297 (1980)

² *DeShaney v. Winnebago County Dept. of Social Services.*, 489 U. S. 189 (1989)

2012). This decision denied poor women the right to abortions deemed medically necessary to protect these women's lives.

Dissenting Justice John Paul Stevens noted that the plaintiffs in the *Harris v. McRae* had both a "financial and medical need" to use Medicaid funds for medically necessary abortions. Through his dissenting opinion, Justice Stevens illustrated that the majority opinion did not respect a women's right to health, for:

If a woman has a constitutional right to place a higher value on avoiding either serious harm to her own health or perhaps an abnormal childbirth than on protecting potential life, the exercise of that right cannot provide the basis for the denial of a benefit to which she would otherwise be entitled (Stevens, 1980).

Thus, through the *Harris v. McRae* decision, the Supreme Court ruled against a women's right to protect her own health.

Nine years later, the Supreme Court made another decision with important ramifications in terms of a right to health. In the 1989 *DeShaney v. Winnebago* case, the Supreme Court ruled to limit "the responsibility of government to protect the health of its citizens" (Gostin, 2002). In this case, young Joshua DeShaney was brutally beaten by his father to the point of severe retardation. Over the course of four years, a myriad of government officials documented what was happening to Joshua, but did not intervene to protect him. Joshua was nearly killed and left in a coma (while in the sole custody of his father). Joshua's mother took action against Winnebago count, arguing that "Winnebago officials had deprived Joshua of his liberty without due process of law, thereby violating his rights under the Fourteenth Amendment" (Gostin, 2002 pg. 169). In a 6-3 decision, the court concluded that "the Due Process Clause generally confers no affirmative right to governmental aid, even when such aid may be necessary to secure life, liberty, or

property interests of which the government itself may not deprive the individual” (Gostin, 2002 pg. 171). The DeShaney case had far reaching implication for it significantly reduced any constitutionally based responsibility for government officials to safeguard the health of its citizens, despite the fact that many government officials are hired to promote the health and welfare of the general public.³

These two cases illustrate the Supreme Court’s consistent decisions to limit government interference and responsibility, rather than ruling in favor of American’s “right to health.”

Health is not explicitly protected under the American Constitution. The word health does not ever appear in this foundational document. Up until the Supreme Court ruling of June 2012,⁴ health laws and policies had been created under Article 1: Section 8

³ The Supreme Court upheld the principles outlined in the DeShaney case in 2005 through *Castle Rock v. Gonzales* [*Castle Rock v. Gonzales*, 545 U.S. 748 (2005)] in which Jessica (Lenahan) Gonzales sued the city of Castle Rock, Colorado. Gonzales argued that the Castle Rock Police Department had “violated her right to due process under the Fourteenth Amendment” (Schneider et al., 2012). Gonzales had called the Castle Rock police department repeatedly, asking that the police enforce the domestic violence restraining order against her estranged husband, who had abducted the couple’s three daughters. The police department did not act. Gonzales’s estranged husband murdered the three girls. The Supreme Court found no legal violation by the police department in this situation, for as with the DeShaney Case, “government generally has no duty to protect [the health of] individuals from private acts of violence” (Schneider et al., 2012 pg. 114).

Jessica Lenahan (She changed her name upon divorce.) appealed her case to the Inter-American Commission on Human Rights, which ruled that the U.S. Government had violated her human rights and those of her deceased children. This decision [*Jessica Lenahan (Gonzales) v. U.S.A.*, Case No. 12.626, Inter-Am. C.H.R., Report No. 80/11 (2011)] illustrates the tension between American and international law with regards to human rights.

⁴ *National Federation of Independent Business v. Sebelius*, 567 U. S. ____ (2012)

of the Constitution, which enumerates the specific powers and responsibilities of Congress.⁵

Given the importance of health to general human well being, it is perplexing that health is not mentioned in the Constitution. Novak's response is that the "Framers" of the Constitution viewed "public health as a common good," especially as protection against epidemics was an important governmental function in the eighteenth century. In Novak's view, public health protection was sufficiently "self-evident" that it was neither "controversial" nor the "subject of debate." As a result, the Framers did not feel the need to explicitly include a responsibility to protect health in the Constitution, as states and local governments were already taking action in this arena (Gostin, 2002). New York offered several examples of state action with regards to public health. For example, New York City passed street cleaning laws in 1731 and the Sanitation Act in 1741 in order to limit the negative health consequences from the slaughter and trade of animals. Additionally, the city of Philadelphia established a hospital in 1751 (Fillmore, 2011).

Despite this early local activism with regards to public health, Theodore Ruger notes:

From the late eighteenth century onward, Congress evidenced a consistent trend of legislating on healthcare topics with less than what others within and outside of government thought its full Commerce Clause authority would permit. In doing so, Congress appears to have been acting on a perception of its own power in this area that was more cramped than that shared by other branches (Ruger, 2012 pg. 229).

The Supreme Court made its perspective clear in an 1886 case where it upheld States' power to institute quarantines in order to protect the public health. In what Ruger

⁵ Through the *National Federation of Independent Business v. Sebelius* case [June 2012 Supreme Court decision regarding the PPACA], the Supreme Court ruled that taxing power is an additional source of authority for health related laws (Chemerinsky, 2012).

describes as “an extraordinary bit of dicta,” the Supreme Court made it clear that States had the authority and ought to create quarantine laws. Despite this judicial encouragement, Congress developed a “pattern of inaction” as it failed to exercise the level of authority with regards to health issues that “coequal branches thought it held and out to exercise” (Ruger, 2012 pg. 230). Thus ultimately, the textual silence with regards to health from the Constitution and Congress’s “pattern of inaction” with regards to exercising its health authority have created barriers which have made it difficult to promote a “right to health” in the American context.

Irwin, et al. collectively argue that the American political, social and legal tradition “tends to interpret rights in individualistic terms, to see rights as negative in character...and to see the state’s main task as guaranteeing individual liberty” (Albisa, 2008 pg. 177). The combination of these tendencies in tandem with the textual silence with regards to health in the Constitution have created significant barriers to health care reform and to American acceptance of a variety of different human rights, particularly a right to health.

History of Health Care Reform in the United States

Throughout the past century of American history, a wide range of politicians from both parties have attempted to change or reform the American healthcare system on a national level. These politicians include Presidents Harry S. Truman, Lyndon B. Johnson, William Clinton, and Barack Obama, to name a few, as well as many members of Congress who have worked on these issues, such as Massachusetts Senator Ted Kennedy. It is difficult to get health care reform on the national agenda. Yet even if it is on the

agenda, American “political culture” and “institutional fragmentation” make passing health care reform a formidable challenge (Oberlander, 2003).

The challenge of passing health care reform has been exacerbated by doctors’ opposition to regulation. According to Theodore Ruder, doctors “actively sought” to protect individualized medical authority by encouraging rules and legislation that dissuaded private or public entities from “exerting a standardizing influence” on doctors’ application of medical authority. Common law courts supported doctors in the maintenance of “diffuse structures of medical authority” through rules such as “the prohibition on the ‘corporate practice of medicine’” (Ruder, 2012 pg. 218). Doctors’ resistance to centralizing health reforms and rules protecting doctors’ individual authority have created barriers to large-scale health reform. The reforms that have been passed have been fragmented and have failed to overhaul the US healthcare system as a whole.

Attempts at health care reform reach as far back as the then 1912 Progressive Party candidate Theodore Roosevelt’s presidential platform. Shortly there after in 1915, the American Association for Labor Legislation (AALL) mounted “a state-by-state campaign for compulsory health insurance” (Albisa, 2008 pg. 177). Foreshadowing future reform efforts, the AALL legislation failed in large part because the American Medical Association (AMA) and its affiliated state medical societies withdrew their initial support of the AALL plan. Following the trends identified by Ruder, doctors in the AMA were opposed to being regulated and concerned about physician payment methods (Palmer, 1999). The AMA also thwarted President Harry Truman’s health insurance plan in 1948 by creating a lobbying and public relations campaign that linked proposed national health insurance plans to communism and socialism (Dittmer, 2009).

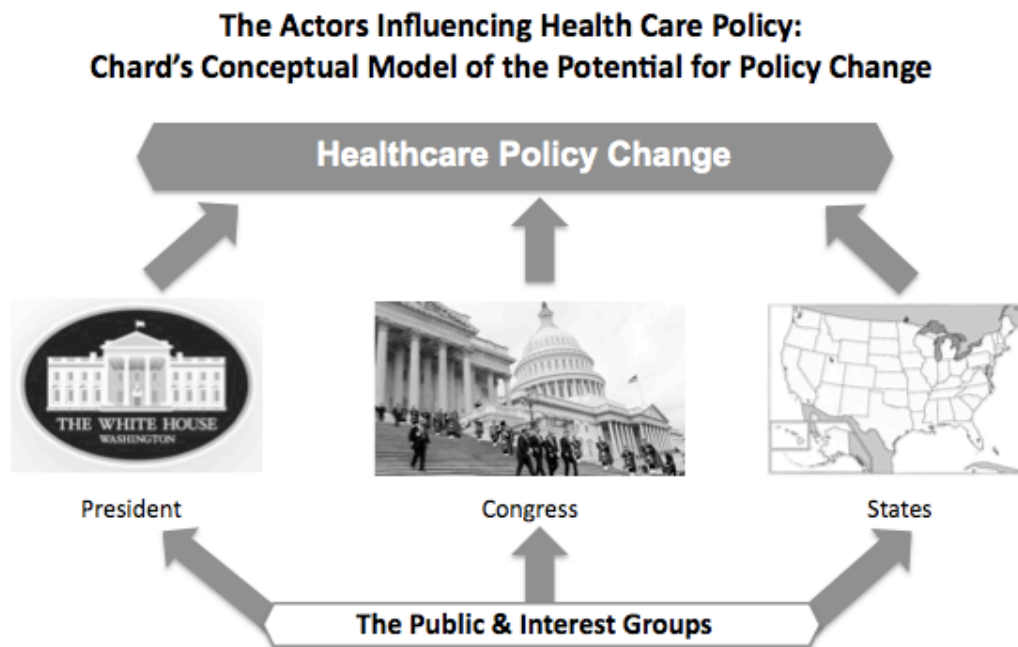
Finally, in 1965 President Lyndon B. Johnson made meaningful progress on health reform by creating Medicare and Medicaid through the Social Security Act. Oberlander and Brown argue that Medicare, a program designed to provide the elderly with health care services, was supported by “distinct principles of legitimacy or ethical frameworks.” President Johnson and the legislators who created Medicare framed the program as “social insurance” in which “benefits are earned” by hard-working elderly who have “paid their dues.” The elderly “beneficiaries” of Medicare stand in contrast to the “recipients” of Medicaid, a health program for low-income and other vulnerable Americans. The stigma associated with the program presented the “recipients” of Medicaid as “objects of government largesse.” Ultimately, the Social Security Act of 1965 expanded access to health care. However, the differences in framing and stigma between the Medicare and Medicaid program illustrate that Americans viewed healthcare not as a “right, but as a good that should be supplied privately insofar as possible and publically insofar as private provision is not possible” (Churchill et. al, 2002 pg. 186).

In more recent times, President William Clinton made a substantial national effort in 1993 to pass the Health Security Act (HSA), a policy designed to overhaul the health care system and to create a plan for universal insurance coverage. The HSA was the focus of the Clinton Administration during the President’s first two years in office, yet it still failed. The proposed policies were “too sweeping,” which made them very challenging to explain to lawmakers and the American public. Additionally, the HSA failed to achieve a bipartisan consensus and to move through Congress in a timely manner (Reams, 1996 pg. v).

Key Actors in Health Care Reform Process

Throughout the HSA and other attempts at health care reform, a variety of different actors have consistently played key roles in influencing health care policy. Chard created “a conceptual model of the potential for policy change,” outlined in figure 1 (Chard, 2004 pg.23).

Figure 1: Chard’s Conceptual Model of the Potential For Policy Change



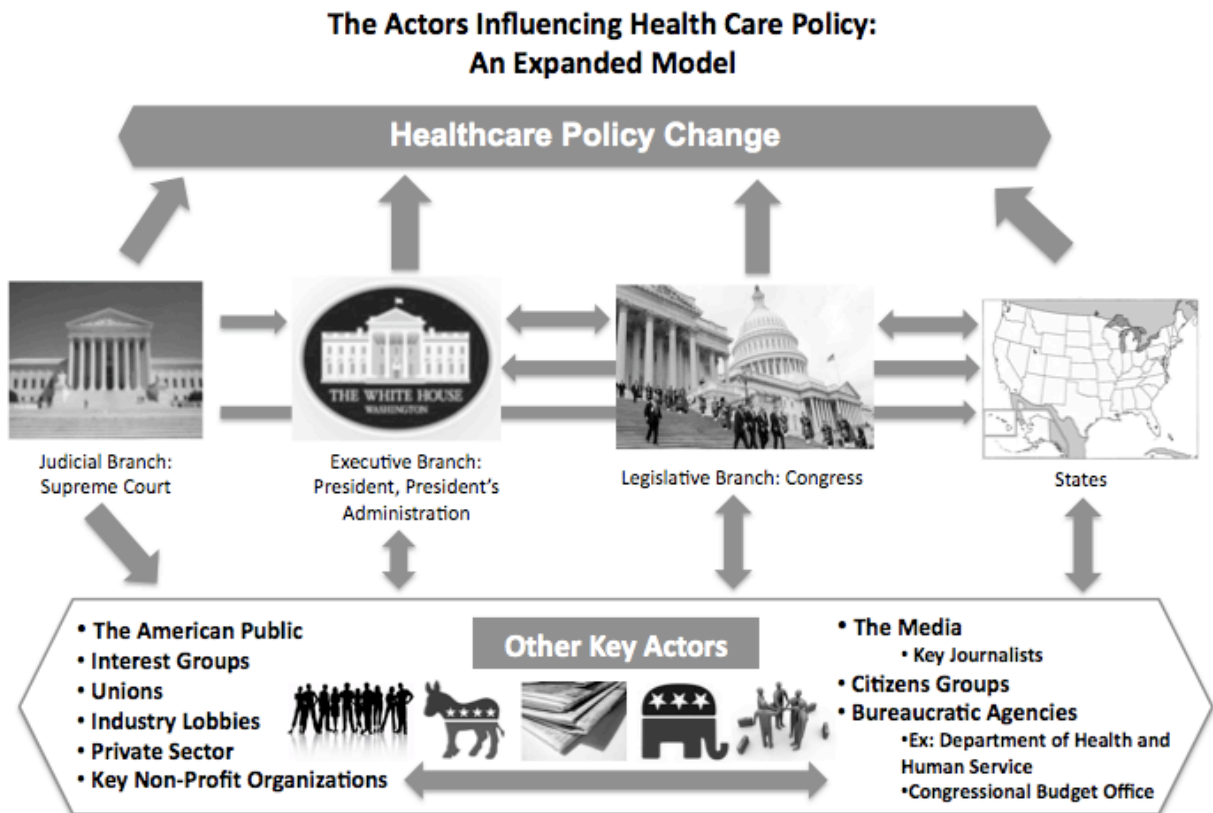
Chard, Richard E. *The Mediating Effect of Public Opinion on Public Policy : Exploring the Realm of Health Care*. Suny Series in Public Policy. Albany, NY: State University of New York Press, 2004

Chard’s model identifies several key actors in the health care reform process: the American public, interest groups, the President, Congress, and States. However, Chard’s model is incomplete and fails to reflect the multi-directional interactions and influences amongst the actors.

Irwin, et al. developed a more substantial list of the key players who help set the health care agenda. This list includes: “major political parties, unions, industry lobbies,

pressure groups like AARP, and a few key nonprofits” (Albisa, 2008 pg. 177). There are other key players in this process, such as: the Supreme Court, the President’s administration, insurance companies, journalists, the media, citizens groups, bureaucratic agencies like the Department of Health and Human Service and the Congressional Budget Office, and of course, the American public. Figure 2 reflects an expanded model of the range of actors influencing health care policy.

Figure 2: Expanded Model of Actors Influencing Health Care Policy⁶



Public opinion is often inserted into the policy making process through polling.

Many political candidates, organizations, and government officials survey the American

⁶ Note that the Supreme Court cannot independently create health policy. However, as discussed previously, the Supreme Court can interpret laws and thus influence health policy by ruling on the constitutionality of a particular piece of legislation.

public “in order to gain electoral and institutional advantage.” This tendency illustrates the value of polls, which are consulted by candidates and officials as a representation of general public opinion. However, Greenberg and Davis note that the capacity of public opinion to influence policy making is diminished when “public sentiment is ambivalent and interest groups are powerful,” as was the case with President Clinton’s HSA in the early 1990s (Churchill et. al, 2002 pg.199).

Public opinion and public advocacy played a “mediating” role in health care policy in the case of the HSA. Chard argues that health policy is “grounded in and constrained by the aggregated preferences of citizens.” The traditional democratic process, along with “grassroots effort and public advocacy groups,” are powerful means through which citizens express these preferences and influence the U.S. government and thus policy choices. A number of key factors, such as the “complexity of the policy” and the “knowledge of the public about the policy” affect the public’s ability to mobilize in support of or against a particular policy. These factors also affect the vitally important context in which a policy is presented (Chard, 2005 pg.131).

The Role of Human Rights in the American Health Care System

Moving beyond the context in which a policy is presented, Jennifer Prah Ruger argues that a country “need[s] internalized public moral norms as part of individual and group value systems” because norm internalization allows for constituency building. Ruger asserts that a right to health will only be realized when Americans “internalize the public moral norm that health is worthy of social recognition, investment and regulation to the point of successfully operationalizing such a right.” This norm internalization will

lead Americans to value a right to health, which will shift public opinion and thus encourage Americans to take action to promote the right to health domestically (Ruger, 2006 pg. 318).

Irwin, et al. argue that prior to 2008, key players in health care reform very rarely framed health care reform in terms of human rights, and references to a human right to health were “often more rhetorical than substantive.” The *Harris v. McCrae* and *DeShaney v. Winnebago* cases are examples in which the Supreme Court did not promote a “right to health,” explicitly or otherwise. Given this history, it is not surprising that references (by key American actors in health care reform) to a “right to health” as understood and outlined in international law were also “extremely rare” (Albisa, 2008 pg. 174).

The American public, however, is often more receptive to the concept of a human “right to health.” Public opinion polls are just one part of the historical evidence illustrating that, as Oberlander observed, an “overwhelming number of Americans have consistently supported the idea that health care should be a right” (Oberlander, 2003 pg 395).

This observation raises an important question: what role did the concept of a “human right to health” play in the arguments that lead to the passage of the PPACA?

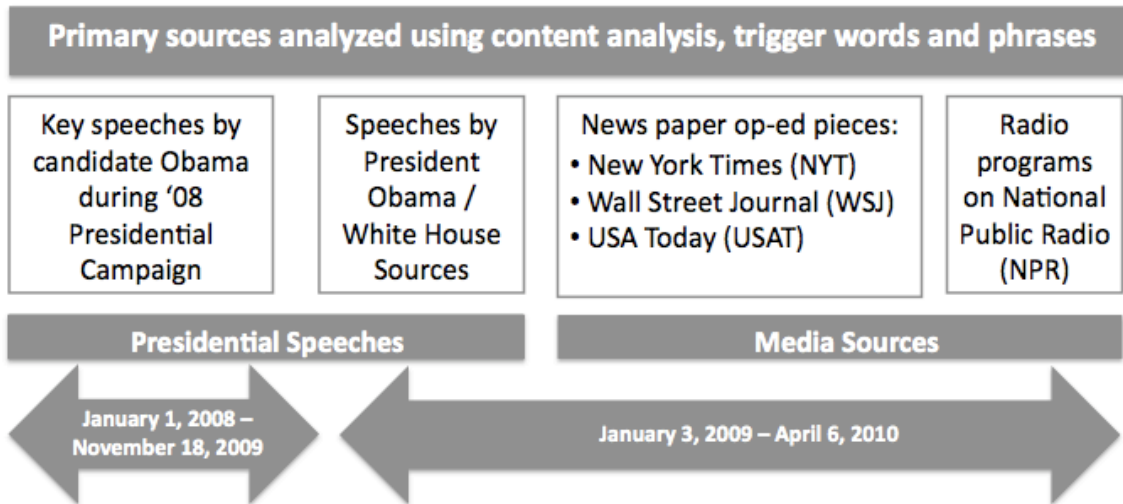
HUMAN RIGHTS, HEALTH, AND THE PPACA: METHODOLOGY AND PROJECT DESIGN

The answer to this question relies on data from three different sources: the White House, newspapers, and radio programs. Primary sources were analyzed with trigger words and phrases in order to identify the use of human rights languages and concepts. These primary sources included speeches given by President Obama (referred to as White House sources), newspaper op-ed pieces, and radio programs on National Public Radio (NPR).

This project was not intended to be a comprehensive analysis of the PPACA or the arguments connected to this policy. Instead, it focused on the concept of a “human right to health” in relation to the PPACA with the hope of providing insight on the traction of this concept in the American political arena. Unfortunately due to feasibility constraints, this project was unable to consider public discourse within its limited sample of primary sources. The project focused on rhetoric and policy framing strategies employed by President Obama and (a subsection) of the media.

The time period for analysis was January 3, 2009, the first day of the 111th session of Congress, through April 6, 2010, two weeks following the passage of the PPACA. However, the 2008 presidential campaign was also considered as Obama’s rhetoric and platform during the 2008 presidential campaign formed a baseline that helped shape the health care debate that culminated in the passage of the PPACA.

Figure 3: Project Design



Content Analysis

Primary sources were examined for trigger words and phrases pertaining to human rights. Trigger words were divided into two categories: “pro” and “con.” However, upon initial analysis, additional categories (financial and political/political pragmatism) were added in order to capture non-human rights frameworks employed in the passage of the PPACA. The trigger words and phrases include in this analysis are represented in figure

4:

Figure 4: Trigger Words Used in Content Analysis of Primary Sources

Trigger words and phrases with regards to “Human Right to Health”			
<u>PRO</u>		<u>CON</u>	
<ul style="list-style-type: none"> • Human right • Right • Human right to health • Human right to health care • Access to health care <ul style="list-style-type: none"> • Affordable • Accessible • Responsibility • Universal health care coverage • Universal health care • Public good • Universal 	<ul style="list-style-type: none"> • Equity • Respect • Justice • Fairness • Standard of living • Social determinants • Vulnerability • Protection • Security • Not a commodity • Not for the “market” to decide 	<ul style="list-style-type: none"> • Commodity • Privilege • Socialism • Government take over • Intrusion <ul style="list-style-type: none"> • “Nanny State” • Limited government • Personal responsibility • Not a right • Not an entitlement • Personal freedom • Bureaucracy 	<ul style="list-style-type: none"> • Ration • Death panels • De personalized <ul style="list-style-type: none"> • One-size-fits all • Top-down • Welfare state
<u>Financial</u>		<u>Politics / Political Pragmatism</u>	
<ul style="list-style-type: none"> • Federal deficit <ul style="list-style-type: none"> • Deficit • Control costs • Lower costs • Tax-credit • Budget <ul style="list-style-type: none"> • Congressional Budget Office (CBO) • Quality • Waste • Inefficiency • Efficiency • Accountability 	<ul style="list-style-type: none"> • Government monopoly • Bipartisan <ul style="list-style-type: none"> • Reach across the aisle • Gridlock • Compromise • Transparency • Raise taxes • Tax reform • State leadership and flexibility <ul style="list-style-type: none"> • State-run • Constitutional • Supermajority 		

In addition to coding primary sources for specific trigger words, each piece was coded for its tone in relation to a “human right to health”, receiving a code of either a “pro,” “neutral,” or “con.” In order to be coded as “pro” or “con,” a piece needed to directly discuss an American or “human right to health” in some capacity. “Neutral” pieces

included either limited use of “pro” and “con” trigger words or comparable use of trigger words from both categories.

2008 Presidential Campaign

The pool of primary sources from the 2008 presidential campaign included seven key speeches representing major milestones in the campaign:

- Speech following first primary victory, January 3, 2008
- Speech following final primary, June 3, 2008
- Selection of Joe Biden as vice-presidential candidate, August 23, 2008
- Acceptance of Presidential nomination at Democratic National Convention (DNC), August 28, 2008
- Speech one month before the election with an explicit focus on health care, October 4, 2008
- Speech one week prior to the election, October 27, 2008
- Speech given upon Obama’s victory in presidential election, November 4, 2008

The second Presidential debate⁷ between Senator Obama and Senator McCain supplemented candidate Obama’s speeches by offering the Republican perspective. The second Presidential debate was chosen because the moderator, Tom Brokaw, asked both candidates specifically if they viewed health care as a right, privilege, or responsibility.

Debating and Passing the PPACA

The Obama administration provided seven speeches (in the relevant time frame) as a part of the “Health Reform in Action” timeline on the White House website:

- Inaugural Address, January 20, 2009
- First Address to Joint Session of Congress, February 24, 2009
- White House Summit on Health Care Reform, March 5, 2009
- Address to Joint Session of Congress, September 9, 2009
- State of the Union Address, January 27, 2010
- Bi-Partisan Summit on Health Care Reform, February 25, 2010

⁷ The third presidential debate occurred on October 7, 2008.

- President Obama Signs Affordable Care Act, March 23, 2010

These speeches represent what the Obama administration considered pivotal moments in the health care reform debate. The aforementioned speeches comprised the “White House sources” included in this analysis.

Media sources, specifically newspaper op-ed pieces and NPR radio programs, were also considered as instruments to analyze public discourse around health care reform. The media plays an important role in American political and policy-making processes. The media helps to put political events and proposed policies into context. Additionally through their coverage, journalists and media outlets can “function essentially as agencies of social legitimization” (Graber, 2010 pg 7).

The public often uses information provided by the media to develop personal attitudes and opinions about politicians and proposed legislation. Both politicians and the American public operate under the belief that “the media influence politics and public thinking” (Graber, 2010 pg. 11). Thus, politicians and other policy makers often use the media to clarify, defend, and support proposed policies (Fitzgerald et. al, 2009).

Study of the media can offer insight into rhetorical and policy framing strategies employed by policy makers and others with a stake in the outcome of a particular piece of legislation (Garber, 2010). In this project, inclusion of media sources enabled the consideration of a variety of different voices and political perspectives beyond those of President Obama and his administration.

Media analysis in this project included an examination of newspaper op-ed pieces and radio news pieces. Three prominent national newspapers were chosen: the New York Times (NYT), the Wall Street Journal (WSJ), and USA Today (USAT). The wide

national circulation, respected stature, and varied political leanings of these three newspapers offered a fairly representative sample of arguments made regarding the passage of the PPACA (within newspaper op-ed pieces).

Op-ed pieces were chosen as primary sources because these short opinion pieces focused on key themes and arguments related to health care reform. High-profile leaders and thinkers with a distinct point of view often write op-ed pieces. As a result, these articles provide a valuable picture of the larger debate around health care reform.

Op-ed pieces were located using health reform related search terms in online newspaper databases. The quantity of primary sources outlined in table 1 reflects the results of the database searches for the NYT and USAT. Pieces written by staff writers at the three newspapers were excluded from the analysis in order to focus on the rhetoric and policy framing strategies employed by leaders and guest op-ed writers. However, even after removing op-ed pieces by staff writers, 108 WSJ op-ed pieces were located. In order to ensure that the WSJ was not overrepresented in the sample and for feasibility purposes, a random sample of 35 WSJ op-ed pieces was taken. This sample size was selected, as it is the mean of the sample size for the collections of NYT and USAT op-ed pieces.

The second portion of media sources consisted of radio pieces from NPR. NPR is a “multimedia news organization and a radio program producer” with a total weekly audience of approximately 34.2 million listeners. NPR outlines its mission as “creat[ing] a more informed public” (National Public Radio, 2012). Thus, NPR is a valuable resource for the analysis of public discourse, specifically the debate over health care reform. NPR produced hundreds of radio programs and online news programs about the

health care reform debate. The NPR pieces included in this project were located using the online archives of NPR’s aggregated “Health: Topic Page,” which includes news and programming on both medicine, health policy, and public and global health news. Health reform related search terms were used to locate the relevant subset of primary sources in the appropriate time frame. The random selection of radio primary sources included in analysis represented a wide variety of NPR programs.⁸ As with the WSJ op-ed pieces, a random sample of NPR pieces was selected for this analysis.

Table 1: Media Primary Sources

Publication Name	Abbreviation	Format	Primary Sources
New York Times	NYT	Newspaper	34
Wall Street Journal	WSJ	Newspaper	35
USA Today	USAT	Newspaper	37
National Public Radio	NPR	Radio	30

⁸ The five NPR programs that appeared most frequently in the random sample of radio primary sources were: Tell Me More (5), Morning Edition (4), All Things Considered (3), Shot’s NPR’s Health Care Blog (3), and Health Care Overhaul: Prescriptions for Change – Tracking the Overhaul (3).

A “HUMAN RIGHT TO HEALTH” IN THE AMERICAN CONTEXT?: RHETORICAL TRENDS AND POLICY FRAMING STRATEGIES FROM THE NATIONAL HEALTH CARE REFORM DEBATE

2008 Presidential Campaign: “A Right for Every American”

After winning the first Democratic primary in Iowa on January 3, 2008, Senator Obama proclaimed,

I’ll be the president who finally makes health care affordable and available to every single American, the same way I expanded health care in Illinois, by bringing Democrats and Republicans together to get the job done (Obama, 2008).

Health reform was first amongst a list of four key policy priorities Senator Obama outlined at this early milestone in the campaign, setting a precedent for the long months of campaigning to come.⁹

Health reform was a pivotal issue in Obama’s platform. However, Obama did not discuss health in a consistent, uniform way throughout the campaign. Instead, he presented health and the need for health care reform within two different frameworks: a framework of American values and responsibilities and a financial framework.

American Values and Responsibilities Framework

Senator Obama accepted his party’s nomination for the presidency at the 2008 Democratic National Convention (DNC) in Denver, Colorado. Obama took this opportunity to share his belief that the collective good is a part of the American identity and tradition. “That’s the promise of America – the idea that we are responsible for

⁹ The other four policy priorities included: tax-reform to promote American job growth, American innovation to achieve freedom from foreign oil, and ending the war in Iraq and restoring the “moral standing” of the US internationally.

ourselves, but also that we rise or fall as one nation.” Obama highlighted this American independence in tandem with a concern for others as a defining element of the country. He expanded on that American promise and connected fundamental American values with the need for health reform, stating, “Now is the time to finally keep the promise of affordable, accessible health care” (Obama, 2008).

Obama employed “individual and mutual responsibility” to connect the need for health care reform with “America’s promise.” In doing so, he invoked patriotic emotions and attempted to make health care reform relevant to all Americans, rather than just those without health insurance. This discussion of “mutual responsibility” is related to the concept of a “human right to health,” for a sense of responsibility and concern for others often underlies the moral argument for a “human right to health.”

Obama’s rhetoric regarding health care reform became more rights related between his final primary victory (June 2008) and a health care focused speech delivered one month before the election (October 2008). Obama explicitly referred to health as a “right” on several occasions. The first came in a speech focused on health care delivered October 4, 2008, one month prior to the election. Obama unequivocally stated: “I believe that every single American has the right to affordable, accessible health care” (Obama, 2008). Given this comment, it is not surprising that during the third presidential debate Obama affirmed that health care “should be a right for every American” (The American Presidency Project, 2008).

It is significant that Obama unambiguously identified health as a right. As noted above, the Constitution does not define access to health care as a right of all Americans and fails to even mention the word health (Shinn, 1999). Additionally, American

politicians have traditionally avoided referring to health care as a right, making Obama's proclamations both unprecedented and significant.

However, Obama described health care as an "American right," rather than a human right. Referring to health care as a human right would have raised challenging questions. For example, do immigrants to the United States (either documented or undocumented) have a right to health care? If they do, is the US government obligated in any way to protect that right? These questions could have prompted discussions about immigration, further complicating the already difficult issue of health care reform. Obama's decision to refer to health care as an "American right" is reflective of the context of the presidential campaign, which naturally revolves around American needs and perspectives.

Financial Framework

As the election neared, Obama moved away from right-related rhetoric around health care, invoking a financial framework instead. This was a logical transition given that the nation was in the midst of a financial crisis. As a result, Obama's health care rhetoric focus shifted from a "moral commitment to do something about the health care crisis" to a greater focus on the "economic imperative" for health reform (The American Presidency Project, 2008).

The American values and responsibilities framework and the rights discussion included within it are closely linked to aspirations. The concepts of American values, mutual responsibilities, and American rights naturally intertwine with the slogans of hope and change that became hallmarks of Obama's candidacy. The economic crisis strongly

contrasted with the aspirations of hope and change. The financial crisis created negative change, sending the country in a precarious financial situation. In this environment of economic uncertainty and concern, Obama presented health care reform as a prudent economic decision – both for individual Americans and for the country as a whole.

Role of an “American Right” to Health in the 2008 Campaign

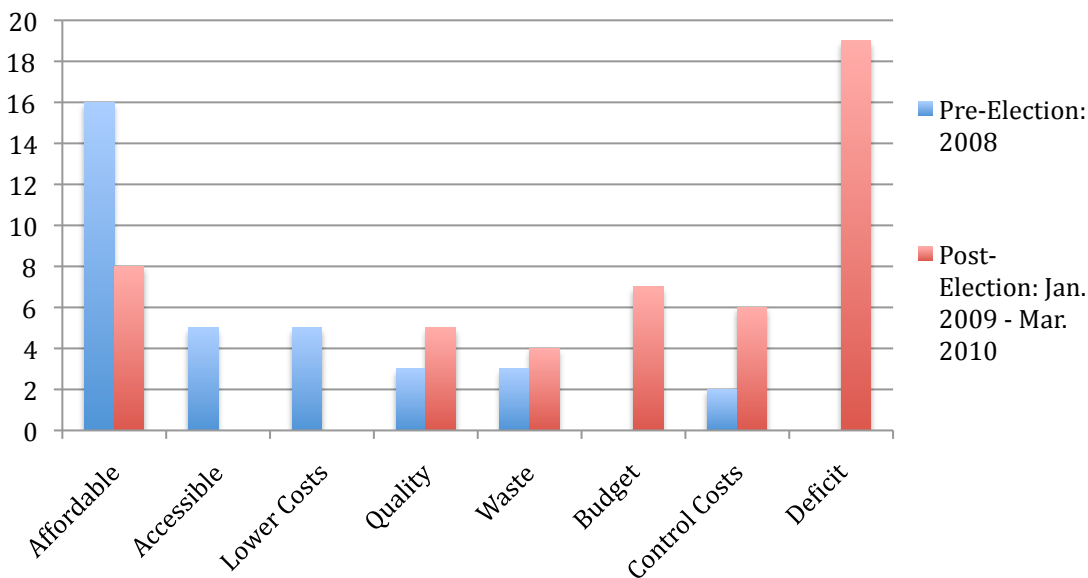
The concept of an “American right” to health had an impact on Obama’s 2008 presidential campaign. This rhetoric and perspective on health contributed to Obama’s overarching campaign narrative of hope and change. Obama chose two high-profile moments, his DNC acceptance speech and the final presidential debate, as opportunities to explicitly frame health as an “American right.” However, Obama did not restrict himself to a rights focused discussion of health care. Instead he incorporated an American “right to health” into the American values and responsibilities framework. Obama also utilized a financial framework highlighting the benefits and necessity of health care reform. Through this combination of rhetorical and policy framing strategies Obama attempted to present both the cultural appropriateness and economic need for health care reform.

Accordingly, “affordable” was the most commonly used trigger word amongst Obama’s campaign speeches, followed distantly by “accessible”. It is noteworthy that (with the exception of “affordable”), Obama’s speeches did not follow strong rhetorical trends. This is indicative of the multiple frameworks Obama employed to discuss health care, as well as the dynamic nature of presidential campaigns. Notably, Obama did not use the words health care or mention health at all in his 1,087-word victory speech

(Obama, 2008). Instead he focused on unifying messages and the need to collaborate and continue working for the change so many Americans had voted for.

The 2008 presidential election helped set the stage for the heated national debate that dominated Obama’s first year and a half in office. The campaign offered Obama an opportunity to share his vision of health as “a right for every American” with a wide national audience. Yet, he also demonstrated a multi-faceted perspective on health care and the need for reform. These varied perspectives on health, particularly the “economic imperative” for reform, would play an important role in the political battle to come.

Figure 5: Comparison of Key Trigger Words: 2008 Campaign v. White House



The White House: From “Moral” to “Fiscal Imperative”

Following the trend observed in the 2008 election, President Obama’s health rhetoric during his first year and half in office was largely focused on the financial need, benefits, and implications of health care reform. The President did apply the American

values and responsibilities framework to a lesser extent. However, unlike the 2008 election, an “American right” to health did not factor prominently into President Obama’s rhetoric.

American Values and Responsibilities Framework

While developing and passing the PPACA, President Obama chose not to explicitly frame health care as an “American right.” However, he did continue to invoke themes of American values and responsibility. In his inaugural address, President Obama intertwined the American values and responsibility and financial frameworks, stating:

The nation cannot prosper long when it favors only the prosperous. The success of our economy has always depended not just on the size of our gross domestic product, but on the reach of our prosperity, on the ability to extend opportunity to every willing heart – not just out of charity, but because it is the surest route to our common good (Obama, 2009).

These themes of “extend[ing] opportunity” in order to enable “our common good” are relevant to the health care debate, for one of the major goals of the health care reform effort was expanding access to care and insurance coverage.

Human rights are grounded in a fundamental respect for all people. As a result, the themes of the “common good” and opportunity for all are relevant not only to the “success of our economy,” but also to human rights.

Moving past his inauguration and into the White House, President Obama took a step back from the American values and responsibilities framework. He primarily focused his attention on the financial, rather than moral, discussion around health care reform. However in his second address to a joint session of Congress, President Obama

returned to the framework of American values and responsibilities by referencing the recently deceased Massachusetts Senator Ted Kennedy.

Senator Kennedy, a staunch advocate for universal health care, summarized the moral dimensions of the health care debate in a letter he wrote to President Obama:

What we face [the prospect of health care reform] is above all a moral issue: at stake are not just the details of policy, but fundamental principles of social justice and the character of our country (Obama, 2009).

Senator Kennedy viewed the nation's choices about health care as a moral choice. In his view, universal health care coverage is intimately tied to every person's opportunity to prosper and thus to "social justice and the character of our country."

Yet after invoking the powerful words of Senator Kennedy's letter to him, Obama concluded:

This time, there is no debate about whether all Americans should have quality, affordable health care – the only question is how? (Obama, 2009).

The President stated that there was no debate (needed) regarding the moral dimensions of his call for "quality, affordable health care" for "all Americans." With this conclusion in hand, President Obama shifted firmly towards a financial framework for reform.

Financial Framework

In February of 2010, President Obama hosted a summit on health care reform. At this event, the President concluded that: "health care reform is no longer just a moral imperative, it's a fiscal imperative" (Obama, 2010).

There is a pragmatic argument to be made in support of the "fiscal imperative" of health care reform. The Medicare and Medicaid programs alone make up a substantial portion of spending on both the federal and state level. In 2008 for example, Medicare

accounted for 13% of federal budget, costing approximately \$484 billion dollars (The Henry J. Kaiser Family Foundation, 2009). Recognizing the high financial burden associated with health care, President Obama identified “the skyrocketing cost of health care” as “the biggest threat to our nation’s balance sheet.”

President Obama’s rhetoric on health care reform revolved firmly around financial themes. In his second speech to a joint session of Congress, President Obama made it clear: “put simply, our health care problem is our deficit problem” (Obama, 2009). This statement highlights the continually growing costs of government-run health care programs such as Medicare. A deficit occurs when expenditure levels exceed revenue levels (Merriam-Webster, 2012). Thus, because health expenditures were increasing at a faster rate than revenue, President Obama correctly identified the nation’s “health care problem” as a key contributor to the “deficit problem.”

President Obama’s concern about the impact of health care spending on the federal deficit was evident in the White House primary sources, for “deficit” was the most frequently mentioned trigger word. President Obama’s 19 references to the “deficit” are particularly striking when considering that Candidate Obama did not refer to the “deficit” at all in the primary sources from the 2008 presidential campaign. Other commonly used trigger words from the White House primary sources included: “affordable,” “control costs,” “quality,” and “security.”

The context of the Obama presidency helps explain the marked shift towards a fiscally grounded perspective on the health care reform debate. The President took office during a financial crisis. As such, he was under enormous pressure to “create jobs and rebuild our economy and get the federal budget under control.” “Address[ing] the

crushing costs of health care” were one way in which to work towards these larger economic, budget, and employment goals (Obama, 2009).

Role of an “American Right” to Health in the White House Debate on Health Care Reform

Candidate Obama expressed a belief in an “American right” to health during the 2008 Presidential campaign. However, this concept was largely excluded from the health care reform debate.

Yet on March 23, 2010, moments before the PPACA was signed, Vice President Joe Biden praised Obama, stating, “You have turned, Mr. President, the right of every American to have access to decent health care into reality of the first time in American history” (Obama, 2010). This comment stands out in the landscape of the financial rhetoric and framing the President employed throughout the health care reform debate.

Vice President Biden used his comments to highlight the moral ramifications of the President’s health policy success, employing the American values and responsibilities framework. Before signing the PPACA, President Obama also invoked this framework, stating:

But today, we are affirming that essential truth – a truth every generation is called to rediscover for itself – that we are not a nation that scales back its aspirations...And we have just enshrined, as soon as I sign this bill, the core principle that everybody should have some basic security when it comes to their health care (Obama, 2010).

Here the President referred to “basic [health] security” for “everybody” as a “core principle.” His rhetoric referenced broader human rights themes of security for all. President Obama frames the PPACA as a part of national aspirations, which echoes the hope and change that the President campaigned on.

President Obama and Vice President Biden chose a symbolically significant moment, the signing of the PPACA, to return to the American values and responsibilities framework and rights-related language. This shift in language is connected to a shift in audience. During the 2008 presidential campaign, at which point President Obama referred to health as a “right for every American,” Candidate Obama was primarily speaking the American public. He strongly employed the American values and responsibilities framework and focused on the “moral imperative” for health care reform.

Upon his election, President Obama shifted his health care rhetoric and policy framing strategies to focus on a financial framework and the “financial imperative” for and repercussions of health care reform. This rhetorical shift reflects a shift in audience. As President, Mr. Obama’s primary audience was Congress, for he needed Congress to pass his health care reform legislation. The financial framework was particularly necessary in communication with Congress given the broader financial environment at the time of the health care reform debate.

Finally upon the passage of the PPACA, President Obama and his administration (specifically Vice President Joe Biden) chose to return the American values and responsibilities framework. In this moment, the President’s audience had shifted back to the American public. These shifts in rhetoric highlight the differences between the aspirations of the Obama campaign and the difficult realities of governing. Yet the Obama administration’s return to right-related rhetoric upon signing the PPACA indicates that the concept of a “right to health” was important to the administration. Ultimately however, both the American values and responsibilities and financial frameworks were necessary in tandem to pass the PPACA.

Health Reform in the Media: Newspapers

Op-ed pieces from the New York Times (NYT), Wall Street Journal (WSJ), and USA Today (USAT) provide insight into the health care reform debate beyond Pennsylvania Avenue and Capitol Hill. As was the case with the White House, financial frameworks figured prominently in the health-care related op-ed pieces in all three newspapers. By contrast the American values and responsibilities framework was seldom employed, and very few authors discussed the concept of a “human right to health” directly. However, the polarized positions of those authors who did directly discuss a “human right to health” provide insight into the divisive nature of the topic.

Eighty of the ninety-eight op-ed pieces reviewed as a part of this analysis were coded as “neutral” on the theme of a “human right to health”. As was previously discussed, pieces coded as “neutral” included either limited use of trigger words from the “pro” and “con” categories or comparable use of trigger words from both categories.

Figure 6: Coding of Primary Sources with Regards to Concept of “Human Right to Health”

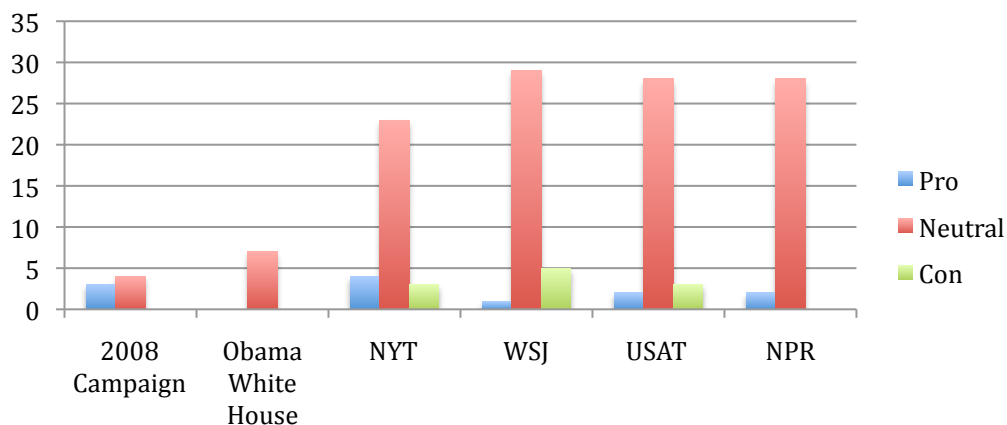


Figure 6 illustrates the large majority of primary sources that received a “neutral” coding, which is reflective of the fact that a “human right to health” was rarely discussed directly

within the sources included this analysis. Like President Obama, the media largely employed a financial framework to discuss health care reform. Despite this trend, several authors did directly address the concept of a “right to health.”

Arguments Against a “Right to Health”

Writing under his pseudonym Theodore Dalrymple, British writer Anthony Daniels, argued vehemently against a “right to health care.” Dalrymple ranked health care behind “food, shelter, and clothing,” which he considered to be “much more important preconditions for human existence.”¹⁰

Dalrymple questioned where this right came from, stating that if health care were truly an inherent human right “how was it that our ancestors, who were no less intelligent than we, failed completely to notice it?” The British have recognized a “universal right to health care” for 60 years. Dalrymple’s critics might argue that this equal opportunity to access health care is a good thing for the population as a whole. However, in the context of health care, Dalrymple does not see equality as an undisputedly good thing:

Universality is closely allied as an ideal, ideologically, to that of equality. But equality is not desirable in itself. To provide everyone with the same

¹⁰ There is some past precedence of human rights activists promoting increased access to not only health care, but also food as well. In the 1960’s for example, Dr. Jack Geiger and other practitioners at the Tufts-Delta Health Center in Mound Bayou, Mississippi wrote prescriptions for food in order to treat the high-rates of malnutrition and “starvation” among their low-income African-American patients.

Dr. Geiger saw the mission of the Tufts-Delta [Community] Health Center as: implementing “social, economic and human rights in concrete ways by providing health care, but also by addressing the social determinants of health through employment, environmental interventions, housing repair and development, a massive self-help nutrition program, community organization for economic and political empowerment, and –above all- the provision of education opportunity.” Dr. Geiger’s list is an example of some of the vital needs that activists have tied to a “human right to health care” (Dittmer, 2009 pg. 231).

bad quality of care would satisfy the demand for equality (Dalrymple, 2009).

Dalrymple is concerned that although the principle of equality may be appealing to some, the outcome of the British health care system is not. British health care is “delivered free at the point of usage” through the National Health Service (NHS) and is “funded by taxation.” Dalrymple asserted that this system has not reduced “inequalities between the richest and poorest section of the population” (Dalrymple, 2009). Dalrymple failed to provide evidence to substantiate this assertion.

Dalrymple concluded his article with a sharply worded analogy: “There is no right to health care -- any more than there is a right to chicken Kiev every second Thursday of the month.” The directness with which Dalrymple addressed the concept of a human right to health set him apart within the context of the ninety-eight op-ed pieces analyzed. Ultimately however, Dalrymple’s argument was incomplete, lacking a clear moral or ethical framework or the facts with which to substantiate his claims about the British health care system.

There are compelling arguments that can be made against a “right to health.” One such argument comes from John Mackey, the CEO of Whole Foods, whose August 2009 WSJ op-ed *The Whole Foods Alternative to ObamaCare* was not selected to as a part of the random sample included in the primary source analysis for this project. However, Mackey’s perspective merits inclusion as an alternative to Dalrymple’s op-ed.

Mackey argued for health care reform that promotes “less government control and more individual empowerment” through eight specific reform measures.¹¹ Underlying

¹¹ Mackey’s proposed reform measures include:

these measures is Mackey's belief that health is ultimately a matter of individual responsibility for "every American adult."

Advocates for a "human right to health" often argue that health is so basic and fundamental to human well-being that it merits protection as a universal right. Mackey counters this argument, stating:

While all of us empathize with those who are sick, how can we say that all people have more of an intrinsic right to health care than they have to food or shelter? ... Health care is a service that we all need, but just like food or shelter it is best provided through voluntary and mutually beneficial market exchanges (Mackey, 2009).

As CEO of a major national food retailer, Mackey argues that a market-centered approach to health care reform is most appropriate. He believes "a massive new health – care entitlement [would] create hundreds of billions of dollars of new unfunded deficits," which the country couldn't afford. Additionally, Mackey argues for a market-centered approach to reform because an "intrinsic right to health care, food or shelter" is absent from both the Declaration of Independence and the Constitution (Mackey, 2009).

-
- A) "Remove the legal obstacles that slow the creation of high-deductible health insurance plans and health savings accounts"
 - B) "Equalize tax laws so that employer-provided health insurance and individually owned health insurance have the same tax benefits"
 - C) "Repeal all state laws which prevent insurance companies from competing across lines"
 - D) "Repeal government mandates regarding what insurance companies must cover"
 - E) "Enact tort reform to end the ruinous lawsuits that force doctors to pay insurance costs of hundreds of thousands of dollars each year"
 - F) "Make costs transparent so that consumers understand what health-care treatments cost"
 - G) "Enact Medicare reform."
 - H) "Finally revise tax forms to make it easier for individuals to make voluntary, tax-deductible donations to help the millions of people who have no insurance and aren't covered by Medicare, Medicaid or the State Children's Health Insurance Program" (Mackey, 2009).

Bioethicist Tristram Engelhardt Jr. shares Mackey's concern with the lack of a "contractual" agreement regarding a "right to health." Engelhardt notes that:

To be in dire need does not by itself create a secular moral right to be rescued from that need (Beauchamp et al., 2003 pg. 66).

Instead, Engelhardt argues that "secular moral authority for action is derived from permission or consent." He notes that consent is particularly important when the redistribution of resources is concerned. Given that there are "many accounts of beneficence, justice, and fairness," Engelhardt believes that society must "endorse one among the many competing visions of morality and human flourishing." Without such endorsement, consent, or a "special contractual agreement" (such as a "right to health" that is outlined in the Constitution), it is "morally unjustifiable" to institute a "right to health" (Beauchamp et al., 2003 pg. 65).

One might think that article 25 of the Universal Declaration of Human Rights could be considered "consent." Philosopher Bernard H. Baumrin builds on Engelhardt's argument to address this point, noting that the United Nations has "legislated generally" on a "right to health." However,

The first difficulty remains, as not all states are member states, and so it is still a limited right.¹² Even if they were all member states, the United Nations itself does not provide the means; it only creates the 'right' and without the means the duty is empty. Even if it were supposed that the United Nations created the universal right to health care (however defined) it would at most create the duty of its member states to provide health care for all, but no state believes itself so obliged, nor is it able, to provide health care for everyone (i.e., of every nation), so that 'right' is not attended with fulfillable duties, and without fulfillable duties (invoking now 'ought implies can') there is no genuine duty, and if no genuine duty no genuine right. Mere talk of rights does not create real duties - it takes more (Rhodes et al., 2002 pg. 81).

¹² Baumrin notes that the UDHR's "right to health" is a "limited right" for it does not encompass all of humanity (as some states are not a part of the United Nations).

Thus, although a “right to health” is outlined in article 25 of the UDHR, Baumrin argues that this is not a “genuine right” (human or otherwise) for nations around the world do not feel that they are legally bound by article 25 of the UDHR.

Mackey, Engelhardt, and Baumrin illustrate that arguments that can be made against a “human right to health” from philosophical, bioethical, legal, and practical, market-driven points of view. However, it is noteworthy that there was not a soundly argued opposition to a “human right to health” included in the scope of the media sources used in this analysis. This omission is reflective of the fact that a “right to health” was rarely discussed directly in the media sources considered in this analysis.

Arguments For A “Right to Health”

In contrast to Dalrymple and the aforementioned trend, two op-ed authors addressed the concept of a “human right to health” fairly directly, and both came out in favor of a right to health. Interestingly both of these op-ed authors were religious leaders. Roger Mahony, the cardinal archbishop of Los Angeles, wrote an op-ed piece in the New York Times: “Coverage Without Borders.” Mahony identified the failure to address “the defense of immigrants’ rights to health care” as one of three “fundamental flaw[s]” in the proposed health care reform legislation.¹³

Mahony made a clear moral argument for immigrants’ right to health care:

To deny our immigrant brothers and sisters basic health care coverage is immoral. To allow people's basic health needs to be trumped by divisive

¹³ The other two flaws included: “the prohibition of federal financing for abortions and the protection of current conscience laws” and “the inclusion of meaningful provisions to ensure affordability” (Mahony, 2009).

politics violates American standards of decency and compassion. We should pass health care reform that provides access to all, in the interests of the common good (Mahony, 2009).

Mahony employed themes of American values and responsibilities that Candidate Obama used in the 2008 election. These themes included a reflection on American “decency and compassion” and also a discussion of the “common good.”

Mahony, like Candidate and President Obama, did not embrace the concept of a “human right to health.” Instead he broadened the base of those with a “right to health,” moving beyond American citizens to include immigrants living in the US as well. President Obama focused on nationality and the group he is directly accountable to: American citizens. By contrast, Mahony discussed the “common good” in the context of all the people within the US borders, focusing instead on territoriality. Minister, author, and lawyer, Oliver Thomas took this one step further evoking a religious argument for health care for all people.

Thomas wrote an op-ed piece in USA Today entitled: “Would God back universal health care?; Religious texts give us a good idea. Common theme: Don’t turn your back on the needy.” The title of the piece provides a strong summary of Thomas’s point of view. Thomas outlined examples from the Christian, Jewish, and Muslim faiths that highlight God’s commitment to supporting the poor and needy. A key element of this support is health care.

While our various holy texts instruct us about who should receive health care (i.e. everyone), and our common religious teaching to ‘do unto others as we would have them do unto us’ suggests that the quality of medical service should not be compromised because of age or income, our scriptures do not instruct us about how we should go about accomplishing the task....However we choose to do it, the moral imperative is the same: high quality, affordable health care for everyone (Thomas, 2009).

Thomas offered a moral justification for universal health care. He grounded his argument in the teachings of respect and dignity espoused by Christianity, Judaism, and Islam. By linking universal health care to three major religions, Thomas attempted to make health care reform relevant to the religious and moral values of a large majority of Americans.

A comparison between Dalrymple's article to those of Mahony and Thomas provides an example of polarized points of view on opposite spectrums of the debate over a "human right to health." Dalrymple argued against a "human right to health," questioning the origin and importance of a "human right to health care." He also emphasized the possible negative consequences of constructing a health care system around the principles of universality and equality. Mahony and Thomas, religious leaders and thus figures of moral authority, discussed the importance of compassion and respect for all people. In doing so, both Mahony and Thomas argued for the importance of not merely an American right to health, but of a broader, "human right to health."

Ultimately Dalrymple, Mahony, and Thomas's op-ed pieces were outliers amongst the media primary sources included in this analysis, for many of the authors did not address the concept of a "human right to health" at all. Those who did often made short references to the topic. For example, Stephen Patrick, a physician and academic at the University of Michigan, concluded his op-ed with the following statement:

We have waited long enough for universal, equitable insurance coverage for all Americans. We need an intelligent and honest debate. And we need to remember the many people like my mother (Patrick, 2009).

Patrick's op-ed piece explained the "tragedy of the underinsured" and described the plight of his mother and many other underinsured Americans. His op-ed focused on dynamics of the insurance market. However, in the final lines of his piece, Patrick

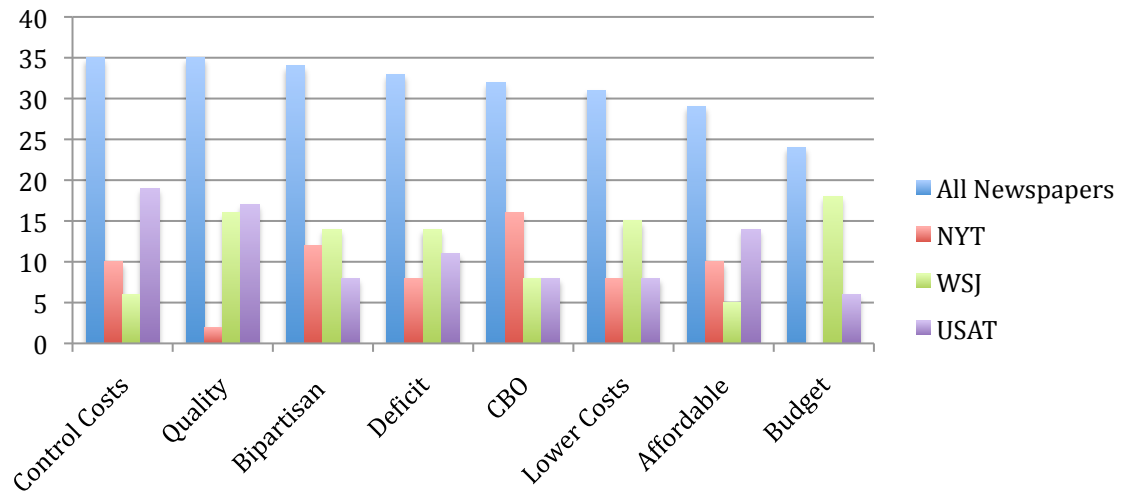
referenced an American “right to health” through the wait for “universal, equitable insurance coverage.” This un-contextualized allusion to an American “right to health” suggests that concept resonated with Patrick and a variety of other authors who made similar references. Ultimately, however, these authors were not compelled to focus direct attention on the concepts of either a human or American “right to health.”

Overall, Dalrymple, Mahony, and Thomas are notable exceptions amongst the op-ed pieces reviewed. Each author directly discussed a “right to health” and presented a clear viewpoint on the topic. In general, neither a human nor American “right to health” played a pivotal role in the op-ed pieces related to health care reform. What then were the foci of these health care related op-ed pieces?

Financial Framework

Authors across all three newspapers prominently employed financial frameworks in their discussions of health care reform. Trigger words from the financial category were used frequently in all three newspapers despite the different ideological viewpoints of the three newspapers. Trigger words from the politics/political pragmatism category, such as “bipartisan” were used across all media sources as well. These frequently employed trigger words are outlined in figure 7.

Figure 7: Frequently Used Trigger Words in Newspaper Op-Ed Pieces



These trigger words highlight a strong focus on costs and the financial elements of reform.

However, “quality” merits discussion for a variety of reasons. It was one of the most commonly used trigger words amongst the media sources. “Quality” was originally included amongst the financial trigger words because discussion of “quality” were often linked to cost and other financial considerations. Although “quality” was reference in this fashion amongst the primary sources, the term was also employed in conjunction with trigger words in the “pro” and “con” categories. For example, Louisiana Governor Bobby Jindal argued:

When government bureaucracies drive the delivery of services -- in this case inserting themselves between health-care providers and their patients -- quality degradation will surely come (Jindall, 2009).

Thus, “quality” is a unique case amongst the trigger words, for it was found amongst a variety of different categories. Even if one were to remove “quality” from the financial category, three of the eight most commonly used trigger words were directly related to a financial framework: “control costs,” “deficit” and “lower costs.”

Like President Obama, a substantial portion of the authors argued that health care reform was a “financial imperative.” For example, Peter Orzag, the Director of the White House Office of Management and Budget, stated,

To build a new foundation for economic growth and change for the future, we can’t afford to waste taxpayer dollars. That’s why the president is tackling the No. 1 driver of our deficit, spiraling health care costs, this year. Make no mistake: Getting health care costs under control is the key to our fiscal future. And we need to reform health care in a way that will slow costs growth for the federal government and for families (Orzag, 2009).

Orzag’s op-ed piece highlights examples of trends seen throughout op-ed pieces. Authors highlighted the “financial imperative” for health care reform on a national level, describing the long-term impact of increasing health care costs on the national deficit. Many authors also discussed the impact of health care reform on a more personal level, explaining the financial benefits of making health care more accessible and affordable for individual Americans and families.

Authors such as Republican Senator Mike Enzi stand in contrast to Orzag. Both men strongly employed a financial framework connected to health reform. Yet, Orzag made a financial argument in favor of passing health reform, while Enzi made a financial argument opposing reform. It is noteworthy that both of these pieces were coded as “neutral,” for although the authors expressed a clear point of view on the acceptability of health care reform, neither discussed a “right to health” or related concepts that would have fit into the American values and responsibilities framework (such as “individual and mutual responsibility”).

Enzi and others made a financial argument against health care reform. These authors generally highlighted the likelihood that government regulations and bureaucracy

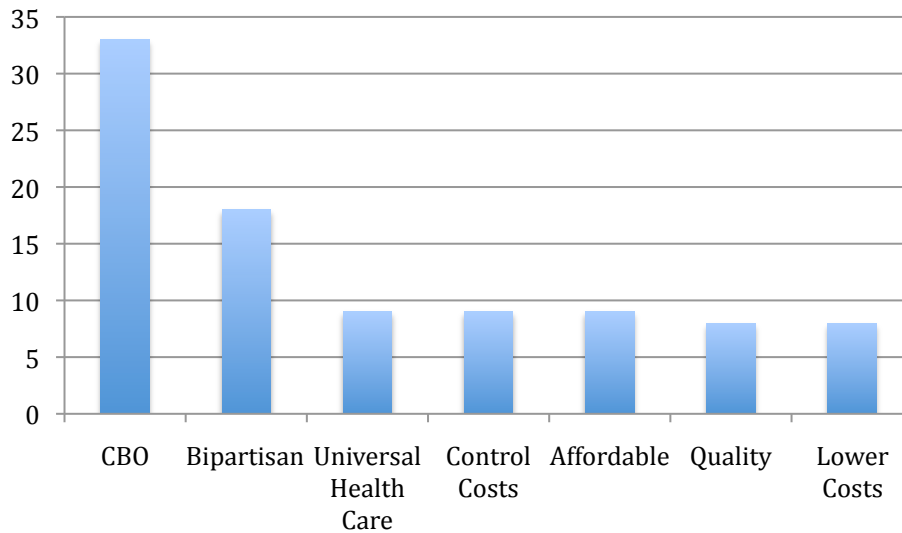
would create inefficiencies, which would in turn drive up the cost of health care. Senator Enzi wrote an op-ed piece in USA Today in which he argued: “We need reform, but a government takeover would drive up costs and make the situation worse. Monopolies never bring down costs or improve efficiency” (Enzi, 2009). Many authors shared Senator Enzi’s skepticism that the government could successfully address the challenges related to rising health care costs. These authors advocated instead for a market-centered approach to health care reform.

Overall, data from NYT, WSJ, and USAT op-ed pieces indicated a strong focus on the financial elements of health care reform. Both sides of the debate employed financial arguments to either support or oppose health care reform. The ubiquitous role of the financial framework is certainly reflective of the larger financial context of the US from early 2009, when President Obama took office, through March of 2010 when the Patient Protection and Affordable Care Act was passed. The overwhelmingly consistent and strong penetration of the financial framework for health care reform indicates the strength of this framework for politicians and others, like President Obama, who were attempting to influence Congress in its’ legislative decisions with regards to health care reform.

Health Reform on the Radio: NPR

The 30 NPR pieces included in this analysis followed many similar trends from the White House and newspaper paper op-ed pieces. The NPR pieces utilized financial frameworks. This is reflected by most frequently used trigger words, which included Congressional Budget Office (CBO), control costs, and lower costs.

Figure 8: Frequently Used Trigger Words in NPR Pieces



Although the NPR pieces utilized financial frameworks, the NPR sources had a strong focus on the political elements of the health care reform debate. The NPR sources mirrored the newspaper op-ed pieces and White House sources in that none of these different communication mediums included a substantial discussion of a “human right to health.”

Both a human and American “right to health” were largely excluded from the NPR pieces. However, there were two notable exceptions. Following the pattern seen in the op-ed pieces, there was a brief un-contextualized reference to health as a human right. Mr. Bill Walczak, the co-founder and CEO of Codman Square Health Center, a community health center in Massachusetts, made one of these references when discussing Massachusetts health care reform on NPR’s Tell Me More program:

The good thing about Massachusetts is that it's always believed that health care is a right - has been a right of people, that healthy population is important to the Massachusetts' economy, and that health care provision is important to that goal. And that - after that it gets really complicated (Hensley, 2009).

Walczak stated that Massachusetts believes that “health care is a right.” This is a subject on which Walczak would likely face disagreement, as the Massachusetts legislature and political leadership (notably the Governor at the time Mr. Mitt Romney) have not traditionally framed its 2006 statewide health care reform in the context of a “right to health.” Interestingly, Walczak referenced a “right to health” in tandem with a reference to the important role of health care in the economy. Walczak acknowledged the importance of both views on health care.

The Republican National Committee also employed rights-related rhetoric in a sound-bite, which was aired in June of 2009 as a part of the Tell Me More Program:

Shouldn't this be a bipartisan discussion? Republicans want health-care reform that reduces costs across the board. Republicans believe every single American deserves quality health care. Republicans also believe another government takeover would diminish health-care choice and quality. Tell President Obama to work with Republicans, and to stop rushing into another government takeover (Martin, 2009).

This is an interesting clip, for the Republican National Committee warned of “another government takeover.” Yet, the committee also expressed a belief that “every single American deserves quality health care” – a statement which is not contextualized. The advertisement also fails to explain the practical ramifications of this belief, for example: what are the implications of this belief in terms of the way the American health care system is organized? Ultimately although limited context was provided, the RNC reference promoted values connected to a “right to health.”

Mirroring the trends identified in the op-ed pieces, a “right to health” was not the focus of the NPR pieces considered in this analysis. However, references such as Walczak’s indicate that some of the authors accepted and utilized the concept of a “right to health” in their own discussions of reform. Another noteworthy element of Walczak’s

comment was that he chose to link Massachusetts's "right" to health with the success of the state's economy.

NPR: Trends of Political Discussion and Episodic Reporting

There was a strong focus on the political elements of the health care reform debate in the NPR pieces. For example, a consistent question permeated the NPR pieces: is bi-partisanship necessary? Why or why not? The NPR pieces did not arrive at a consensus on this issue. Instead, NPR provided commentary on gridlock and opportunities for bi-partisanship within Capitol Hill and Washington DC, as well as the country as a whole. NPR's continual discussion of bi-partisanship stands out as an example of the ways in which the radio station differed from newspaper op-ed pieces.

Continuing the comparison, the financial framework was present in the NPR pieces, yet it was much less prominent in NPR than it was in the op-ed pieces. Similarly, there were political elements of the discussion of op-ed pieces. However, the political discussion was much more prominent in the NPR pieces. These trends are reflective of the nature of these two different media sources.

There are inherent differences in the NPR and op-ed communication mediums that factor into the different trends observed in each. Op-ed pieces are generally written to advocate for or against a particular set of actions or beliefs. Op-ed pieces are persuasive opinions that are succinctly written from the author's unique point of view. The NPR pieces consisted of talk shows and news stories. These two mediums encourage commentary on specific events. Thus, the focus on political issues in NPR could reflect the fact that NPR was providing commentary on a highly politicized process. By contrast,

the op-ed pieces offered authors the opportunity to provide a distinctive focus or perspective on a particular aspect of the health care reform debate. The majority of the op-ed authors across all three newspapers used this platform to examine aspects of health care reform through a financial lens.

Aggregate media trends indicate that both financial and political frameworks played important roles in the health care reform debate. However, ultimately the NPR primary sources reflected a trend of episodic reporting. Episodic reporting refers to specific distinct events or “episodes,” which tend to focus on a specific person or event. As its name suggests, thematic reporting focuses on broader issues and themes (Iyengar, 1997).

Many of these episodes included in NPR’s coverage parallel the sub-issues described in the following section. However, four episodes that were largely not discussed in op-ed pieces received significant coverage in NPR. First, the NPR pieces included significant coverage of the fight that broke out during a town hall debate on health care reform. This fight prompted NPR commentators to reflect on the meaning of civil discourse. Second, NPR also examined the role lobbyist played in the health care reform debate. Third, NPR heavily covered Republican Senator Olympia Snowe’s October 2009 vote in favor of the Senate Finance Committee’s proposed health care bill. And finally, NPR also gave considerable attention to what Ken Rudin described as Senator Joseph Lieberman, an independent from Connecticut, holding the health care reform bill “hostage” in order to achieve the changes he wanted. Senator Lieberman ultimately cast the crucial 60th vote in the Senate in favor of the health care reform bill. These four episodes within the larger health care reform debate highlight the political

drama underlying the health care reform debate.

Other Key Sub-Issues Within the Media Sources

There were many specific subset of health care reform that received considerable attention in op-ed articles and NPR pieces, as well throughout the larger health care reform debate. These “sub-issues” are outlined below in figure 9:

Figure 9: Key Sub-Issues Discussed Within Media Sources

Massachusetts Health Care Reform	Individual Mandate	Pre-Existing Conditions	Public Option	Bipartisanship
Abortion	Medicare Expansion	Effect of Reform on Hospitals	Fight During Town Hall Meeting - Civil Discourse	Senator Olympia Snowe’s Vote for Finance Committee Bill
Budget Reconciliation	“Death Panels,” End of Life Care	Tort and Malpractice Reform	Role of Lobbyists	Senator Joseph Lieberman & the Crucial 60 th Vote

The three highlighted sub-issues – the “individual mandate,” “pre-existing conditions,” and the “public option” - were all discussed frequently in the media sources. These three sub-issues are tied to questions of the role of government and the power of the market with regards to health care.

The “individual mandate” refers to a proposed element of the health care legislation that would mandate that individuals purchase health care insurance or pay a penalty.¹⁴ This mandate was designed to encourage the American public to purchase insurance and thus to pay into the health care system. The “public option” refers to a

¹⁴ Although the Obama administration and legislators who passed the PPACA framed this as a penalty, the Supreme Court ruled in June of 2012 that it constituted a tax and was therefore constitutional.

proposal to include a government-run insurance plan that would be open to all Americans as an alternative to private-insurance plans. Proponents of the “public option” argued that it would be a mechanism for protecting consumers. And finally, “pre-existing conditions” refers to proposals to prevent insurance companies from excluding individuals or dropping their insurance coverage based on health conditions an individual may have had before joining a particular health insurance plan.

Although not explicitly tied to a “right to health,” these three concepts are connected thematically by a question of who should have access to the American health care system – a question that is related to a “right to health.” The “individual mandate,” “public option,” and “pre-existing conditions” are also linked to a broader discussion regarding the extent to which the health care system should be regulated or facilitated by the government (as opposed to the private health care market). Thus through the thematic ties, these three sub-issues illustrate rights-related discussions within the broader health care reform debate, as well as discussions regarding the appropriate role of government in the health care industry. The broader list of sub-issues outlined in figure 9 illustrate the diversity of and major points of contention within the larger health care reform debate.

LOOKING FORWARD: LESSONS FROM A “RIGHT TO HEALTH” IN THE CONTEXT OF THE PPACA

This project has focused on the concept of a “human right to health” within the context of the PPACA. Accordingly, the focus has remained at the federal level. However there are some state-level examples of health reform that are particularly relevant to the theme of a “human right to health.” One prominent example comes from the state of Vermont.

“Human Right to Health” and Grassroots Activism: Vermont Example

As the national debate on health care reform raged, the state of Vermont underwent its own health care reform efforts. However, Vermont is unique in comparison to the country as a whole, for a “human right to health” played a leading role in the grassroots effort that led to Vermont’s statewide healthcare reform.

The Vermont Worker’s Center initiated the “Healthcare Is a Human Right Campaign” in 2008 in order to “secure the creation of a universal health care system.” The Center organized its grassroots efforts around human rights because the campaign organizers believed that a human rights framework for health care reform would be something all Vermonters could understand and connect with. The organization made a concerted effort to abstain from discussions of health system financing, regulations on health insurance companies, and other nuances of the health care reform debate. According to the Center, “the human rights framework [has] enabled the campaign to effectively organize and mobilize working people by making health care policy more accessible” (McGill, 2012 pg. 3).

On May 27, 2010, two months after President Obama signed the PPACA, Act 128 became law in Vermont.

The new law, Act 128, does not explicitly state that health care is a human right, but it states that health care is a public good for all Vermonters, and incorporated human rights principles advanced by the [Health Is a Human Right] campaign (McGill, 2012 pg. 5).

The “Health Is a Human Right Campaign” played a key role in the passage of Act 128. One reason this campaign was so successful was because it consistently presented one message: “healthcare is a universal human right.” This message resonated with Vermonters, thousands of whom mobilized as a part of the Vermont Worker’s Center’s grassroots advocacy efforts.

Vermont’s health reform experience and the “Health Is a Human Right Campaign” have important ramifications in and beyond the Green Mountain State. The Vermont Worker’s Center’s campaign demonstrated, in the words of the Center director James Haslam, “a human-rights frameworks can be extremely effective for both organizing work and policy fights” (Haslam, 2011). More specifically, the Vermont example highlighted the potential influence of the concept of a “human right to health” in both the public and political contexts (McGill, 2012). Human rights principles were included in health reform legislation and the political process because the public exerted pressure and demanded that these principles be included in new legislation.

In addition to grassroots support, the concept of a “human right to health” has received support from prominent Vermont leaders, most notably Governor Peter Shumlin, who was elected in November 2010 following the passage of Act 148. Governor Shumlin made his position with regards to health care abundantly clear during his inauguration speech, stating:

If left untethered, the rising costs of health insurance will cripple us...That's why we must create a single-payer healthcare system that provides universal, affordable health insurance for all Vermonters that brings these skyrocketing costs under control. Let Vermont be the first state in the nation to treat healthcare as a right and not a privilege; removing the burden of coverage from our business community and using technology and outcomes-based medicine to contain costs. By doing so, we will save money and improve the quality of our care (Shumlin, 2011).

Governor Shumlin's speech is striking for several reasons. First, the governor unequivocally stated that he views healthcare as a "right." Second, he presented the creation of a "single-payer health care system" as a legislative priority. However perhaps most notably (in the context of this project), Governor Shumlin linked a "right to health" with a financial need for reform, as President Obama had done in the 2008 election and the debate regarding the PPACA.

A natural question here is how did President Obama respond to Vermont's state wide health care reform? President Obama did not comment directly on Act 148 at the time of its passage. Political motivations likely led to this decision. After considering a veto, Vermont's Republican Governor Jim Douglass ultimately signed the legislation (Vermont Workers' Center, 2010).

Beyond the White House, Vermont's reform received some attention from the national media. However, this attention generally focused on Act 148 itself - rather than the grassroots "Healthcare Is A Human Right" campaign (Kissam, 2010).

Once Governor Shumlin took office, President Obama did engage with Vermont on their statewide reform, specifically in the context of the PPACA. The President endorsed S.248: the Empowering States to Innovate Act. This bill, also referred to as the

Wyden-Brown bill,¹⁵ would have moved up the date (from 2017 to 2014) at which states could apply for a waiver in lieu of the State insurance exchanges required under the PPACA. In the case of Vermont, the waiver would have allowed Governor “Shumlin’s proposed single-payer system to substitute” for the exchange (Remsen, 2011). Ultimately, the Wyden-Brown bill was referred to and got stalled in the Senate Finance Committee (Library of Congress, 2011). On February 27, 2012, the Department of Health and Human Services released a rule clarifying the state waiver application process and the 2017 application date (Federal Register, 2012). As a result, Vermont is moving forward with its statewide reforms, while trying to set up the exchanges mandated under the PPACA “in a way that could be a platform for a state-based single-payer system” (Kenen, 2012).

Ultimately, Vermont is an interesting state-wide example of the possible power of the concept of a “human right to health” in health care reform efforts. Could Vermont’s success be replicated on a state or national level? This remains to be seen. Vermont is quite distinctive within the US. It is a small largely rural state with a strong history of liberalism and a track record of statewide health care reform efforts (McGill, 2012). Larger, more conservative states would undoubtedly face considerable political and logistical challenges if they undertook a similar campaign. However, two key lessons emerge from the Vermont example is. First, the concept of a “human right to health” can be successful in reform efforts, particularly in the context of grassroots activism. And

¹⁵ Senator Ron Wyden (D – OR) and Senator Scott Brown (R – MA) were two of the co-sponsors of S.248: Empowering States to Innovate Act. Both Oregon and Massachusetts are states that have undergone their own health care reform efforts.

second, Vermont offers another example in which a “human right to health” was used together a financial framework for health care reform.

Two Complementary Frameworks For Health Care Reform: American Values and Responsibilities and Financial Frameworks

What role did the concept of a “human right to health” play in the passage of the PPACA in 2010? Ultimately, the concept of “human right to health” was not the primary focus of the health care reform debate. This was reflected in the media pieces, for a “human right to health” was rarely discussed directly in the newspaper and radio primary sources. As a result, the majority of the media pieces were coded as “neutral” on the theme of a “human right to health.”

Instead of human rights, the media sources strongly employed a financial framework for health care reform. Proponents of health reform legislation used a financial perspective to argue for health care reform, suggesting that health reform was necessary in order to improve the economy and mitigate the long-term impact of increasing health care costs on the deficit. Opponents of the health reform legislation made a financial argument against reform, expressing skepticism that the government could address the challenge of rising health care costs and advocating for a market-centered approach to reform.

In addition to financial discussions, there was also a political component to the health care reform debate, which was particularly present in the NPR sources. This political discussion included themes such as bipartisanship, as well as discussions of proposed elements of the health care reform legislation and key actors in the reform process.

When references to “human right to health” were made in the media sources, they were often un-contextualized. This suggests that the op-ed authors and other media writers were familiar with the concept of a “human right to health” and that the concept resonated with them in some capacity. However, these authors elected to focus most of their attention on other aspects of the health care reform debate.

In aggregate, the primary sources included in this analysis demonstrated that a “human right to health” played a limited role in the media discussion surrounding health care reform. In a moment of financial crisis and recession, the media tended to focus on the financial component of the national health care reform efforts. Nevertheless, this case study of the PPACA offers important lessons about a “human right to health” in the American context, specifically with regards to Presidential leadership.

President Obama

As a presidential candidate and ultimately as President, Mr. Obama employed both the American values and responsibilities and financial framework to varying degrees, tailoring his message to the audience at hand. During the 2008 campaign, Candidate Obama focused on the “moral imperative” for health care reform and thus strongly employed the American values and responsibilities framework. As a part of this framework, he clearly referred to health care as “a right for every American.” Candidate Obama appealed to the American public, linking an “American right” to health and the need for reform with core American values like: “individual and mutual responsibility.”

Upon election, President Obama shifted his rhetoric. Although the President used the American values and responsibilities framework at pivotal moments, such as his

inauguration, the President employed a financial framework when discussing health care specifically. He focused the “financial imperative” for health care reform. This shift paralleled a shift in audience, as President Obama appealed to Congress to pass the health care reform legislation he had campaigned on. Notably, President Obama did refer to health care as an “American right” at all during the health care reform debate.

Yet at a crucial symbolic moment, the signing of the PPACA, President Obama and his administration shifted back to the American values and responsibilities framework and rights related rhetoric. The Vice President congratulated the President on turning “the right of every American to have access to decent health care into a reality for the first time in American history.” Speaking once again to the American public, President Obama affirmed that by signing the PPACA “we have just enshrined...the core principle that everybody should have some basic security when it comes to their health care.”

President Obama’s health care rhetoric followed an arc, starting in January 2008 with the presidential campaign and culminating with the signing of the PPACA in March of 2010. Speaking to the American public, President Obama presented an “American right” to health within a broader framework of American values and responsibilities. From the White House, President Obama focused his attention on Congress and thus shifted to a financial framework for healthcare reform. Upon passage of the PPACA, President Obama once again spoke to the American public and returned to rights-related rhetoric and the American values and responsibilities framework.

This rhetorical arc provides a number of significant lessons. First and foremost, the American values and responsibilities and financial frameworks for health care reform were complementary. Ultimately, both were necessary to pass the PPACA.

Second, President Obama's statement that he believes health care should be "a right for every American" is significant. This rhetoric indicates that not only does an influential American leader support the concept of a "right to health," but also that the President believes that an American "right to health" is a politically feasible platform position.

Finally, President Obama's rhetorical arc highlights the differences between campaigning and governing. Through the PPACA example, President Obama illustrates the importance of adjusting policy framing and rhetorical strategies to the appropriate audience.

Beyond the Passage of the PPACA: Broader Implications

The aforementioned lessons provide insight into the health care reform debate that culminated in the passage of the PPACA, as well as President Obama's perspective and policy framing strategies with regards to health care. Yet, the lessons have broader implications for policy makers, activists, and other actors interested in health care reform or human rights on a national or state level. In Vermont, for example, Governor Shumlin has advocated for a "right to health," while employing both the American values and responsibilities and financial frameworks.

In summary, the concept of a “human right to health” played a minimal role in the media during the health care reform debate. Yet, an “American right” to health played an important role in the rhetorical arc President Obama employed in order to secure the passage of the PPACA. President Obama utilized both the American values and responsibilities and financial frameworks; both frameworks were necessary in order to pass the PPACA. This research has implications for the President’s continued health care work as the PPACA continues to be implemented, as well as for future health care reform and human rights activism.

FUTURE RESEARCH

It is important to note that this project was limited in scope and was never intended to be a comprehensive analysis of the rhetorical trends or policy framing strategies related to the health care reform debate. To build on this research, one could examine other facets of the debate around the PPACA, such as the role of the American public in this debate.

Ultimately the PPACA has continued to be a subject of national debate after its passage in March of 2010 – as evidenced by the legal challenges related to the PPACA, *National Federation of Independent Business v. Sebelius*, and frequent discussion of “Obamacare” in and beyond the 2012 presidential campaign. Therefore one could also build on this research by extending the timeframe of analysis beyond April of 2010.

The time frame following the passage of the PPACA is particularly interesting, for President Obama straddled campaigning and governing. President Obama attempted to both explain the details of the PPACA to the American public and to convey the significance of this legislative achievement.

Another possible extension of this analysis would be to examine the rhetoric and policy framing strategies employed by other politicians and national leaders.

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REFERENCES

I. Primary Sources

2008 Presidential Campaign Primary Sources

Obama, Barack. "Democratic Presidential Nomination Acceptance Address."
<http://www.presidentialrhetoric.com/campaign2008/dnc2008/speeches/obama.html>.

Obama, Barack. "One Month to Go: Focus on Health Care."
<http://www.presidentialrhetoric.com/campaign2008/obama/10.04.08.html>

Obama, Barack. "One Week to Go: Speech in Ohio."
<http://www.presidentialrhetoric.com/campaign2008/obama/10.27.08.html>

Obama, Barack. "Remarks after the Final Democratic Primary."
<http://www.presidentialrhetoric.com/campaign2008/obama/06.03.08.html>

Obama, Barack. "Selection of Joe Biden as Running Mate."
<http://www.presidentialrhetoric.com/campaign2008/obama/08.23.08.html>.

Obama, Barack. "Transcript: Obama's Victory Speech "
<http://politicalticker.blogs.cnn.com/2012/11/07/transcript-obamas-victory-speech/>.

Obama, Barack. "Remarks after Winning the Iowa Caucuses."
<http://www.presidentialrhetoric.com/campaign2008/obama/01.03.08.html>

White House Primary Sources

Obama, Barack. "Inaugural Address." <http://www.whitehouse.gov/blog/inaugural-address>.

Obama, Barack. "Remarks by the President and Vice President at Signing of the Health Insurance Reform Bill." <http://www.whitehouse.gov/the-press-office/remarks-president-and-vice-president-signing-health-insurance-reform-bill>.

Obama, Barack. "Remarks by the President at the Opening of the White House Forum on Health Reform." <http://www.whitehouse.gov/video/White-House-Forum-on-Health-Reform#transcript>

Obama, Barack. "Remarks by the President in Discussion on Insurance Reform at Bipartisan Meeting on Health Care Reform." <http://www.whitehouse.gov/the->

press-office/remarks-president-and-vice-president-signing-health-insurance-reform-bill

Obama, Barack. "Remarks by the President to a Joint Session of Congress on Health Care." <http://www.whitehouse.gov/video/President-Obama-Address-to-Congress-on-Health-Insurance-Reform#transcript>.

Obama, Barack. "Remarks by the President in State of Union Address." <http://www.whitehouse.gov/photos-and-video/video/2010-state-union-address#transcript>

Obama, Barack. "Remarks of President Obama - As Prepared for Delivery, Address to Joint Session of Congress, Tuesday, February 24, 2009." <http://www.whitehouse.gov/video/EVR022409#transcript>

Newspaper Op-ed Primary Sources

New York Times

Baker, Tom. "Liability = Responsibility." *New York Times*, July 12, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>

Biden, Joe. "Why the Senate Should Vote Yes On Health Care." *New York Times*, December 20, 2009. Accessed September 9, 2012 <http://www.nytimes.com.proxy.lib.duke.edu>

Bradley, Bill. "Tax Reform's Lesson for Health Care Reform." *New York Times*, August 30, 2009. Accessed September 9, 2012.

Blumenaur, Paul. "My Near Death Panel Experience." *New York Times*, November 15, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>

Ford, Harold. "Democrats Get Down To Business." *New York Times*, January 25, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>

Frist, Bill. "How the GOP Can Fix Health Care." *New York Times*, February 22, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>

Gabel, Jon R. "Congress's Health Care Numbers Don't Add Up." *New York Times*, August 26, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>

- Gawande, Atul, Berwick, Donald, Fisher, Elliot, and Mark McClellan. "10 Steps to Better Healthcare." *New York Times*, August 13, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Gelmen, Andrew, Silver, Nate, and Daniel Lee. "The Senate's Health Care Calculations." *New York Times*, November 19, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Greenberg, Stanley B. "For Democrats, A Win's a Win." *New York Times*, March 23, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Hickey, Roger. "Two Sides to Every Healthcare Debate." *New York Times*, July 12, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Holtz-Eakin, Douglass. "The Real Arithmetic of Health Care Reform." *New York Times*, March 21, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Hubbard, Glenn. "Obama's Mixed Messages." *New York Times*, August 30, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Kinsley, Michael. "Six Ideas for America!" *New York Times*, February 28, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Kolb, Charles. "How the GOP Can Fix Health Care." *New York Times*, February 22, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Levine, Phillip B. "False Alarm on Abortion." *New York Times*, November 25, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Mahony, Roger. "Coverage Without Borders." *New York Times*, December 8, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Mann, Thomas, Ornstein, Norman J., Wakeman, Raffaella, and Fogeson-Lubliner. "Reconciling with the Past." *New York Times*, March 7, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- McClellan, Mark. "How the GOP Can Fix Health Care." *New York Times*, February 22, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Nyhan, Brendan. "Fight is Over, Myth Remains." *New York Times*, March 25, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>

- Obama, Barack. "Why We Need Health Care Reform." *New York Times*, August 16, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- O'Neil, Paul. "Health Care's Infectious Losses." *New York Times*, July 6, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Pinkerton, James P. "How the GOP Can Fix Health Care." *New York Times*, February 22, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Pewen, William F. "The Healthcare Letdown." *New York Times*, March 16, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Pollan, Michael. "Big Food vs. Big Insurance." *New York Times*, September 10, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Ryan, Paul. "Fix Health Care Reform, Then Repeal It." *New York Times*, March 26, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Starr, Paul. "Fighting the Wrong Health Care Battle." *New York Times*, November 29, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Sager, Ryan. "Keep Off the Astroturf." *New York Times*, August 19, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- So, Anthony, and Samuel L. Katz. "Biological Boondoggle." *New York Times*, March 8, 2010. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>
- Warner, Judith. "Louise's Second Act." *New York Times*, August 10, 2009. Accessed September 9, 2012. <http://www.nytimes.com.proxy.lib.duke.edu>

USA Today

- Arney, Dick. "A soda tax to fund health care? Think again." *USA Today*, June 4, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Beckel, Bob, and Cal Thomas. "Health care reform: start cutting; Bob and Cal agree that the Obama administration and Congress must tackle the cost issue if they want Americans to buy reform this time around." *USA Today*, June 25, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>

- Conrad, Kent. "My Compromise Works." *USA Today*, August 5, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Ensign, John. "More Losers Than Winners." *USA Today*, November 23, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Enzi, Mike. "Public Option is No Option." *USA Today*, August 19, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Findlay, Steve. "Myths about health care: scare tactics mustn't obscure the facts about fixing our broken system. Will change be free? No. But doing nothing would be even more costly." *USA Today*, June 30, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Gingrich, Newt. "Obama's Radical Agenda." *USA Today*, April 29, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Gleckman, Howard. "What about long-term care? Forgotten in today's health care reform debate: the frail elderly and disabled, who need a little help, not just high-tech medicine." *USA Today*, May 26, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Grijalva, Raul M. "Forget Bipartisanship." *USA Today*, August 25, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Gould, Elise. "No Time For Timidity." *USA Today*, March 4, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Gushee, David P. "What Roe started; After the 1973 court ruling, the battle lines in this country's culture wars were drawn, setting the stage for the demonization we're witnessing today." *USA Today*, September 28, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Hartch, Orin. "Step Back, Start Over." *USA Today*, September 17, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>
- Hurd, Maude. "We Fight For the Poor." *USA Today*, September 25, 2009. Accessed September 11, 2012. <https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>

- Keating, Frank. "Dismiss the CLASS." *USA Today*, October 28, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)
- Kingsdale, Jon. "First, Cover the Uninsured." *USA Today*, July 31, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)
- Longoria-Parker, Eva. "Children of Color Need a Healthy Start." *USA Today*, September 4, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)
- Malveaux, Jane. "Who Is Looking Out For Women's Health?" *USA Today*, October 2, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)
- McCain, John. "Don't Slash Medicare." *USA Today*, December 3, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)
- McEntee, Gerald M. "Don't Tax Health Plans." *USA Today*, September 28, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)
- Moffit, Robert. "Don't crowd out insurers; Opposing view: Government plan would encourage employers to drop health coverage." *USA Today*, January 13, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)
- Obama, Barack. "America Cannot Afford to Wait." *USA Today*, July 23, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)
- Orzag, Peter. "A Good Start." *USA Today*, May 11, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)
- Pelosi, Nancy, and Steny Hoyer. "'Un-American' attacks can't derail health care debate." *USA Today*, August 10, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)
- Rendell, Edward G. & Tine Hansen-Turton. "Health reform can count on nurses." *USA Today*, August 31, 2009. Accessed September 11, 2012.
[https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/?](https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/)

- Romney, Mitt. "Mr. President, What's the rush? Obama could learn a thing or two about health care reform from Massachusetts. One, time is not the enemy. Two, neither are the Republicans." *USA Today*, July 30, 2009. Accessed September 11, 2012. <https://www.lexisnexus.com.proxy.lib.duke.edu/hottopics/lnacademic/?>
- Rother, John. "Stop Age Discrimination." *USA Today*, October 23, 2009. Accessed September 11, 2012. <https://www.lexisnexus.com.proxy.lib.duke.edu/hottopics/lnacademic/?>
- Sanders, Ernie. "Provide Medicare For All." *USA Today*, November 30, 2009. Accessed September 11, 2012. <https://www.lexisnexus.com.proxy.lib.duke.edu/hottopics/lnacademic/?>
- Smiley, Travis. "Hold Obama Accountable," *USA Today*, May 1, 2009. Accessed September 11, 2012. <https://www.lexisnexus.com.proxy.lib.duke.edu/hottopics/lnacademic/?>
- Stephen, Patrick. "The Tragedy of the Underinsured: My Mom Had a Job and Health Insurance. In the end It Wasn't Enough." *USA Today*, September 23, 2009. Accessed September 11, 2012. <https://www.lexisnexus.com.proxy.lib.duke.edu/hottopics/lnacademic/?>
- Stupak, Bart. "Add Abortion Restrictions." *USA Today*, November 2, 2009. Accessed September 11, 2012. <https://www.lexisnexus.com.proxy.lib.duke.edu/hottopics/lnacademic/?>
- Tanner, Michael. "Time To Start Over." *USA Today*, October 13, 2009. Accessed September 11, 2012. <https://www.lexisnexus.com.proxy.lib.duke.edu/hottopics/lnacademic/?>
- Thomas, Oliver. "Would god back universal health care? Religious texts give us a good idea. Common theme: don't turn your back on the needy." *USA Today*, July 27, 2009. Accessed September 11, 2012. <https://www.lexisnexus.com.proxy.lib.duke.edu/hottopics/lnacademic/?>
- Umbdenstock, Richard. "Don't Undermine Providers." *USA Today*, December 14, 2009. Accessed September 11, 2012. <https://www.lexisnexus.com.proxy.lib.duke.edu/hottopics/lnacademic/?>
- Weisbrod, Les. "Don't Limit Legal Rights." *USA Today*, June 22, 2009. Accessed September 11, 2012. <https://www.lexisnexus.com.proxy.lib.duke.edu/hottopics/lnacademic/?>
- Zinecko, David. "The Decline of the American Male: the recession has been particularly unkind to men and has larger implications for their health, safety and well-being."

The Obama administration should address this disparity.” *USA Today*, June 17, 2009. Accessed September 11, 2012.
<https://www.lexisnexis.com.proxy.lib.duke.edu/hottopics/lnacademic/>?

Wall Street Journal

Anderson, Terry. “Native Americans and the Public Option.” *Wall Street Journal*, August 29, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399137745?accountid=10598>

Barone, Michael. “Ted Kennedy: Liberal Lion of the Senate.” *Wall Street Journal*, August 27, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399080765?accountid=10598>

Barrett, Craig. “The Case for Common Education Standards.” *Wall Street Journal*, April 6, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399129157?accountid=10598>

Barnes, Fred. “The Health Care Wars Are Only Just Beginning.” *Wall Street Journal*, March 18, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399147293?accountid=10598>

Boskin, Michael. “An Alternate Stimulus Plan.” *Wall Street Journal*, November 18, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399122217?accountid=10598>

Burd, Steven. “How Safeway is Cutting Health-Care Costs.” *Wall Street Journal*, June 12, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399054238?accountid=10598>

Constaintain, Mark. “Where US Healthcare Ranks #1.” *Wall Street Journal*, January 8, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399154468?accountid=10598>

Coburn, Tom. “What I Learned from the Mob.” *Wall Street Journal*, September 3, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399064450?accountid=10598>

Cochran, John H. “What to Do About Pre-Existing Conditions?” *Wall Street Journal*, August 14, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399061526?accountid=10598>

Cogan, John F., Hubbard, Glenn R., and Daniel Kessler. “A Better Way to Health Care Reform.” *Wall Street Journal*, February 25, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399133622?accountid=10598>

- Copland, James. "How the Plaintiffs Bar Bought the Senate." *Wall Street Journal*, February 9, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399138639?accountid=10598>
- Dalrymple, Theodore. "Is There A Right to Health Care?" *Wall Street Journal*, July 29, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399061526?accountid=10598>
- Daschle, Tom. "Climbing the Hill on Healthcare." *Wall Street Journal*, September 3, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399124893?accountid=10598>
- Feldstein, Martin. "Obamacare is all About Rationing." *Wall Street Journal*, August 19, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399140412?accountid=10598>
- Flier, Jeffrey, and David, Goldhill. "Reviving the Healthcare Debate." *Wal Street Journal*, February 19, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399125646?accountid=10598>
- Frist, Bill. "A Historic and Dangerous Senate Mistake." *Wall Street Journal*, February 26, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399144001?accountid=10598>
- Gingrich, Newt. "Ten Health Ideas for Obama." *Wall Street Journal*, February 10, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399129387?accountid=10598>
- Groopman, Jerome and Pamela Hartbard. "Sorting Fact from Fiction on Healthcare." *Wall Street Journal*, August 31, 2009. Accessed September 17, 2012. <http://search.proquest.com/docview/399073237?accountid=10598>
- Harrington, Scott. "Fact Checking the President on Insurance." *Wall Street Journal*, September 14, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399061283?accountid=10598>
- Jindal, Bobby. "How To Make Health Care Reform Bipartisan." *Wall Street Journal*, July 22, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399068598?accountid=10598>
- Miller, Edward. "Cross Country: Health Reform Could Harm Medicaid Patients." *Wall Street Journal*, December 5, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399143009?accountid=10598>

- Miller, Matt. "A Real Employee Free Choice Act." *Wall Street Journal*, October 2, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399067552?accountid=10598>
- Ross, Gilbert. "Why Drug Reimportation Won't Die." *Wall Street Journal*, January 7, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399145722?accountid=10598>
- Scully, Tom. "Medicare Part D 'Reforms' Will Harm Seniors." *Wall Street Journal*, December 4, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399117277?accountid=10598>
- Turner, Gracie-Marie. "Health care (special report) -- costs keep rising." *Wall Street Journal*, October 27, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399142399?accountid=10598>
- Pipes, Sally C. "Health Reformers Ignore Facts." *Wall Street Journal*, March 6, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399067191?accountid=10598>
- Rafal, Richard B. "A Doctor's Plan for Legal Health Reform." *Wall Street Journal*, September 4, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399123632?accountid=10598>
- Rasmussen, Scott, and Doug Schoen. "Why Obama Can't Move the Healthcare Numbers." *Wall Street Journal*, March 10, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399095983?accountid=10598>
- Rasmussen, Scott. "Obama is Losing Independent Voters." *Wall Street Journal*, November 14, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399070260?accountid=10598>
- Rivkin, David B Jr. and Lee A. Case. "Is Government Health Care Constitutional?" *Wall Street Journal*, June 22, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399054029?accountid=10598>
- Schoen, Douglas. "Voters to Democrats: Jobs, Jobs, Jobs." *Wall Street Journal*, February 19, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399077612?accountid=10598>
- Vanden Hueve, Katrina. "Hopes for the Obama Presidency." *Wall Street Journal*, January 21, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399131668?accountid=10598>
- Wallison, Peter. "Why Finance Reform is Stalled." *Wall Street Journal*, March 1, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399086948?accountid=10598>

Wehner, Peter. "No America Isn't Ungovernable." *Wall Street Journal*, February 12, 2010. Accessed September 17, 2012.
<http://search.proquest.com/docview/399135506?accountid=10598>

Widmer, Michael. "Health Care (Special Report) -- A Great Success." *Wall Street Journal*, October 27, 2009. Accessed September 17, 2012.
<http://search.proquest.com/docview/399093745?accountid=10598>

Radio Primary Sources

Brand, Madeleine. "Opposing Views of Health Care Bill." *National Public Radio*, January 26, 2010. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=122993764>

Conan, Neal. "Re-Evaluating President Obama's Strategy." *National Public Radio*, August 24, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=112177885>

Eaton, Joe. "Lobbying Giants Cash in on Health Care Overhaul." *National Public Radio*, March 26, 2010. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=125170643>

Elving, Ron. "Leiberman Takes Lead in 'Me' Caucus." *National Public Radio*, December 16, 2009. Accessed September 20, 2012.
http://www.npr.org/blogs/watchingwashington/2009/12/leiberman_takes_lead_in_the_me.html

Greene, David. "Budget Office Works Powerfully Behind Scenes." *National Public Radio*, June 26, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=105950473>

Gonyea, Don. "Warner: Discussion Must Include End of Life Care." *National Public Radio*, August 28, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=112323639>

Halloran, Liz. "Obama Deounces Violence on Iran's Streets." *National Public Radio*, June 23, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=105806306>

Hensley, Scott. "Malpractice Scramble is On." *National Public Radio*, September 11, 2009.

- http://www.npr.org/blogs/health/2009/09/malpractice_reform_scramble_is_on.html
- Hensley, Scott. "Obama Readies Health Overhaul Proposal Ahead of Summit." *National Public Radio*, February 19, 2010. Accessed September 20, 2012.
http://www.npr.org/blogs/health/2010/02/obama_readies_health_overhaul_proposal.html
- Hensley, Scott. "Snowe Says Yes to Baucus Bill!" *National Public Radio*, October 13, 2009. Accessed September 20, 2012.
http://www.npr.org/blogs/health/2009/10/snowe_says_yes.html
- Joyce, Christopher. "Climate Change Bill Postponed in Senate." *National Public Radio*, July 10, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=106468450>
- Liasson, Maura. "President Obama Pushes Health Care in Ohio." *National Public Radio*, March 15, 2010. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=124705229>
- Martin, Michael. "Memo to the President: Fix Health Care System." *National Public Radio*, June 29, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=106037898>
- Martin, Michael. "Rush Limbaugh's NFL Bid Fumbles." *National Public Radio*, October 16, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=113860895>
- Michael, Martin. "What Happened to Polite Protest?" *National Public Radio*, August 12, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=111801766>
- Memcott, Mark. "How Did He Do? Reactions to President Obama's Address." *National Public Radio*, September 10, 2009. Accessed September 20, 2012.
http://www.npr.org/blogs/twotwo-way/2009/09/obama_williams_health_care_con.html
- Memcott, Mark. "Mousavi Under Pressure; Obama Talking Health Care; Sanford's Steamy E-Mails." *National Public Radio*, June 25, 2009. Accessed September 20, 2012.
http://www.npr.org/blogs/thetwo-way/2009/06/morning_25.html
- Montage, Renee, and Ari Shapiro. "Lobbyists Campaign for Health Care 'Reform.'" *National Public Radio*, September 2, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=112460630>

- National Public Radio. "Differences of Opinion: Reactions to Obama's State of the Union Speech." *National Public Radio*, January 28, 2010. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=122992312>
- Roberts, Cokie. and Renee Montage. "Overhauling Health Care Takes More Than Money." *National Public Radio*, June 29, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=106033970>
- Rovner, Julie. "Abortion Language Creates Snag for Health Bill." *National Public Radio*, November 3, 2009. Accessed September 20, 2012.
www.npr.org/templates/story/story.php?storyId=120033183
- Rovner, Julie, and Joe Neel. "Health Overhaul Bill Moves Forward on Capitol Hill." *National Public Radio*, July 15, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=106672748>
- Rovner, Julie. "Sebelius Faces Questions on Health Care Overhaul." *National Public Radio*, March 31, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=102572739>
- Rudin, Ken. "Eating their Own: Activists From Both Parties Aim at Those Who Stray." *National Public Radio*, November 10, 2009. Accessed September 20, 2012.
http://www.npr.org/blogs/politicaljunkie/2009/11/eating_their_own_both_parties.html
- Rudin, Ken. "Magic Number in the Senate? Its Not 60. It's Joe Lieberman." *National Public Radio*, December 15, 2009. Accessed September 20, 2012.
http://www.npr.org/blogs/politicaljunkie/2009/12/magic_number_in_the_senate_its.html
- Shots: NPR's Health Blog. "Clyburn: Lies Being Spread About Health Care Reform." *National Public Radio*, August 12, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=111801758>
- Tedford, Deborah. "Obama Says Congress Close to Overhaul." *National Public Radio*, July 21, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=106855579>
- Wertheimer, Linda. "De Tocqueville and Town Hall Democracy." *National Public Radio*, August 19, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=112029777>

Zwerdling, Daniel. "Health Care Gets Ready to Rumble." *National Public Radio*, August 8, 2009. Accessed September 20, 2012.
<http://www.npr.org/templates/story/story.php?storyId=111688771>

II. Secondary Sources

Works Cited

- Bringing Human Rights Home : A History of Human Rights in the United States.* Pennsylvania Studies in Human Rights. Edited by Catherine Albisa, Martha F. Davis and Cynthia Soohoo Philadelphia: University of Pennsylvania Press, 2009. Preface / Cynthia Soohoo, Catherine Albisa, and Martha F. Davis -- Part I. A History of Human Rights in the United States : -- 1. A human rights lens on U.S. history : human rights at home and human rights abroad / Paul Gordon Lauren -- 2. FDR's four freedoms and wartime transformations in America's discourse of rights / Elizabeth Borgwardt -- 3. A "hollow mockery" : African Americans, white supremacy, and the development of human rights in the United States / Carol Anderson -- 4. "New" human rights? : U.S. ambivalence toward the international economic and social rights framework / Hope Lewis -- Part II. From Civil Rights to Human Rights : -- 5. Against American supremacy : rebuilding human rights culture in the United States / Dorothy Q. Thomas -- 6. Economic and social rights in the United States : six rights, one promise / Catherine Albisa -- 7. Human rights and the transformation of the "civil rights" and "civil liberties" lawyer / Cynthia Soohoo -- 8. "Going global" : appeals to international and regional human rights bodies / Margaret Huang -- 9. Thinking globally, acting locally : states, municipalities, and international human rights / Martha F. Davis -- 10. The impact of September 11 and the struggle against terrorism on the U.S. domestic human rights movement / Wendy Patten -- 11. Bush administration noncompliance with the prohibition on torture and cruel and degrading treatment / Kathryn Sikkink -- 12. Trade unions and human rights / Lance Compa.
- Center, Vermont Workers'. "Press Release - Vermont Universal Healthcare Bill Becomes Law." <http://www.workerscenter.org/node/542>
- Chard, Richard E. *The Mediating Effect of Public Opinion on Public Policy : Exploring the Realm of Health Care.* Suny Series in Public Policy. Albany, NY: State University of New York Press, 2004.
- CNN. "Transcript of Second McCain, Obama Debate." http://articles.cnn.com/2008-10-07/politics/presidential.debate.transcript_1_commission-on-presidential-debates-obama-debate-town-hall-format/24?s=PM:POLITICS.
- Congress, Library of. "Bill Summary & Status, 112th Congres (2011-2012), S.248." <http://thomas.loc.gov/cgi-bin/bdquery/z?d112:s.00248>: .
- Contemporary Issues in Bioethics.* Edited by Tom L. Beauchamp and LeRoy Walters Belmont, CA: Wadsworth--Thompson Learning, 2003.

- Dittmer, John. *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*. New York: Bloomsbury Press, 2009.
- Do the Media Govern? : Politicians, Voters, and Reporters in America*. Edited by Shanto Iyengar and Richard Reeves Thousand Oaks, Calif.: Sage, 1997.
- Ethical Dimensions of Health Policy*. Edited by Larry R. Churchill, Carolyn M. Clancy and Marion Danis Oxford ; New York: Oxford University Press, 2002.
- Fillmore, Randolph. "Developments in Public Health."
http://www.sciencescribe.net/publishedWork.html#book_contributions.
- Fitzgerald, Richard and William Housley *Media, Policy and Interaction*. Edited by Richard Fitzgerald and William Housley Farnham, Surrey, England ; Burlington, VT: Ashgate Pub., 2009. Media, policy and interaction : introduction / Richard Fitzgerald and William Housley -- Membership category work in policy debate / William Housley and Richard Fitzgerald -- Configuring a television debate : categorisation, questions and answers / Alain Bovet -- Asserting interpretive frames of political events : panel discussions on television news / Emo Gotsbachner -- Staging public discussion : mobilizing political community in closing discussion programmes / Hanna Rautajoki -- 'Doing public policy' in the political news interview / Johanna Rendle-Short -- Press scrums : some preliminary observations / Patrick Watson and Christian Greiffenhagen -- Styling for hegemony : the West as an enemy (and the ideal) in Belarusian television news / Marián Sloboda -- Scandal and dialogical network : what does morality do to politics? About the Islamic headscarf within the Egyptian parliament / Baudouin Dupret, Enrique Klaus, Jean-Noël Ferrié -- Moving teachers : public texts and institutional power / Susan Bridges and Brendan Bartlett -- Newspapers on education policy : constructing an authoritative public voice on education / Sue Thomas.
- Foundation, The Henry J. Kaiser Family. "Medicare Spending and Financing "
<http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CEEQFjAC&url=http%3A%2F%2Fwww.kff.org%2Fmedicare%2Fupload%2F7305-04-2.pdf&ei=YhvBUiuBC5CA9QSn2IGQBw&usg=AFQjCNH4JV1nCG0JNNaijTdredBDzK9oQQ>.
- Gostin, Lawrence O. *Public Health Law and Ethics : A Reader*. California/Milbank Books on Health and the Public ; 4. Edited by Lawrence O. Gostin, Lawrence O. Gostin and Fund Milbank Memorial Berkeley; New York: University of California Press; Milbank Memorial Fund, 2010. The public's health -- Public health ethics -- Public health duties and powers -- Public health and the protection of individual rights -- Public health governance : direct regulation for the public's health and safety -- Tort law and the public's health : indirect regulation -- Global health law : health in a global community -- Surveillance and public health research : privacy and the "right to know" -- Health, communication, and behavior -- Medical countermeasures for epidemic disease : bodily integrity -- Public health strategies for epidemic disease : association, travel, and liberty -- Economic liberty and the pursuit of public

- health -- Concluding reflections on the field : case studies on biosecurity, genomics, and obesity.
- Graber, Doris A. *Mass Media and American Politics*. Washington, D.C.: CQ Press, 2010.
- Haslam, James "Lessons from the Single-Payer State: How to Spread Vermont's Human-Rights Victory Throughout the Country."
<http://inthesetimes.com/main/article/12122>
- Health Care Reform around the World*. Edited by Andrew C. Twaddle Westport, Conn.: Auburn House, 2002. International comparison of health care reform systems / Andrew C. Twaddle -- Health system reforms: The United Kingdom's experience / David J. Hunter -- Ideology and interests: Explaining Swedish medical care reform, 1991-1994: An overview / Andrew C. Twaddle -- The changing faces of health care in Canada / Christel A. Woodward and Catherine A. Charles -- The United States: Live free and die? / Albert F. Wessen -- Introducing compulsory health insurance in Central Europe: Redirecting a wheel? / Stipe Oreskovic -- The reform that, alas, succeeded: The case of Serbia / Vuk Stambolovic -- The inelasticity of institutional patterns: An impediment to health care reform in Post-Communist Russia / Mark G. Field -- Modernization and health reform in Saudi Arabia / Eugene B. Gallagher -- Health care reform in Israel / Revital Gross and Ofra Anson -- Health care reform in Argentina / Susana Belmartino -- The unbearable homogeneity of reform: The Mexican health care system reform / Luis Duran-Arenas, Malaquias Lopez-Cervantes, Octavio Gomez-Dantes and Sandra Sosa-Rubi -- Health sector reform: The Indian experience / Rama V. Baru -- Reform of the Australian health care landscape: The contested terrain of development and innovation / Donald Stewart and Ian England -- Rural health care reforms in the People's Republic of China / Ofra Anson -- The health care reform initiative in Thailand / Pathom Sawanpanyalert -- Health care reform and global hegemony / Andrew C. Twaddle.
- Kenen, Joanne. "Vermont Could Be the First in Line for Single Payer."
<http://www.politico.com/news/stories/0912/81267.html>
- Kissam, Jonathan "The Vermont Breakthrough: Grassroots Organizing Moves a State Towards Health Care for All." *Social Policy* 21 (2011): 5.
- Mackey, John "The Whole Foods Alternative to Obamacare." *Wall Street Journal*, August 12, 2009 2009.
- McGill, Mariah. "Human Rights from the Grassroots Up: Vermont's Campaign for Universal Health Care." *Health & Human Rights: An International Journal* 14, no. 1 (June 2012 2012): 1-12.
- Medicine and Social Justice : Essays on the Distribution of Health Care*. Edited by M. Pabst Battin, Rosamond Rhodes and Anita Silvers Oxford ; New York: Oxford University Press, 2002.
- Merriam-Webster. "Deficit." <http://www.merriam-webster.com/dictionary/deficit>.
- Nations, United. "The Universal Declaration of Human Rights."
<http://www.un.org/en/documents/udhr/index.shtml#a25>

- Obama, Barack. "Democratic Presidential Nomination Acceptance Address."
<http://www.presidentialrhetoric.com/campaign2008/dnc2008/speeches/obama.html>.
- . "Inagural Address." <http://www.whitehouse.gov/blog/inaugural-address>.
- . "One Month to Go: Focus on Health Care."
<http://www.presidentialrhetoric.com/campaign2008/obama/10.04.08.html>
- . "One Week to Go: Speech in Ohio."
<http://www.presidentialrhetoric.com/campaign2008/obama/10.27.08.html>
- . "Remarks after the Final Democratic Primary."
<http://www.presidentialrhetoric.com/campaign2008/obama/06.03.08.html>
- . "Remarks by the President and Vice President at Signing of the Health Insurance Reform Bill." <http://www.whitehouse.gov/the-press-office/remarks-president-and-vice-president-signing-health-insurance-reform-bill>.
- . "Remarks by the President at the Opening of the White House Forum on Health Reform." <http://www.whitehouse.gov/video/White-House-Forum-on-Health-Reform#transcript>
- . "Remarks by the President in Discussion on Insurance Reform at Bipartisan Meeting on Health Care Reform." <http://www.whitehouse.gov/the-press-office/remarks-president-and-vice-president-signing-health-insurance-reform-bill>
- . "Remarks by the President to a Joint Session of Congress on Health Care." <http://www.whitehouse.gov/video/President-Obama-Address-to-Congress-on-Health-Insurance-Reform#transcript>.
- . "Selection of Joe Biden as Running Mate."
<http://www.presidentialrhetoric.com/campaign2008/obama/08.23.08.html>
-
- . "Transcript: Obama's Victory Speech "
<http://politicalticker.blogs.cnn.com/2012/11/07/transcript-obamas-victory-speech/>.
- Obama, Barack "Remarks after Winning the Iowa Caucuses."
<http://www.presidentialrhetoric.com/campaign2008/obama/01.03.08.html>
- Oberlander, Jonathan. "The Politics of Health Reform: Why Do Bad Things Happen to Good Plans?" [In English]. *Health Affairs*, no. 02782715 (2003): W3-391-404.
- Palmer, Karen S "A Brief History: Universal Health Care Efforts in the Us."
<http://www.pnhp.org/facts/a-brief-history-universal-health-care-efforts-in-the-us>.
- Project, The American Presidency. "Presidential Candidates Debates: "Presidential Debate at Belmont University in Nashville Tennessee"."
<http://www.presidency.ucsb.edu/ws/index.php?pid=84482>
- Radio, National Public. "Our Mission, Vision, and Goals "
<http://www.npr.org/about/aboutnpr/mission.html>
- Reams, Bernard D. . *Health Care Reform 1993-1994: American Experience: Clinton and Congress-Law, Policy, and Economics* Buffalo, New York William S. Hein & Co., Inc. , 1996.

- <http://heinonline.org/HOL/Page?handle=hein.tera/hcref0025&collection=tera&set as cursor=25&men tab=srchresults&type=matchall&id=1>
- Register, Federal. "Application, Review, and Reporting Process for Waivers for State Innovation " <https://www.federalregister.gov/articles/2012/02/27/2012-4395/application-review-and-reporting-process-for-waivers-for-state-innovation>). .
- Rights, Center for Constitutional. "Harris V. Mcrae." <http://ccrjustice.org/ourcases/past-cases/harris-v.-mcrae>.
- Robertson, Geoffrey. "Health and Human Rights Series." [In English]. *The Lancet* 370, no. 9585 (2007): 368-9.
- Ruger, Jennifer Prah. "Ethics and Governance of Global Health Inequalities." *Journal of Epidemiology and Community Health* 60 (2006): 998 - 1002.
- . "Towards a Theory of Right to Health: Capability and Incompletely Theorized Agreements." *Yale Journal of Law and Humanities* 18 (2006): 273 - 326.
- Ruger, Theodore W. . "Of Icebergs and Glaciers: The Submerged Constitution of American Healthcare ". *Law and Contemporary Problems* 75, no. 3 (2012).
- Scollon, Ronald. *Analyzing Public Discourse : Discourse Analysis in the Making of Public Policy*. London ; New York: Routledge, 2008.
- Scutchfield, F. D., Carol Ireson, and Laura Hall. "The Voice of the Public in Public Health Policy and Planning: The Role of Public Judgment." *Journal of Public Health Policy* 25, no. 2 (2004): 197-205.
- Shinn, Carolynne. "The Right to the Highest Attainable Standard of Health: Public Health's Opportunity to Refame a Huamn Rights Debate in the United States." *Health & Human Rights* 4, no. 1 (1999): 114-33.
- Shumlin, Peter "Gov. Peter Shumlin's Inaugural Address." <http://governor.vermont.gov/newsroom-inaugural-speech>.
- Starr, Paul. *Remedy and Reaction : The Peculiar American Struggle over Health Care Reform*. New Haven: Yale University Press, 2011. An uneasy victory ; The making of a national impasse ; A window for reform ; Choices and vulnerabilities -- The genealogy of health-care reform. Evolution through defeat ; Progressive health insurance, 1915-1919 ; The New Deal and national health insurance, 1935-1950 ; The growth of the protected public, 1950-1965 ; Stumbling toward comprehensive reform ; Political deadlock, 1969-1980 ; Political reversals, 1981-1990 ; The American path in health insurance -- Frustrated ambitions, liberal and conservative. The shaping of the Clinton Health Plan, 1991-1993 ; A new framework ; Clinton's decisions ; Getting to no, 1994 ; The Democrats' disorder ; The big turnabout ; The collapse of Congressional compromise ; Why no reform? ; Comes the counterrevolution, 1995-2006 ; Gingrich and the end of entitlements ; From bold leaps to baby steps ; A Republican window ; Return to crisis -- Rollercoaster. The rise of a reform consensus, 2006-2008 ; Romney and the Massachusetts model ; Toward minimally invasive reform ; Making 2008 a health-care election ; Prepare to launch ; Breaking through, 2009-2010 ; Health care first ; Bipartisanship in one party ; Reaction and resolve ; Obama and the rollercoaster to reform ; Why health-care reform passed (and climate

legislation didn't) ; The Affordable Care Act as public philosophy ; Fairness and equality ; Responsibility and freedom ; Federalism and finance ; Health and the public household ; Reform's uncertain fate ; Political backlash and the courts ; The peculiar struggle.

———. *The Social Transformation of American Medicine*. Edited by Collection Health Sector Management New York: Basic Books, 1982.

Stevens, John Paul "448 U.S. 297 Harris V. Mcrae."

http://www.law.cornell.edu/supct/html/historics/USSC_CR_0448_0297_ZD3.html.

Today, USA. "USA Today: Audience."

http://www.usatoday.com/marketing/media_kit/usat/audience_circulation.html.