

HOW POLITICAL ELITES CONSTRUCTED DISCURSIVE COMMUNITIES IN THE  
DEBATE SURROUNDING THE 2010 U.S. *PATIENT PROTECTION AND*  
*AFFORDABLE CARE ACT*: A RHETORICAL ANALYSIS

by

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## ABSTRACT

The discursive communities created by the political elite surrounding the 2010 *Patient Protection and Affordable Care Act* yielded a clear divide between Democratic supporters and Republican opposition. This thesis investigates the discourse expressed by the policy makers in the House of Representatives and the Senate, by surveying the Congressional Record, from 21 March 2010 and 23 March 2010. Additionally, televised interview discourse is analyzed from the month leading up to the final vote, the days surrounding the vote in the House and Senate, and the month following. Both Democrat and Republican political elite are represented. Values analysis and fantasy theme analysis are applied to the discourse in order to analyze the perspectives that emerged from both political parties thoroughly. Results indicated that clear values emerged for the Democrats and Republicans, contributing to the divide between parties, particularly clear with health care reform. Fantasy theme analysis also indicated that symbolic convergence occurred for the Democratic support and Republican opposition, resulting in fantasy themes in which both parties portrayed their opposition as evil and themselves as protectors from harm.

## DEDICATION

This thesis is dedicated to Jane and David Armistead, parents whose strength, love, and support has guided my life and served as an incredible example to others.

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Many people have been influential in my life for the duration of this thesis. First, I would like to thank my parents, Jane and David, for providing immeasurable support and guidance throughout this process. I must thank Dr. Beth Bennett, whose academic guidance truly benefited this project and helped me accomplish my goal of analyzing such an important topic. Dr. Janis Edwards has served as an inspiration for my studies throughout my undergraduate and graduate careers. She has solidified my interest in rhetorical studies and its relation to the ever-changing political landscape, for which I am very grateful. I would also like to thank Dr. Carol Cassel who opened my eyes to new perspectives in the realm of political science, specifically public opinion. Her classroom discussion and thorough investigation of topics related to public opinion served as great assistance to the organization and direction of this thesis.

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## CHAPTER 1

### INTRODUCTION

The force that seems to drive political action in the United States is one of debate and deliberation of alternative perspectives. The inclusion of the First Amendment in the U.S. Constitution is a powerful reminder of the right to differing views and the freedom for each citizen to speak his or her mind. The framework of the American government is constructed to allow all citizens representation and a voice in the nation's proceedings. The system of checks and balances ensures that one group will not exercise tyrannical power over the citizenry and is also constructed to debate issues and enact policies resulting from that debate discourse. Issues rise to prominence and then fade to the background when another secures the attention of government representatives and the American people. Public opinion scholars constantly review what causes particular issues to jump to the forefront of the political sphere and how the American people, primarily political elites with higher levels of awareness, respond to the debate.<sup>1</sup>

Events occurring since the beginning of the 21<sup>st</sup> century have seemed to set the stage for controversy and speculation about policy decisions and issues at the national level. On 11 September 2001, Americans experienced their worst attack on U.S. soil with the combined devastation by foreign terrorists in New York City and Washington, D.C. Since then, the United

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<sup>1</sup> See John R. Zaller, *The Nature and Origins of Mass Opinion* (Los Angeles: Cambridge UP, 1992); and Philip E. Converse, "The Nature of Belief Systems in Mass Publics," *Ideology and Discontent*, ed. David Apter (London: Free Press of Glencoe, 1964), 206-61.

States has been engaged in wars with multiple nations and has worked to topple regimes. In 2008, Barack Obama secured a place in history as the first African American to be elected to the highest office of the land. Many people have challenged the legitimacy of the Obama presidency, based on where he was born, claiming that he is not a legitimate American citizen and that his political intentions reject traditional American values. Obama's critics found his success in reforming health care in this country particularly irksome and have used it to question his political intentions more fully. The *Patient Protection and Affordable Care Act*, also known as H.R. 3590, is the health care reform bill that gripped the attention of the nation, in 2009 and 2010, and fueled Obama's opposition, who have come to refer to it disparagingly as "Obamacare." The bill itself was a long time in coming.

Since Theodore Roosevelt introduced the idea during an unsuccessful presidential campaign run in 1912, both Republican and Democratic presidents alike have sought to reform health care in this country. Franklin D. Roosevelt was an active president when he analyzed the issue during the Great Depression, although he was ultimately unsuccessful due to hesitations in pursuing reform legislation. Harry S. Truman and John F. Kennedy both considered revisions to the health care system in America while president, but Lyndon B. Johnson was the first to succeed in reform with the creation of Medicare and Medicaid. What is particularly interesting to note is that Richard M. Nixon's idea for reform was similar to what Obama outlined in 2009; of course, the Watergate scandal derailed Nixon's proposed legislation. During his tenure in office, Ronald Reagan expanded Medicare, but George H.W. Bush repealed the law when he took office. As president, Bill Clinton delegated an attempt at reform to his wife, First Lady Hillary Clinton, which resulted in another unsuccessful effort. Republican president George W.

Bush expanded Medicare, which served as the final health care reform action prior to the election of President Obama (*Washington Post* 4).

### Justification

Though the idea of health care reform is not a new one, the actual passing of reform legislation is relatively unique. From a communication studies perspective, what is especially interesting is not the fact that a U.S. President was able to pass a health care bill successfully, but rather the nature of the vicious debate that emanated from the introduction of the bill. Dissenters and supporters created a whirlwind of divisive speech that showed a complete breakdown in bipartisanship, led to violence and threats to the supporting legislators, and ultimately developed a political rift in the country that may persist for years to come.<sup>2</sup>

Social welfare policies have often been the target of severe opposition. Socio-political scholars Theodore Marmor and Jerry Mashaw in their anthology, *Social Security: Beyond the Rhetoric of Crisis*, trace how the social insurance program originated in America due to the crisis of the Great Depression. Just as the *Patient Protection and Affordable Care Act* instigated controversy, the creation of Social Security was met with similar arguments. Robert Ball explains:

It was a major issue in the 1936 presidential campaign. The Republican candidate, Alfred Landon, characterized the program as “unjust, unworkable, stupidly drafted and wastefully financed.” The contributory feature, he said, was “a cruel hoax.” Critics claimed that every worker would have to wear a dog tag with his Social Security number on it. John Hamilton, the National Chairman of the Republican party, said the only indication the administration still thought of these unfortunates as human was that the tags were made of stainless steel so they would not discolor the skin of the wearers. The constitutionality of the act was challenged, and it was not until May 24 1937, that this issue was resolved by two Supreme Court decisions, *Steward Machine Co. v. Davis* and *Helvering v. Davis*. (23)

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<sup>2</sup> Based on the discourse from the House of Representatives, *Cong. Rec.* U.S. Government Printing Office, 156 Vol. 21 March 2010: H1891-H1940; Senate. *Cong. Rec.* U.S. Government Printing Office, 156 Vol. 23 March 2010: S1821-S1867; Carl Hulse, “After Health Vote, Threats on Democrats,” *New York Times* 25 March 2010.

The above example provides an insightful parallel to the arguments facing the health care reform controversy today. Given the fact that Social Security has lasted for over 70 years, we may approach the current political atmosphere surrounding health care reform with an important lens. This lens gives us the opportunity to surmise if patterns are forming and what these debate characteristics mean for the future of social welfare acts in the country.

As a scholar, I have always been interested in the necessary relationship between politics and communication. In order for a representative democracy to flourish, communication is necessary at all levels of political involvement, both among the policy makers and between the policy makers and the public. However, my interest in the details surrounding this particular bill runs deeper than the academic perspective I can apply to the topic. On a personal level, health care reform is crucial to my family and me. My mother was denied health insurance, due to a fiasco with her medical records, and I discovered that I could one day be denied health insurance for a minor preexisting condition. Obama's attempt at health care reform received much attention from the media and nation as a whole, and I quickly discovered that the story of my family was one that could be found almost anywhere in the country.

While the Great Depression was an economic downturn that affected every aspect of the nation's workforce, a crisis has been forming in the realm of health care provisions and insurance coverage for Americans. The staff of the *Washington Post*, in their book, *Landmark: The Inside Story of America's New Health-Care Law and What It Means for Us All*, stated:

No one seems immune from the system's ailments. The 59 percent of us with employer-provided insurance have watched our coverage diminish even as our costs continue to rise. The 18 million or so of us who buy coverage on the private market often find ourselves in a running battle with insurers over medical claims—assuming we even find affordable plans, which is unlikely for those with a preexisting condition. Small businesses struggle to provide health coverage for their workers, lacking the ability to spread insurance risk as broadly as large employers can. Medical bills are a leading factor in more than half the country's personal bankruptcy, studies show. The United

States ranks 31<sup>st</sup> in the world for life expectancy and 37<sup>th</sup> for infant mortality, according to the World Health Organization (65).

Health care is an issue that affects everyone, no matter what demographic he or she represents, and as stated above, coverage and accessibility to the public have been declining for a while.

Along with my interest in the fields of communication and political science, the components of the proposed health care overhaul were especially intriguing to me. Not only was I concerned about how it would affect my family, but also on a larger level, I wondered how extensive the policy change would be and how the political atmosphere in the country would adjust to the emotionally-charged debate. The average American citizen did not have to look far to witness the massive divide the issue was creating throughout the country. Those who supported health care reform were thrilled with the momentum that led to the unprecedented success, while those who were in opposition to the bill argued that it was representative of a socialist agenda that would run the country into the ground. The fact that the political elite and American public alike used divisive arguments that questioned morals, values, and political agendas, highlights the importance of studying the arguments surrounding the debate.

Ideas created by policy issues and debates are central to how Americans view the government and whether or not they support the direction in which the country is headed. H.R. 3590 represents significant health care reform and falls under the umbrella of social welfare, a concept that is rooted in government assistance for the public. Reform is generally intended to assist a particular group of people but is not always met with optimism and support. Therefore, the study of communication practices employed in this political debate should help us understand more fully the varying viewpoints and opinions from each side of the debate.

Consequently, the general purpose of this study was to examine the supporting and opposing arguments at the climax of the debate to understand more fully the direction in which



political deliberation is headed and how the country might respond to similar issues. Such insight is important for gauging how the country will adopt new policies, determining if the citizenry will react by taking divisive action, and considering how the process may affect the outcome of future policy decisions. Political arguments incorporate value systems to help influence the outcome of a specific piece of legislation. With this case study, I aimed to investigate how the politics surrounding this legislation polarized the American public into two camps: those who supported the reform effort vehemently and those who labeled its supporters as having a larger, cynical agenda. Specifically, I asked the question, what were the values that ultimately developed throughout the course of the debate, and in turn, created discursive positions held by politicians and American citizens?

Public debate over political perspectives has been integral to the workings of this country. As Stanley Feldman has argued, opinions surrounding social welfare, such as health care reform, vary from group to group (416-40). In this case, I sought to determine how decisions and opinions were made with the debate for and against health care reform. The themes, which emerged from the study provide vital insight into the current political atmosphere of the country, one that seems more divided and hostile than ever. The political process is one that includes multiple perspectives of an issue, and it is the rhetoric generated from the debate discourse that lays the groundwork for national issues to follow.

### Literature Review

Two academic disciplines that provide a unique perspective to the debate discourse include communication studies and political science. First, I provide a review of scholarship from communication studies, exploring the foundation of values analysis and fantasy theme analysis. Next, I explore public opinion articles from the political science discipline in order to

provide background to understanding elite discourse and what influences opinion of the mass public. Finally, I discuss case-related studies that further developed the background for understanding health care reform.

### *Communication Studies*

I begin here with a review of scholarship in the field of communication studies, which informs the critical framework I have developed for this study. The theoretical framework I applied initially in this study is discussed fully by communication critics Malcolm Sillars and Bruce Gronbeck,<sup>3</sup> in their 2001 text, *Communication Criticism*. Their critical framework, value systems analysis, works to identify relationships between values included in a message and what value systems project about the culture. According to Sillars and Gronbeck, when analyzing public discourse, the identification of values embedded in a message reveals what is important to its author's intent as well as to the culture out of which it arises. As they state, "The definitions of values and their operationalizations in social activity become the communication critic's entry, often, into the foundational notions defining a people, their orientations to the world outside their heads, and the relationships they construct among themselves."<sup>4</sup>

Herein, I identify specific value clusters that were woven into the fabric of the health care debate. Specifically, I investigated how the values that emerged mark or represent societal change or how people accept or reject social welfare policies similar to this legislation. Sillars and Gronbeck also claim, "value systems are typically associated with rhetorical practices that identify, or at least confirm, the value system. Particular cultures have ways of talking that

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<sup>3</sup> Sillars and Gronbeck did not invent values criticism as a critical framework. Scholars Edward D. Steele and W. Charles Redding have also contributed to the development of identifying values and value systems within discourse. See their discussion in "The American Value System: Premises for Persuasion" *Western Speech* 26.2 (1962): 83-91.

<sup>4</sup> See their argument, in "Value Analysis: Understanding Culture in Value Systems," *Communication Criticism: Rhetoric, Social Codes, Cultural Studies* (Long Grove, IL: Waveland P, 2001), 185-209. Print.

identify them” (194). For American society, they contend, certain established value systems exist, including Puritan-Pioneer, Enlightenment, Progressive, Transcendental, Personal Success, and Collectivist value systems (195-200). In this study, elements of these value systems emerged, along with others, more specific to the health care reform debate.

Sillars and Gronbeck acknowledge the fact that language is what helps people make sense of their world. A key reference to this relationship between language and perception is articulated by social psychologist Milton Rokeach. In *The Nature of Human Values*, Rokeach conducts a content analysis of socialist, communist, fascist, and capitalist writings (169-70). His argument is grounded in the idea that a political-economic system will be chosen based on how individuals value liberty (freedom) and equality.<sup>5</sup> Rokeach’s content analysis rendered the following values organization: communism placed emphasis on high equality and low freedom, socialism emphasized high equality and high freedom, fascism emphasized low freedom and low equality, and capitalism emphasized high freedom and low equality (170). This values model is only an example of emerging values in the political realm, but Rokeach’s hierarchy and recognition of values proves worthy of consideration for this analysis.<sup>6</sup>

Ernest G. Bormann’s fantasy theme analysis is the second lens through which I viewed the discourse surrounding the health care bill. Symbolic convergence theory is the overarching theoretical construct needed to understand fantasy and fantasy theme analysis, as employed in this study. Bormann’s *The Force of Fantasy* explains the relationship between symbolic convergence theory and fantasy theme analysis: “The symbolic convergence theory is a general theory that accounts for the creation and use of special theories. The basic communicative

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<sup>5</sup> See a discussion of this argument in Sillars and Gronbeck (188).

<sup>6</sup> It is important to recognize that Rokeach’s *The Nature of Human Values* serves as the foundation for values analysis in both communication and political science research. For further distinctions made by his research, refer to Figure 1, (pg. 29) in Chapter 2.

dynamic of the theory is the sharing of group fantasies which brings about symbolic convergence for the participants” (4). Bormann’s general framework outlines the process of group communication that instigates dramatizing messages. The content that can be extracted from the message is what ultimately generates a fantasy theme (*Force 5*). Fantasy themes that emerge are glimpses into the social and political realities created by symbolic convergence (*Force 24*). The relationship between symbolic convergence theory and developing fantasy themes should provide an opportunity to understand to what fantasies those of differing viewpoints subscribe and what role those played in supporting or opposing health care reform.

Bormann’s essay, “Fantasy and Rhetorical Vision: The Rhetorical Criticism of Social Reality,” explains the development of fantasy in rhetorical terms. Based on small group communication research, Bormann developed the idea that groups create dramas that evolve into shared fantasies. As he states, “A rhetorical movement contains small group fantasy chains, public fantasy events, and a rhetorical vision in a complex and reciprocal set of relationships” (“Fantasy and Rhetorical Vision” 399). The nature of the health care debate, from the birth of the legislation to the final vote and beyond, shares distinct similarities with the rhetorical movement Bormann describes. As he notes, “The group grows excited, involved, more dramas chain out to create a common symbolic reality filled with heroes and villains” (399). A clear distinction is made within the halls of Congress and outside those walls between what is a hero and an opposing villain. A final component of fantasy theme analysis is that the hero and villain dichotomy can be created and sustained for an audience by a speaker’s discourse. A speaker’s ability to move an audience to believe in either a hero or a villain was a focus for this study. I examined the discourse generated in Congress and through media outlets, that relayed their information to an unlimited number of citizens.

As I discuss later in the review of political science scholarship, recognition of public opinion has been crucial to this study. As a rhetorical scholar analyzing public debate discourse, I recognized the fact that public opinion factors in the creation of such discourse and in the thoughts and actions of the policy makers who ultimately voted on the legislation. Janis Edwards' essay, "The Very Model of a Modern Major (Media) Candidate: Colin Powell and the Rhetoric of Public Opinion," offers a helpful model of rhetorical criticism that combines communication studies research and public opinion research. The method of Burke's pentad<sup>7</sup> applied in her study differs from my application of values criticism and fantasy theme analysis here, but her use of the pentad illustrates how the media adjusted agency in Powell's campaign based on public opinion (Edwards 163-76). Although my methods and artifacts differ, I also acknowledge that a relationship between communication research and public opinion research is critical to understand that messages generated by politicians and the political elite are at least partially influenced by the presence of public opinion.

### *Political Science*

Another perspective for understanding political discourse and policy making is examining how the members of the political elite communicate with the American public and how the public forms opinions. Public opinion scholars use different conceptual frameworks when attempting to understand what drives public opinion for differing issues. Study of public opinion is a broad discipline, and so, here it is necessary to provide a brief overview of the field, before discussing current trends in public opinion, core beliefs and values of the electorate, and political sophistication.

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<sup>7</sup> Kenneth Burke's pentad serves as a method of analysis to determine the rhetorical construction of particular situations. For further discussion, see Burke, Kenneth, *A Grammar of Motives* (Berkeley: U of California P, 1969).

In his book, *The Nature and Origins of Mass Opinion*, John R. Zaller provides a foundation for public opinion and public opinion research (1-52). Zaller researches the existence of the dichotomy between the political elite and the sophistication of the mass public. He says, “the ‘others’ on whom we depend, directly or indirectly, for information about the world are, for the most part, persons who devote themselves full time to some aspect of politics or public affairs—which is to say, political elites” (6). Policy decisions and arguments, similar to those that the country witnessed with the health care debate, are often influenced and structured by politicians and policy makers whom we consider the political elite. Therefore, we must also be able to recognize and to understand what Zaller identifies as political predispositions and values. He addresses values in terms of how citizens organize their political opinions. In his work, Zaller identifies two weaknesses to values research. The first is that studies attempting to apply values research in determining public opinion lack the recognition that citizens vary in political awareness, which may alter their attitude toward particular values. The second weakness of values literature is “its failure, so far, to specify the nature of the theoretical relationship of different value continua to one another and to political ideology” (26). Zaller clarifies this problem by describing how people try to place their values and value systems on a left-right dimension. These values include economic individualism and opinions toward communists, among others. As Zaller comments:

The correlations among these different value dimensions are never so strong as to suggest that there is one and only one basic value dimension, but they are always at least moderately strong, and among highly aware persons, the correlations are sometimes quite strong. (26)

This study breaks from Zaller’s full perspective because first, it is not an attempt to measure public opinion development of the citizenry. While this information is important, I focused on the construction and communication of cultural values by policy makers, rather than surveying

portions of the electorate. Second, in this study, I identify values salient to the health care debate and recognize distinguishing relationships among them. For these reasons, political ideology is not a factor in this study. Nonetheless, understanding values important to the American people, even if aligned on a left-right continuum, does provide insight vital for determining political trends and their relationships to ideology. Incorporating Zaller's definition of value systems in order to demonstrate how values are important not only in the communication discipline, but also in political science research, is integral to this study. If evidence indicates that arguments created by the politically sophisticated are repeated by the mass public, then we have reason to conclude that there may be significant influence of the elite on those with less political awareness.

Philip E. Converse is another seminal scholar in public opinion research. His essay, "The Nature of Belief Systems in Mass Publics" is one that also addresses the role of belief systems and values of the mass public. In this study, use of the concepts developed by Converse is limited, but his acknowledgment of beliefs and values that exist at the elite level and that of the general public aided my values research. Converse argues that several levels of conceptualizations exist among the public, ranging from those who would be considered ideologues to those who would be swayed by the nature of the times or those with no issue content (206-61). These conceptualizations are necessary to understand in order for researchers to be able to make judgments concerning how the public responds to issues or to political surveys. The study I have conducted on health care reform is concerned more with the value systems that emerged from the debate between the political elites. While acknowledging that the public has been exposed to some of the arguments generated, this study does not incorporate an analysis of their levels of conceptualization influencing their opinion on the topic. What does

compare with the arguments made by Converse is that there is evidence among the exposed values that the elites recognize belief systems in more abstract terms.<sup>8</sup>

A helpful reference for public opinion research is Stanley Feldman's "Structure and Consistency in Public Opinion: the Role of Core Beliefs and Values" (416-40). Feldman builds on Converse's work on political attitudes and beliefs. Converse's argument, as discussed by Feldman, is that the political elite create "coherent structures" that are available to the mass public (417). Feldman identifies a specific role of core beliefs and values in public opinion by incorporating an analysis of equality of opportunity, support for economic individualism, and support for the free enterprise system. Economic individualism and equality of opportunity were the two core beliefs that were strongly related to the dependent variables of policy positions, performance evaluations, and candidate evaluations (416-40). Identification of these relationships reifies the intricacies and complexities of public opinion in addition to the importance of understanding the existence of these relationships. These beliefs align closely with values embedded within the health care debate discourse. My study has functioned as an inductive analysis to determine what sort of values emerge from discourse of political elites, rather than those values dormant in the mass public, and should provide useful grounds for comparison with Feldman's study.

In his study, "Value Choices and American Public Opinion," William Jacoby examines what values and value hierarchies drive the decisions of the American public (706-23).

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<sup>8</sup> The belief systems defined by Converse do hold a different definition than the values criticism I apply to my artifacts from the communication paradigm discussed by Sillars and Gronbeck. Converse defines a belief system as, "a configuration of ideas and attitudes in which the elements are bound together by some form of constraint or functional interdependence" (207). Sillars and Gronbeck define values from Rokeach's literature as, 'an enduring belief that a specific mode of conduct or end state of existence is personally or socially preferable to alternate modes of conduct or an end state of existence' and beliefs as, "a proposition to which one could adduce evidence if the proposition were questioned" (186). Therefore, the relationship I refer to between values outlined in the communication discipline and belief systems identified by Converse, is that belief systems would hold values that create those systems, and both ultimately reveal ideas and preferences presented in the political realm.



According to Jacoby, “value conflict does not seem to be a very persuasive phenomenon, and individual choices among core values do provide useful guidelines for structuring mass political attitudes” (706). Jacoby finds that the results are dependent upon the level of sophistication among the electorate; however, he notes that there is a direct relationship between general value choices and issue attitudes (721). His work provides grounds for determining how values and attitudes affect the attitudes of politicians and the mass public. Identifying the relationship between value choices and political orientations at the individual level is quite interesting, especially when attempting to determine behaviors of the public. Jacoby’s emphasis on values helps substantiate the focus of my analysis of the health care debate. In this study, I selected a specific issue of social welfare reform with its own set of structured values, and I targeted my investigation on the policy makers actively engaged in the debate. While not measuring individual value hierarchies, in determining what value systems are represented by politicians participating in the debate, this study ultimately helps identify prominent values and issue attitudes of the country as a whole.

Finally, another political science perspective that compliments this study is one that describes how policy decisions about health care and other social welfare issues are influenced by public attitudes about social welfare.<sup>9</sup> In “The Determinants of Public Attitudes Toward the Welfare State,” Yeheskel Hasenfeld and Jane A. Rafferty address the idea that gaps still exist in research attempting to discover what premises serve as determinants of the welfare state (1027-48). They posit that a divide exists between people who support certain social programs and those who are ambivalent to it (1028). They provide a model of the determinants of public support for welfare programs based on the following premises:

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<sup>9</sup> In fact, much of the research I have found includes health care perspectives under the general umbrella of social welfare. To lay the groundwork for this study, I focused more on the attitudes behind social welfare policies.

First, support for the welfare state programs will be influenced by personal interests and experiences which shape one's values. Second, the determinants of the support will vary by type of programs, particularly whether they are contributory (e.g. Social Security and Unemployment Compensation) or means-tested (e.g., Aid for Families with Dependent Children and Food Stamps). (1029)

They hypothesize that people who consider themselves aligned with economic individualism are less likely to support social welfare programs because they perceive them as wasteful (1030).

Other variables that the authors include seem to be ideological beliefs, such as views on government intervention, work ethics and images of the poor, and social rights (1034). The debate that ensued from the introduction of the *Patient Protection and Affordable Care Act* embodied those opposing views, and these views were projected onto a single piece of legislation.<sup>10</sup> The Hasenfeld and Rafferty article is intended primarily for background information, but I also compare the emergent values and their relationship with the values articulated in the Hasenfeld and Rafferty article.

Jacob S. Hacker's essay, "Yes We Can? The New Push for American Health Security" articulates the current nature of the health system in the country and what factors will contribute to the political atmosphere either favorable or unfavorable of significant reform. Hacker's study not only describes the current position facing the United States, but also where the public generally stands in terms of favoring reform (6). This essay was published just prior to the introduction of the *Patient Protection and Affordable Care Act*, but Hacker describes the potential responses from the country based on the current political atmosphere and past attempts at health care reform. Because Hacker's description resembles what actually emerged from the health care reform debate, it served as a valuable reference for this study.

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<sup>10</sup> The Hasenfeld and Rafferty study provides helpful background information, as well as grounds for comparison with the values that emerged in this specific political debate.

Research conducted by political scholars, Ryan Claassen and Benjamin Highton discussed in their article, “Does Policy Debate Reduce Information Effects in Public Opinion? Analyzing the Evolution of Public Opinion on Health Care,” provides another link to the most recent health care debate and its implications for the future. Claassen and Highton conduct an analysis of the information level for individuals and collective society to determine what relationship exists between people of differing awareness and prevalent public policy debate, such as health care reform. The reform attempts of the mid-1990s served as the basis for this essay, but the conclusions drawn from their analysis serve as crucial background for the 2010 health care debate and what future attempts at reform may generate.

This selected review of political science scholarship should demonstrate that theories developed from the political science perspective compliment values theories from communication studies. In combination, they informed a critical framework I developed for analyzing the arguments incorporated in the health care debate.

#### *Case-Related Studies*

A book compiled by the staff of the *Washington Post*, *Landmark: The Inside Story of America’s New Health-Care Law and What It Means for Us All*, is described as “an invaluable primer to understanding a landmark change in American policy” (viii). As such, *Landmark* provided an overview of reform that was useful for analyzing the debate from all sides of the issue. In addition, *Landmark* supplies a basic understanding of the law as well as some initial details surrounding the legislation that sometimes were ignored in the midst of the debate.<sup>11</sup>

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<sup>11</sup> For example, *Landmark* addresses the specific insurance structure that will be implemented by the legislation. This study does not rely on these particular details, but they provide helpful context to the debate. For more information on these specifics, see 73-190.

A dissertation by P.M. Jablonski, “A Time Series Analysis of the Health Care Issue, 1988-1993: The Agendas of the Media, the Congress, the President, and the Public,” also offered a helpful background to the health care issue.<sup>12</sup> Jablonski analyzed the agendas of several entities, including those of the mass media, the President, Congress, and the public (45-6). Jablonski’s overview of health care reform’s history also proved useful.

As mentioned previously, multiple attempts for health reform occurred throughout the 20<sup>th</sup> century, and the 2010 health care reform legislation was not unique. Examples of successful social welfare reform include the establishment of Social Security and Medicare, programs that have become ingrained in our social and political system. Theodore Marmor and Jerry Mashaw’s book, *Social Security: Beyond the Rhetoric of Crisis*, provides an in-depth look at the rise and evolution of Social Security in the United States. Division did exist in the country over whether Social Security was important, even ethical. The study of another case of social welfare legislation, the health care legislation, which faced intense opposition, provides another perspective to understand Social Security and its place in political deliberation.

### Method

While a study of the *Patient Protection and Affordable Care Act* could be investigated from numerous perspectives, those employed in this study are grounded in communication studies theories and are based on a content analysis of the debate leading up to and following the vote on H.R. 3590. Specifically, I examined the public discourse by members of Congress focused on the health care debate.<sup>13</sup> I began by analyzing the Congressional Record from both the House and the Senate debates because they represent the peak of the debate and include all

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<sup>12</sup> While my study differs in method, Jablonski’s study of the health care reform debate decades earlier gave me a useful comparison for the one led by President Obama.

<sup>13</sup> The primary artifacts used for investigation are described more fully below but include interviews with politicians along with both Congressional Records mentioned earlier.

themes that would have emerged from the origination of H.R. 3590, in 2009. Analyzing the content of the Congressional Records and interviews allowed for more flexibility in studying the messages constructed in the debate discourse, while still allowing for a thorough investigation. Thus, though the overall method for this study is rooted in rhetorical analysis and critical study, it draws support from empirically generated data of the discursive content of the debate.

The initial critical framework applied is derived from values criticism analysis. As discussed by Sillars and Gronbeck, critical analysis of the discourse enables us to discover what groups or clusters of values were integral to the debate, which ones were integral to the debate, and what those values indicate about our culture. Sillars and Gronbeck remind us, “Cultures, as defined by the value systems dominating a society’s thought, evolve slowly and can be identified in a variety of works” (191). The identification of such values or clusters of values gives some indication of where society stands on specific political policy issues, as well as on more general cultural matters.

Once I applied values analysis, I incorporated Bormann’s fantasy theme analysis as a critical framework. Specifically, I looked for fantasy themes that the politicians and American public acknowledged throughout the debate. These themes, in combination with symbolic convergence theory, help identify the key arguments shaped by those on both sides of the debate.

The primary artifacts that I used for my investigation were transcripts from both the House of Representatives and the Senate and a series of interviews with political elites intended for distribution to a mass audience. The legislation of H.R. 3590 was proposed in September 2009, and evolved into *Senate Amendments to H.R. 3590*, also known as H.R. 4872, the *Health Care and Education Reconciliation Act of 2010*. I chose to analyze the discussion of H.R. 3590 in the Congressional Record transcript, which offers a rich cross-section of the debate themes

that were generated prior to the passing of the bill and following its passage on Sunday, 21 March. The bill was still labeled H.R. 4872 when the Senate debated amendments on Tuesday, 23 March, following President Obama's signing of the health care reform bill. To give equal balance to the investigation and a comprehensive view of the messages discussed and created by the political elite, I analyzed the political discourse from the House debate the day the House voted for the bill and the second day of Senate deliberation because it followed the House vote closely and included rich content for analysis.<sup>14</sup>

In order to understand what content was deliberately chosen to be communicated to the public on a mass scale, I examined interviews of politicians or the political elite.<sup>15</sup> Such interviews are conducted in settings that clearly aim to inform the general public; therefore, messages addressing health care reform embedded in the interviews would have been developed prior to the day of the vote and repeated throughout the course of the debate. In order to create a balanced perspective, I chose three groups of interviews: (1) from the month leading up to 21 March 2010, (2) four interviews conducted the day of the vote for the House and from 23 March for the Senate, and (3) four conducted the month after the historic vote.<sup>16</sup>

From the month of March, prior to the health care vote, I include an interview with then Speaker of the House, Nancy Pelosi (D-CA) with Rachel Maddow on 11 March 2010, an interview from a roundtable discussion on *Meet the Press* with guest host Tom Brokaw and Democratic Senator Dick Durbin (D-IL) on 14 March 2010, an interview with Representative Mike Pence (R-IN) and Greta Van Susteren conducted for her Fox show, *On the Record*, on 11

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<sup>14</sup> The Senate voted to pass the reconciliation bill two days later on 25 March 2010.

<sup>15</sup> For the purposes of this study, I consider the political elite those who are elected officials for either party.

<sup>16</sup> I selected four interviews for each time period because I wanted to make the artifacts as equally representative of each viewpoint as possible. Each series of interviews includes two interviews from the House (Democrat and Republican political elites) and two interviews from Senate members (Democrat and Republican).

March 2010, and an interview from 18 March 2010 of Senator Scott Brown (R-MA) by Wolf Blitzer on CNN's *The Situation Room*.

From the day the House voted for the health reform legislation, I selected a roundtable interview on *Meet the Press* conducted on Sunday, 21 March 2010, which included two House Representatives, John Boehner (R-OH) and Steny Hoyer (D-MD). From the day selected for Senate analysis for the bill, 23 March 2010, I selected one with Senator Debbie Stabenow (D-MI), on Greta Van Susteran's *On the Record*, and one with Senator Jon Kyl (R-AZ) by Jim Lehrer on PBS.

The final group of interviews was selected because the interviews occurred after the passing of health care reform. Initially, I set my time frame for this group as ending with a month following the final passage of the legislation, or 23 April 2010. But, I found that interviews where health care was a primary topic occurred primarily in the immediate days following the votes. Consequently, the time frame represented in this group is 24 March through 5 April:<sup>17</sup> (1) Representative James Clyburn (D-SC) on Wolf Blitzer's, *The Situation Room*, 24 March 2010; (2) Senator John McCain (R-AZ) with CNN's John King, 25 March 2010; (3) Republican House member Michelle Bachmann (R-MN), as part of a roundtable discussion on CBS's *Face the Nation*, 28 March 2010; and (4) Democratic Senator, Harry Reid (NV), interviewed by Greta Van Susteren for *On the Record*, on 5 April 2010.

#### Plan of the Study

The purpose of this chapter is to set the foundation for understanding and analyzing the arguments developed during the *Patient Protection and Affordable Care Act* debate. I provide

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<sup>17</sup> I chose articles that were presented on national networks, intended for viewers across the country. These selected artifacts represent the main views on the health care reform issue and collect as many different arguments to analyze as possible.

an historical background of previous attempts for health care reform, identify and explain the theoretical concepts applied to the artifacts, provide a review of scholarship relevant to the study, and conclude with a preview of the organizational structure of the study.

The next chapter, Chapter 2, discusses the meta-analysis I conducted to determine the specific individual values and their placement in value systems related to the current health care reform debate. The values analysis applied to this study includes the framework developed by communication studies scholars Sillars and Gronbeck. This chapter includes the methods used to determine the salient values and how these relate to the touchstone systems that Sillars and Gronbeck identify. The value systems that emerged are best explained by acknowledging the division along party lines, between the Democrats and Republicans. Therefore, Chapter 2 focuses on the values and value systems generated by the Democratic leadership.

Chapter 3 continues the values analysis by discussing the specific values and their relationship to each other produced by the Republican opposition. Both parties included values that were unique to them, and the division of the values analysis between two chapters allows for a thorough and detailed focus on the values that were expressed by Democrats and Republicans.

Chapter 4 includes an investigation of fantasy themes, useful for describing the arguments that surfaced and what those arguments implied about the health care proposal. The fantasy theme analysis builds on the value systems that emerged in Chapter 2 and portrays the larger picture of the debate discourse specific to health care reform. The first part of the chapter addresses the fantasy themes generated in the House of Representatives, and the second half discusses those that emerged in the Senate.

Chapter 5 concludes the study with a discussion of the political implications generated from the debate. These implications include a review of the political science scholarship and the



relationship to the values analysis and fantasy theme analysis conducted in Chapters 2-4. This chapter provides suggestions to the state of welfare policies, such as health care reform, and what may be expected in future policy debates similar to the *Patient Protection and Affordable Care Act*.

## CHAPTER 2

### VALUES ANALYSIS: THE DEMOCRATIC DISCOURSE

*Mr. Speaker, today is a day of history. Today we will accomplish what 100 years of Congresses could not. We will pass reform, not just for some, but for all Americans.*

Representative Becerra (CA)

*Today, Democrats in this House will finally lay the cornerstone of their socialist utopia on the backs of the American people.*

Representative Nunes (CA)

These statements made by House Representatives, in March 2010, give us a glimpse of the divisive discourse over health care reform that constituted the political debate and polarized Democratic and Republican political leadership. Attempts at health care reform, beginning in the 20<sup>th</sup> century, have been introduced by Presidents from both the Democratic and Republican parties. Interestingly, those Presidential administrations with the most success at generating reform legislation, such as Social Security, Medicare, and Medicaid, have been Democratic ones. Nonetheless, even those successful legislative programs for health care reform had serious opposition and required some bipartisan support for passage of those bills. In 2010, President Obama, a Democrat, made history by passing the *Patient Protection and Affordable Care Act*. To understand how that happened, I began my analysis with the discourse of the Democratic members of Congress because they introduced the bill. The values embedded in their arguments are crucial to the entire study.

To discover what values were used in support of each side of the debate, I developed a values analysis approach based on the critical framework outlined by Sillars and Gronbeck. That analysis set the preliminary foundation for determining what value systems emerged from the

discourse and eventually for considering what political constructs for defining American society appeared to have been generated rhetorically from the debate.

### Description of Value Analysis

Given the complexities of this debate, I expected a values analysis of the discourse to reveal that value systems from both Democrats and Republicans were constructed from multiple specific values. As Sillars and Gronbeck state, “Rarely do we see a text dominated by two or three salient values, and it is virtually impossible to find one built upon only one value” (190). To identify salient values in the debate discourse, I considered any words or phrases, regardless of positive or negative value implications, that could contribute to a particular value system. Furthermore, as with any discourse, I had to recognize that some values would be stated, others, implied. However, the inclusion of both stated and implied values added to the richness of the analysis. As patterns began to develop, I based the emergence of salient values on an initial keyword search for issues unique to this debate.

A requirement of determining salient values within a culture is to note and to analyze not only the stated, explicit values within a piece of discourse, but also those that are implied or pulled from between the printed lines. I determined what values were prominent throughout the debate by identifying repeated phrases or concepts found within the Congressional Record for the House of Representatives and Senate, in addition to the selected interviews for analysis (listed in Chapter 1). Ideas that were stated two or more times throughout the debate text, from March 2010, emerged as themes and subsequent specific values adopted by supporters and those who opposed reform. Implied values were often discovered when analyzing stated patterns and exhibited a relationship to the explicit values. Keywords within repeated arguments assisted in identifying values and the overarching themes that would ultimately determine the value systems

constructed by the specific ideas. Below is a table that represents the explicit phrases used in my word analysis of the Democratic discourse. The specific values are grouped according to their relationship to each other and the overarching theme they supported.

<b>Keywords</b>	<b>House</b>	<b>Senate</b>	<b>Interviews: House</b>	<b>Interviews: Senate</b>	<b>Total</b>
<b>Progress</b>	14	4	1	0	19
History	44	27	1	0	72
Social Security	27	12	1	0	40
Medicare	159	81	1	0	241
Civil Rights	10	3	0	0	13
Improvement(s)	9	15	0	1	25
Future	28	3	1	0	32
Reform	150+	156	7	0	313
<b>Total:</b>	<b>441+</b>	<b>301</b>	<b>12</b>	<b>1</b>	<b>755+</b>
<b>Equality and Inequality (as a negative term)</b>	9	0	0	0	9
Equal	2	2	0	0	4
Race	3	4	0	0	7
LGBT Community	1	0	0	0	1
End discrimination/ discrimination/ nondiscrimination	20	15	1	0	36
Disability	14	15	0	0	29
Women	50	5	6	0	61
<b>Total</b>	<b>99</b>	<b>41</b>	<b>7</b>	<b>0</b>	<b>147</b>
<b>Morality</b>	0	0	0	0	0
Moral/ immoral/ morally	13	3	0	0	16

Saving Lives	1	1	0	0	2
Moral Obligation	5	1	0	0	6
Insurance Companies	99	28	5	3	135
Corporate Abuse	20	7	0	0	27
<b>Total</b>	<b>138</b>	<b>40</b>	<b>5</b>	<b>3</b>	<b>186</b>
<b>Strength (strengthening/ strength(s)/ stronger</b>	39	6	0	0	45
Healthier	14	4	0	1	19
Stronger America	2	0	0	0	2
Live Longer	1	0	0	0	1
Wellness	13	4	0	0	17
Prevention	8	8	0	1	17
Saving Money	2	7	1	0	10
Bring Down Costs	1	0	1	0	2
<b>Total</b>	<b>80</b>	<b>29</b>	<b>2</b>	<b>2</b>	<b>113</b>

Table 1. Keywords and Phrases from the Value Analysis of the Democratic Discourse.

This graph represents the values developed from the discourse generated in both the House of Representatives and the Senate. As illustrated above, some systems held more specific values than others, but the development of the values and their relationship to one another ultimately determined a distinction between the specific values and the broader value system. The value systems do relate to those discussed by Sillars and Gronbeck, but the particular arguments developed in this debate proved that although they related, they adopted specific characteristics unique to the health care reform discourse. For example, “morality” stands as a

value system, as a result of my meta-analysis, but is considered a keyword for the Puritan-Pioneer Value System by Sillars and Gronbeck.<sup>1</sup> When comparing values and concepts, I chose to include morality as a value system due to its prevalence in the discourse. Therefore, the value systems seem closely related to those systems identified by Sillars and Gronbeck, which proved helpful when analyzing the discourse, but each value system was uniquely applied in the 2010 health care reform debate.

Making sense of the emerging values was an integral component in the analysis of this study, and once values were determined, they were grouped according to their relationship with one another. The title of each value system reflects the overarching concept that binds them into that system. Each value and value system provides a glimpse into the state of social welfare politics, not only concerning health care reform, but welfare policies in general. The values discussed below are representative of the most prevalent arguments cultivated by the political elites engaged in the debate.

The identification of individual values or of value clusters in discourse provides the foundation for doing values criticism. But, to be able to interpret the significance of that foundation, the critic adopts various assumptions about how values function in human discourse. Sillars and Gronbeck name four assumptions that a critic makes in applying values criticism to discourse:<sup>2</sup>

1. Values help humans make sense of the world.
2. They can be found in all texts.
3. Values and beliefs assist in creating a cognitive system.
4. An individual or culture may be defined by value systems.

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<sup>1</sup> For a complete list of touchstone systems identified by Sillars and Gronbeck, see 195-200.

<sup>2</sup> For reference to their complete discussion, see 188-91.

What is most striking about these assumptions is that they delve into the root of human thought and action. On the surface, the discourse of the health care reform debate may seem simply divided, for one reason or another. However, analyzing the discourse in terms of what values are prominent or becoming prominent, as well as how these values differ from one another, can reveal the basis for political dissonance between Democrats and Republicans in the United States.

To assist me in recognizing the relationship between political constructs and value systems, I consulted *The Nature of Human Values* by Milton Rokeach.<sup>3</sup> In his study, Rokeach discusses how society's ideological alignment is breaking away from the traditional concepts of liberal and conservative in terms of the two values of freedom and equality:

It may be hypothesized that all major varieties of political orientation will have to take an explicitly favorable, a silent, or an explicitly unfavorable position with respect to two values in particular—*freedom* and *equality*—not only ideologically to advance one's own perceived self-interest but also to oppose competing interests. Thus, the major variations in political ideology are hypothesized to be fundamentally reducible, when stripped to their barest essence, to opposing value orientations concerning the political desirability or undesirability of freedom and equality in all their ramifications. (168)

Rokeach explains why these two values are salient politically:

The reason these two values rather than others are being singled out as distinctive to the domain of politics is that a condition of unequal distribution of power implies, as already suggested, an ongoing social system wherein the group members will perceive that some members have greater freedom than others and, moreover, that a relation of superiority-inferiority exists among individuals or subgroups. (169)

To test his identification of freedom and equality as key values, Rokeach conducted a content analysis of communist, fascist, socialist, and capitalist writings to examine differing political orientations. His model of political variations, derived from his findings and

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<sup>3</sup> Sillars and Gronbeck make specific reference to this study in their discussion of value criticism. See 188.

reproduced below, demonstrates how citizens organize their thoughts into values that are consistent with particular political beliefs or orientations.

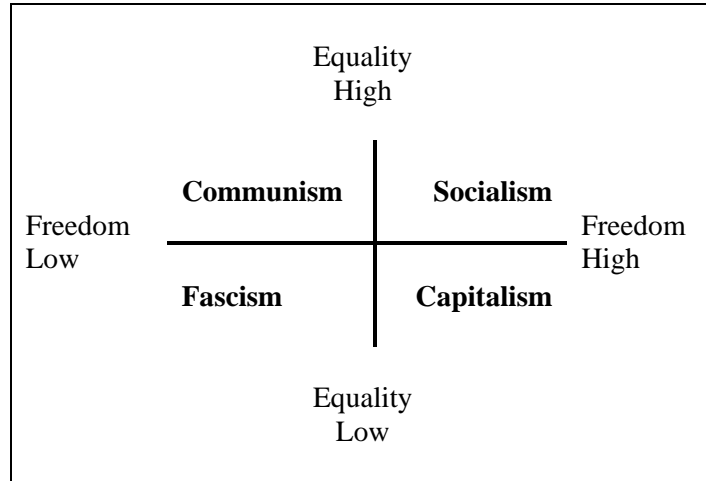


Figure 1. A Freedom-Equality Model of Political Variations (Rokeach 170)

My use of this model in analyzing the debate discourse generated by the *Patient Protection and Affordable Care Act* functioned to help conceptualize how political orientation was linked to implied or explicitly stated values. Therefore, it was essential to identify what particular values, whether expected or not, appeared in the discourse.

Rokeach's interpretation of political values serves as an example of how important determining salient values is within society. Sillars and Gronbeck build upon this concept and identify several broad systems that any critic can apply to discourse, revealing value clusters or systems that dominate in a society, including the Puritan-Pioneer, Enlightenment, Progressive, Transcendental, Personal Success, and Collectivist Value Systems (195-200). After finding elements of these value systems in the health care reform discourse, I decided to use them as a guide for recognizing emerging value systems.



The remainder of this chapter presents the results of my values analysis of the discourse from the Democratic political elites promoting health care reform and the *Patient Protection and Affordable Care Act*. I explain how their discourse reveals values that support four value systems. Then, in Chapter 3, I discuss what my analysis revealed about the Republican opposition.

### Interpretation of Emerging Value Systems

My goal in analyzing the Democratic discourse was to identify the value systems primary to their debate discourse, along with their use of more specific value clusters. What I found was that Democratic leaders used elements of the Progressive, Transcendental and Collectivist value systems, identified by Sillars and Gronbeck, but they also used some specific values unique to the health care debate. Overall, I found that their discourse generated arguments based on four value systems: (1) progress, (2) equality, (3) morality, and (4) strength. In the following section, I discuss each of these value systems and the clusters of values used to support them.

	<b>System Based on Progress</b>	<b>System Based on Equality</b>	<b>System Based on Morality</b>	<b>System Based on Strength</b>
<b>Specific Values</b>	Historic Legislation	Between Communities	Saving Lives	National Strength
	Brighter Future	Between Genders	Ending Corporate Abuse	Economic Strength

Table 2. Democratic Values Constructed in the 2010 Debate of the Patient Protection and Affordable Care Act.

#### *System Based on Progress*

As the political party proposing reform, the Democrats incorporated a pattern of discourse that promoted the value of progress. Specific language and references emerged from

the Congressional Record and their interviews that supported the idea of progress and ultimately contributed to progress as a general value system. Two specific values that rose to prominence from the *Patient Protection and Affordable Care Act* debate discourse were “historical legislation” and a “brighter future” that are described below in greater detail. Repeated terms and phrases that proved useful for my analysis included “progress,” “history,” the “future,” making improvements, and references to Social Security, Medicare, and the Civil Rights Movement from the 1960s. The use of these terms by Democratic members was prevalent, appearing over 100 times. For example, the historical nature of the legislation was referenced 72 times by Democrats in the House and Senate. Coupled with other phrases related to progress, the terms appeared quite frequently and proved worthy of analysis. Recognizing the historical significance articulated by the Democrats and then discussing references to a brighter future interprets the discourse best. The values discussed below also relate to the Progressive system identified by Sillars and Gronbeck.<sup>4</sup>

### *Historic Legislation*

The concept of enacting historical legislation may be expressed in numerous ways and it was thoroughly developed by Democratic members in the debate discourse. The terms that emerged from my analysis included references to past legislation and reform such as “Social Security,” “Medicare,” and references to the Civil Rights Movement in the 1960s. Reviewing the implications of past legislation and comparing history to the reform attempt, in 2010, provided context for the position of the Democrats and served as a basis for determining and distinguishing values from the rest of the discourse. As indicated below, the Democrats related their previous successful reform efforts to their work with the *Patient Protection and Affordable Care Act*, thus, generating a relationship between history and this most recent effort at reform.

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<sup>4</sup> For further discussion of the Progressive value system discussed by Sillars and Gronbeck, see 197.

The Democrats did not hesitate to articulate the reforms generated in the United States and acknowledge the historic legislation that has lasted for decades. The majority of Democratic congressional members referred to the bill as “historic” and often referenced the previous attempts at reform generating the successful programs that still exist in our society. As Representative Jim McDermott’s comments illustrate:

Mr. Speaker, there are times in history that action is demanded. In 1935, we needed Social Security and unemployment insurance. The Democrats answered. In 1965, we needed health care for senior citizens. The Democrats answered. In 2010, the country needs health care reform, and the Democrats will answer tonight. (House H1870)

Here, Rep. McDermott’s specifically mentions the health care reform legislation, which Democrats had championed, that lasted from the 1930s and 1960s to this day. By naming reforms that were introduced and supported by Democrats throughout history, Rep. McDermott is valuing the test history gives such legislation. Furthermore, a review of the milestones in health care reform over the last century implicitly suggests that the passage of the current bill is truly an historic moment.

Similarly, Representative Jackson Lee drew a parallel with the debate that surrounded Medicare and Social Security:

Many parallels exist between that time in history and today. Throughout this journey, we have listened to a parade of Republicans warn that this bill will bring down the downfall of American society, of the American way of life. This, however, is not the first time that Republicans have been on the wrong side of history. (House H1877-8)

While there would be some people who disagree with Rep. Lee’s assessment of history, we should note that he is identifying not only the parallels between previous efforts at reform, but also the discourse that was associated with those efforts. Many of the Democratic representatives offered discourse that served as a reminder to the warnings from those who opposed Social Security and Medicare. Therefore, the perpetual discussion of previous

Democratic accomplishments in the realm of social welfare elevates the prominence of this idea to a value supporting progress.

Democratic Senators also referenced the history of social welfare reforms in this country. A unique approach to emphasizing the importance of history was the discourse of Senator Max Baucus. He chose to include the Republican support for those efforts when he said:

There has been a long tradition in the Republican Party in favor of comprehensive health care reform. That tradition stretches back to Theodore Roosevelt, to Richard Nixon, to Bob Dole, and to John Chafee. I believe what we set out to do and what we have done fits comfortably within the tradition of what those Republican leaders sought to do.  
(Senate S1823)

A major complaint of the Republicans throughout the course of the health care discussion was the fact that they claimed the need for more bipartisan cooperation. These words by Sen. Baucus clearly stated that Republicans had been included in the process. Sillars and Gronbeck remind the critical scholar to identify values based not only on what is stated explicitly, but also on what can be deduced from reading between the lines. By including a list of Republican leaders who also sought reform, Senator Baucus made the debate and legislation seem more positive.

Perhaps the discourse of Senator Tom Harkin provides the most positive implication from history's influence. He stated:

With the passage of the Patient Protection and Affordable Care Act, the 111<sup>th</sup> Congress has made history, just as previous Congresses did in 1935 by passing Social Security and in 1965 by passing the law creating Medicare. Each of those bills marked a giant step forward for the American people, and each was stridently opposed by defenders of the status quo. But in the end, a critical mass of Senators and Representatives rose to the historic occasion. They voted their hopes and not their fears. And—as we now know in retrospect—they passed laws that transformed America in profoundly positive ways.  
(Senate S1829)

Sen. Harkin's language includes both positive and negative orientations. The Senator provided an initial view of history, but as he continued, he paired together seemingly contradictory terms. For example, he combined the concept of moving forward with an idea that defenders of the

status quo would oppose. He stated that certain congressional members voted with their “hopes” and juxtaposed this feeling with that of “fears.” Senator Harkin provided a snapshot of what occurred in history that was so profound it overcame opposition, similar to the 2010 health care debate.

Thus far, it is clear that many orators supporting the *Patient Protection and Affordable Care Act* deliberately included positive historical language in their speeches on the floor of the House and the floor of the Senate. The value of health reform history was also emphasized in televised interviews, such as the 21 March 2010 interview on *Meet the Press* with Representative Steny Hoyer. On the day of the House vote, Rep. Hoyer reminded the viewing public of the previous attempts and successes at reform:

Because for a hundred years, over a hundred years, David [Gregory], as you well know, presidents of both parties have been saying we need to make sure that all Americans have access to affordable health care. George Bush said that, his father said that, Richard Nixon said it in 1974. So that this is the time to do it. We’ve come the furthest we’ve ever come to get—getting this done, and we’re going to get it done in the House of Representatives. (2)

As these excerpts from the discourse show, the Democrats seemed to place value on the fact that health reform was something many had deemed necessary prior to the legislation of President Obama’s administration. Throughout the majority of the discourse I analyzed on both sides of the debate, the use of positive and negative orientation terms is prevalent. Referring to past Republican leaders who supported access to affordable care drew a contrast between the Republican opposition in 2010 and prior health care positions of their political party. The history review made by leaders from both the House and Senate paved the way for their next emerging value, the promise of a better future.

## *Brighter Future*

A discussion of progress and an emphasis on the value of progression would be inadequate if there were no consideration of the implication of progress improving the future of the country. Painting a picture of a brighter future may not be surprising coming from the party proposing reform legislation, but it certainly became a developed value throughout the debate. Comments about the future, moving the country forward, and enacting improvements and reform were considered for analysis and constituted the value of a brighter future.

Representative Xavier Becerra bridged the gap between history and the future:

Today this House, the people's House is full of life. We will make history, but our sights are toward the future. To every hardworking, taxpaying American, we say today, We hear you. We see it in your eyes. You want control of your health care. You want to choose your health plan. We will deliver today to all of America. (House H1867)

Rep. Becerra stated simply that his position and those who supported the legislation are focused on the future. He illustrated what this more positive future would look like and promised to deliver on that ideal with his vote. A slightly negative implication exists with his mention of what Americans will one day be able to choose because the silent idea is that this is not currently available. However, the majority of his language is positive, placing great value on what is next for the country.

A second example of the brighter future value in the House comes from Representative George Miller. He made several references to the future when he said:

Today, Congress and President Obama will deliver on a central promise, a dream deferred, and on a crucial demand. Because of this legislation, for the first time in America's history, never again will Americans have to worry about their health insurance if they change or lose their job. The insurance companies will not be able to jack up premiums or deny coverage because of preexisting conditions. They will not be able to drop when they need it the most. Our reforms will improve the lives of every single American, those with insurance today and those without. (House H1881)

This text is rich with positive and negative value orientations. Rep. Miller described in detail the advantages the bill could create through the use of negative concepts such as losing coverage.

By pairing negative ideas with more positive ones, such as delivering on a promise, the general theme of the text becomes positive and implies a brighter future for all Americans.

In the discussion of history as a salient value for Democrats, I included a statement from Senator Tom Harkin, in which he reviewed historical measures. He expressed his hope for a better future:

The health reform law President Obama signed earlier today will also transform America in profound and positive ways. Indeed, it already has. Despite all the talk recently about how our Nation has become divided and ungovernable, we have proved not only that we are governable, but also that we still have the capacity to take charge of our destiny and to act with boldness and vision. (Senate S1829)

Senator Harkin's discourse is filled with positive terms stated quite explicitly. He mentioned two negative values, "divided" and "ungovernable," but overall he generated a positive theme by stating that we have proved the opposite of those characteristics. His idea of taking charge of our destiny implies hope in the face of opposition and a negative status quo.

One statement made by Senator Patrick Leahy rose to the top of my analysis of the Senate Congressional Record. Sen. Leahy referred to the various groups of people who would be helped with the passage of this legislation and made explicit references to the future in order to create a positive view of the bill:

Reforming the health insurance system has been talked about for decades. This has been an arduous process, but it has proven that change is possible, even with the pitched opposition of entrenched and powerful special interests. America again has risen to meet one of its foremost challenges and to renew its promises. (Senate S1841)

He ended many of his points with the comment, "This is a new dawn for them." Sen. Leahy was providing a new context for the debate, which has been filled with negative opposition, by changing the underlying connotation to one that portrays the debate as positive. He referred to

meeting challenges, renewing promises, evoking change in the face of opposition. The positive implication is evident and provides even greater support for the value of progress, as a whole.

I found it interesting that the discourse from the televised interviews did not explicitly include much discussion of a brighter future. Perhaps, since each interview was tailored to cover a specific topic, there were limited opportunities to mention specifics in the bill that Democrats viewed as positives. The value was implied; however, in the discussion Democratic politicians raised about the benefits of passing the legislation. For example, on Rachel Maddow's show when Nancy Pelosi, stated that the status quo was not affordable, she was implying that the *Patient Protection and Affordable Care Act* would be a solution to this problem (4). Although the better future value was less salient in the interview content, it was still a prominent value in the rest of the discourse and supported the progress value well.

#### *System Based on Equality*

Ensuring equality for all Americans, especially those without health insurance became a cornerstone value of the health care debate. Democratic leaders championed this value in their discussion, promising equality among all groups regardless of socio-economic status, race, or gender. Many congressional members discussed equality on a broad scale but provided some detail in acknowledging certain diverse groups that would benefit from increased equality. The terms used to identify issues relating to equality appeared 140 times between House and Senate Democrats, clearly substantiating the saliency of this value. Equality relates closely with Sillars and Gronbeck's Transcendental and Collectivist touchstone systems.<sup>5</sup>

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<sup>5</sup> For further discussion about the Transcendental and Collectivist value systems discussed by Sillars and Gronbeck, see 198-9.



### *Among Communities*

Various components of society were recognized throughout the debate, especially in terms of how communities would benefit from health care reform. Identification of these communities was conveyed by terms such as “race,” “the LGBT community,” and “discrimination,” and references to those who suffer from a “disability.” The implication was that the status quo in health care was inequitable for those Americans in these communities.

In the House of Representatives, Representative Donna Christensen, from the Virgin Islands was the first to reference people of color, those living in rural areas (including U.S. territories) and the LGBT (Lesbian, Gay, Bisexual, and Transgendered) community:

They are all—including Senator [Harry] Reid—to be thanked and applauded for answering the call for prevention, nondiscrimination, equity and diversity in the bill’s provisions and for going beyond insurance reforms to include measures specifically to eliminate health disparities for African Americans, all people of color, the poor, those living in rural areas and the Territories and our LGBT community. (House H1859)

Here, the specific acknowledgment of these communities functioned to make equality a prominent value of the debate, despite the fact that Rep. Christensen did not detail much about current health care system disparities. Still, the negative value orientation implied about the status quo seemed designed to function rhetorically to make the value orientations of the Democratic leadership, especially achieving equality, much more positive.

Some equality discourse was embedded in language that encompassed the nation as a unified community, as is evident in the following statement by Representative Anna Eshoo’s statement:

I think the step that we take this evening will perfect the union in our country. Why? Because the human body holds the soul. And when we help to cure, when we help to heal, when we recognize the dignity of every single American, that they have first-class citizenship and that they should indeed have health care coverage. (House H1859)

In Eshoo's statement equality is directly implied by her comment, "we recognize the dignity of every single American, that they have first-class class citizenship." If equality were already guaranteed for all, then this comment would be irrelevant.

In the Senate, similar sentiments were also expressed. Sen. Baucus addressed the issue of discrimination, and therefore inequality, very directly and for a specific group of people not previously mentioned. He addressed discrimination of Americans suffering from disabilities:

I have stated this before when people said: What are you talking about, discrimination, well, over the decades, we have outlawed discrimination in our country on the basis of race, color, national origin, based on gender. We have outlawed discrimination also based on disability with the Americans with Disabilities Act in 1990. But until now—think about it—it has been perfectly legal to discriminate against our fellow Americans because of illness, because of sickness—to exclude tens of millions of our citizens from decent health care simply because they cannot afford it. Think about it. (Senate S1830)

Here, Sen. Baucus developed the idea of equality by contrasting it with the negative image of legalized forms of discrimination. After reviewing positive solutions to discrimination in the past, he pinpointed other Americans who still suffer from discrimination. Exclusion of citizens directly contradicts the value of equality. Sen. Baucus drew this contradiction to the forefront of the discussion, centering attention on the issue and making it a more salient value.

Sen. Leahy's discourse perpetuated the value of a brighter future with his repeated phrase, "this is a new dawn," but it included the related value of equality. In relating his vision of a new dawn for America, Leahy also emphasized that this would be a new dawn for groups who have been discriminated against in the past. Leahy concluded that a brighter future would exist, "for tens of millions of Americans who have fallen through the cracks or who worry they may fall through the cracks of our broken health insurance system" (Senate S1843). Therefore, he balanced a positive orientation with one that is negative, claiming that the broken system was the collective burden of a nation, but this legislation would solve the problems of that system.

Providing equality for all Americans also appeared in the discourse from the televised interviews representatives granted. Equality emerged in shorter and more direct statements, in referencing those who would benefit the most from the bill. For example, Representative Nancy Pelosi told Rachel Maddow, “everybody has so much to gain from this, small businesses, as I said, seniors, young people, women, our economy” (4). Her comment implied that these groups suffer in the current health system and that the bill would reduce the disparities. Also, from the discussion of discrimination emerged the value of equality for women, specifically in terms of the abortion debate, as well as for female specific health conditions that are singled out as “preexisting conditions.”

### *Between the Sexes*

Although the Democrats argued that abortion and government funding for abortion was never a facet of the *Patient Protection and Affordable Care Act*, this issue did become part of the emotionally-charged debate that consumed the business of the House and Senate. In addition to the abortion discussion, the issue of discrimination against women was raised, drawing a correlation between women and preexisting conditions. The phrase “women” served as an alert to discussions about women as a gender and a group included in the health reform debate.

The House was the first body of Congress to vote on the proposed legislation, and, content related to gender discrimination in health care first emerged in the House Congressional Record. One of the representatives who expressed a relationship between women and a preexisting condition was Rep. Lynn Woolsey, who stated:

But I wonder how many of my colleagues realize that essentially being a woman is a preexisting condition. Pregnancy, for example, or C-sections, can be deemed preexisting conditions. Most unbelievable of all, insurance companies can legally turn their backs on women who suffered injuries due to domestic violence because that, too, can be defined as a preexisting condition. We should all be ashamed of a system that puts healthy insurance profits ahead of healthy American women. (House H1872)

This statement clearly suggests that a crisis exists between the business practices of the insurance industry, the current American health care system, and the lives of American women. As a general rule, society views pregnancy as a positive and domestic abuse as a negative. Therefore, when Representative Lynn Woolsey explained that both pregnancy and domestic violence injuries could be considered preexisting conditions, and therefore subject to denial by insurance companies, she associated the identity of being a woman with what the health care industry regards as an excludable “preexisting condition.” Through these explicit statements, Rep. Woolsey alerted listeners that if an entire sex is considered a pre-existing condition, then a crisis exists that requires remedy.

Representative Nancy Pelosi, who was Speaker of the House during the health care debate, also took the floor to discuss almost all issues being presented from both sides of the aisle. Her short, but simple statement, “It’s personal for women. After we pass this bill, being a woman will no longer be a preexisting medical condition,” provides further evidence that the value of equality for women was adopted by more than one member of the legislation’s supporters. In equating being a woman with preexisting medical conditions, Pelosi used the negative value to create a powerful positive one; namely, that this bill will fix the crisis and give women more equality with their health care. This example is also representative of the brighter future and progress value.

Sex discrimination did not seem to be as salient an issue in the Senate Congressional Record, although Sen. Harkin did mention the importance of ending the abuse of insurance companies against women (Senate S1829). While several Democratic senators did talk about pre-existing conditions, inequity between the sexes was not often discussed in detail. However, elements of this supporting value did appear in the interview discourse analyzed for this study.

Rep. Pelosi not only discussed the disparities between the sexes in the health care system on the floor of the House, but also included it in her interview with Rachel Maddow:

Right up until now, being a woman is a preexisting medical condition. If you are a woman, if you are in child-bearing age and you have children, it's a preexisting condition. If you can't have children, it's a preexisting condition. If you have a C-section, it's a pre-existing condition. If you are a victim of domestic abuse, it is a pre-existing condition. (4)

This discourse is not unique from the House examples previously mentioned. However, the repetition of this idea is what makes the value more salient in the overall debate surrounding reform. Rep. Pelosi spoke those words to explain why women would ultimately benefit from the legislation passing. The majority of this excerpt is negative, but the simple phrase, "Right up until now" suggested to the public that this negative value would be solved with the passage of the proposed bill.

Promoting equality for women was not a value mentioned specifically by every Democratic supporter; nevertheless, it was supported by those who held strong to speaking in generalities that large groups of people with pre-existing conditions would find help with the passage of the *Patient Protection and Affordable Care Act*. The message gained momentum, especially in the House, and became a supporting value in the development of equality in the value system of the Democratic leadership.

#### *System Based on Morality*

Several members of the House and Senate made their arguments by stating that support for this bill was simply the right thing to do or that supporters were standing on the right side of history. As members developed their debate, they used examples and explicitly stated that passing health care reform was a matter of life and death for all Americans. The two best supporting values for morality are the values of saving lives and ending corporate abuse on the

part of the insurance agencies. Although morality is a term associated with Sillars and Gronbeck's Puritan-Pioneer value system, the morality expressed by Democratic leadership aligns more closely with the Transcendental and Collectivist value systems.

### *Saving Lives*

As may be expected with a discussion about reforming health care in the country, the concept and value of saving lives were embedded in the discourse. The terms "saving lives," "moral," and "moral obligation" assisted in discovering the explicit instances in which the value appeared.

Some of the most explicit language promoting the value of life was presented by

Representative Lois Capps:

Passing this bill is not only the right thing to do; it is truly a matter of life and death for the millions of Americans who today lack health insurance coverage, and it is critical for all who suffer from diseases that could have been completely preventable or dealt with earlier had they had access to screenings. (House H1861)

With this statement, Rep. Capps implied that people would lose their lives or would be at risk of losing their lives without the intervention of this piece of legislation. Specifically, she reminded his audience that for those without health insurance the crisis continues, and by calling the vote for the bill a matter of life and death, she gave the legislative vote a moral connotation. Saying passing this bill is "the right thing to do" also emphasized this morality value, distinguishing from right and wrong action. Representative John Lewis made clear that the vote on the bill was a moral issue:

Madam Speaker, this may be the most important vote that we cast as members of this body. We have a moral obligation today, tonight to make health care a right and not a privilege. (House H1864)

Lewis stressed that the nation's leadership should accept their "moral obligation" to erase the difference between health care as a right and health care as a privilege. He included positive

value orientations by expressing the importance of the vote and the time to make health care a right. As was typical of the Democratic discourse, there was the implication that the problems inherent in the status quo are well known and thus taking action is warranted.

The moral obligation to save and improve lives was also evident in the Senate. Senator Chris Dodd commented:

For the first time, we are on a track that will correct that error. Henceforth, in the years to come, they can mark the calendar date of March 23, 2010, when for the first time in American history an American President signed into law a bill that will provide Americans the opportunity to live free from the fear that they or their loved ones will be faced with a health care crisis and they will not have the capacity, without bankrupting themselves or watching a loved one lose their life or become chronically or permanently ill or sick because they could not afford it, to see a doctor. (Senate S1844)

While Sen. Dodd's discourse emphasizes the value of progress discourse, his conclusion focuses specifically on the value of saving lives. The discussion extends from saving a life, in a life or death situation, to the quality of life people have a right to experience even if they do find themselves ill. Examples such as "live free from fear" and passing reform to "correct that error" illustrate the juxtaposition of positive and negative value orientations to evoke a larger value. In doing so, Sen. Dodd spoke to a broader health culture, one that needed to be redefined, in his opinion.

Much of the debate developed into a discussion of creating safer and more secure lives for Americans, such this example from Senator Robert Menendez: "Mr. President, the time has come—historic health care has passed this Congress, the President has signed it into law, and the American people will live healthier, safer, and more secure lives because of it" (Senate S1856). The senator associated quality of life with the positive benefits to be reaped from this bill, for not only will life be safe and secure, but also it will be better than before this health reform.

Therefore, those who supported the legislation and created the “healthier, safer, and more secure lives” for U.S. citizens would be upholding a particular level of morality.

The supporting value of saving lives was not distinctly present in the interview discourse. While the interview discourse did imply a moral value, that value was expressed in terms of ending corporate abuse, rather than saving lives.

### *Ending Corporate Abuse*

The health care system in the United States, leading up to the passage of the *Patient Protection and Affordable Care Act*, relied primarily on corporate insurance companies providing or denying health coverage to citizens. Democratic leadership argued that reform was needed to halt corporate abuses that were affecting millions of citizens. Therefore, ending corporate abuse became a salient value that functioned rhetorically as the moral obligation for change expressed by the Democrats. “Insurance companies” and “corporate abuse” were the two terms in the word analysis that led to the development of this value and the morality value system in general.

Representative Frank Pallone established the existence of a crisis and then articulated that insurance company abuses helped instigate reform:

Madame Speaker, I am amazed when I hear my colleagues on the other side of the aisle. They seem to ignore the fact that our health care system is in crisis. Millions of Americans are going without health insurance. Rising health care costs are bankrupting so many American families.

Now, Democrats today have proposed a bill that will lower health care costs, give almost all Americans quality health care coverage the same as Members of Congress—and I am going to repeat that—the same as Members of Congress, and put an end to insurance company abuses. (House H1858)

In the first paragraph, Rep. Pallone emphasized negative values that would associate with morality, especially ignoring crisis and bankrupting families. In his second paragraph, he seems



to counter with positive orientations. He touched on the equality value when he called for reform for all Americans to have the benefits ensured for him and other members of Congress. However, he implied morality when he identified taking action to end abuses by the insurance companies: not only would Americans have a better chance at equality, but the bill's passage would save Americans from abusive practices.

While placing blame on the corporate greed of insurance companies out to make a profit, Representative Marcy Kaptur literally called the status quo “morally unacceptable”:

With the mounting economic strain on American families and the rising costs of health insurance to workers, businesses and the federal budget, the status quo has proven itself unsustainable, fiscally irresponsible, and morally unacceptable. The time has come for historical change. (House H1893)

With her main point, that it is morally unacceptable to allow insurance companies to have complete control of health care, Rep. Kaptur encompassed these major negatives in a morality value. Herein, the implication is that this path of insurance company abuses is contradictory to the moral value Democrats championed in the debate. In particular, the negative value orientations Kaptur mentioned were unsustainability, irresponsibility, and unacceptability. Each of these created a call for change and ultimately supported the values of progress and morality.

The same moral implications are true for the Senate discourse. For example, Sen. Harkin made the following statement to his colleagues in the Senate:

Yes, this new law includes important and long overdue measures to crack down on abuses by health insurance companies—abuses that leave all Americans, including those with insurance, just one illness away from financial catastrophe. No longer will health insurance companies be able to cancel your insurance when you get a serious illness. No longer will they be able to impose lifetime caps on their payoffs. No longer will they be able to systematically discriminate against women by charging higher premiums just because—just because you are a woman. No longer—once this bill becomes fully operational—will they be able to deny coverage based on pre-existing conditions. (Senate S1829)

This passage from Sen. Harkin provides a comprehensive list of how proponents argued the legislation would end corporate abuse by the comprehensive list of how proponents argued the legislation would end corporate abuse by the insurance companies. Furthermore, most of the values represented in the Democratic discourse are included in this passage: working towards a brighter future, ending discrimination of various communities, including gender inequality, and meeting moral obligations.

According to Sen. Menendez, “Vote yes and never again will an insurance executive be able to make medical decisions instead of a doctor to manage risk for shareholders and hold the bottom line above the lives of people” (Senate S1857). With this comment, Menendez brought the negative abuse of the insurance companies to the forefront of the argument by discussing a relationship between an insurance executive and the lives of patients in need of a doctor. Yet again, this value is blended with that of progress and of morality.

An analysis of the interview discourse also yielded some results in developing morality as a salient value. On *Meet the Press*, Senator Dick Durbin commented:

We want to start bringing down costs for everybody. And we want to give people a fighting chance against insurance companies that turn them down because of pre-existing conditions and caps on the amounts that they pay. (4)

The term “moral” is not explicit, but the value implication certainly exists. Sen. Durbin was providing an example of the problems created by the insurance companies and the goal of the Democrats to put an end to them.

In an appearance on *Meet the Press*, on 21 March 2010, Rep. Hoyer’s remarks are similar:

Well, I think if you look at every one of the internals, David, about stopping insurance companies from preventing pre-existing conditions from getting insurance, from putting so much money on—you have to spend per year that you go bankrupt and not putting on

lifetime caps, those insurance reforms, those process reforms to insurance companies that are hurting Americans are all supported by overwhelming numbers of people. (3)

It was common practice in this health care debate for the congressional members who supported the legislation to develop their argument to end corporate insurance company abuses by first listing what some of the abusive practices were and then either directly stating or implying that the bill would be a solution. In many examples, such as this one, the negative value orientations build upon one another to create a positive implication or value. Stopping the egregious acts means incorporating some sort of positive.

When I started this analysis, I did not expect to find the concept of morality. Clearly, Democratic leaders sought to produce an argument that would influence others to support the bill. In the case of reform, they needed to identify some sort of substance to reform; in this case, they found the target of corporate insurance abuse. The identification of this abuse sometimes implied that the bill would be a positive change, and at other times, it explicitly included the positive value orientation of morals.

#### *System Based on Strength*

When analyzing the Congressional Records and interviews, I noticed the formation of a pattern. Many supporters of the legislation incorporated terms that spoke to strength: the strength of individuals, groups of people, and especially the nation itself. In fact, enough emphasis was placed on the search for strength, that it was clear this concept became another component of the value system to which the Democrats subscribed. The two supporting values of strength that I discuss below are the strength of the country's health and strength of the economy. Health and economic security are two positive terms associated with Sillars and Gronbeck's Personal Success value system; however, the national strength and economic

strength expressed by Democrats is valued without emphasizing personal success of individuals. Therefore, this system relates to their Progressive and Collectivist systems.

### *National Strength*

When discussing health care reform, the health of the country as a political issue is not surprising. The Democrats did use this value to generate more support for the bill, arguing that a healthier nation is a stronger nation. The concept of strength may be interpreted in many different forms, but for the purposes of this study, “National Strength” refers to the health of the country on a broad scale. Several terms contributed to the development of this value, including “healthier,” “stronger America,” “live longer,” “wellness,” and “prevention.”

Representative Allen Boyd expressed his emphasis on the strength of the country’s health by speaking in primarily negative terms. He stated, “Mr. Speaker, ladies and gentlemen, I heard a wise man once say that you never saw a great country with an uneducated and unhealthy population. We are headed there” (House H1888). Rep. Boyd’s words seemed designed to serve as a warning to the House and to the rest of the country that with the status quo, the United States could not sustain itself as a great nation. The simple fact that he drew attention to the greatness of America proves that the strength of the country was vital to those who supported change.

Rep. Pallone incorporated in his discourse several values already discussed, including equality and an end to corporate abuse. But, he also referred to the strength of the country:

The bottom line is that Americans will be healthier, fewer people will get seriously ill and incur outrageous medical bills for hospital and nursing home care. And, healthier people save the government and the health care system significant money even beyond CBO projections.

Madame Speaker, passage of this bill will lead to a healthier and a stronger America, and I urge my colleagues to vote “yes.” (House H1858)

This example includes many positive statements and, in turn, positive values. Health as a value appears multiple times within Pallone's statement, and strength is explicitly mentioned once, and repeatedly implied. The logic seems to be thus: if people are healthy and free from abusive practices, then they will inevitably be stronger, which leads to a stronger nation as a whole.

In the Senate, Sen. Harkin discussed a hopeful shift in the culture of society from one that cares for people once they become ill, to a society that also holds prevention and strength in high regard:

In addition, the new law includes a whole array of provisions promoting wellness, prevention, and public health—something I have personally championed for many years. This will finally begin to change the paradigm from our current sick care system to a true health care system—one that keeps people healthy and out of the hospital in the first place. This bill will begin to recreate America as a wellness society, focused on healthful lifestyles, good nutrition, physical activity, and preventing the chronic diseases that take such a toll on our bodies and on our budgets. (Senate S1829-30)

With these comments, Harkin provided positive values, but also allowed the value to address cultural implications, something that is crucial to values analysis. Positive value orientations, such as “wellness,” “healthful,” and “preventing,” all implied the opportunity for renewed strength. They also illustrate the desire for a shift in culture and perhaps one that will unfold. Through language that spoke to health and strength, congressional representatives aimed to ensure that the strength of the country became a primary value for society and to help lead toward a change in culture from low health awareness to general wellness.

Another senator who discussed the value of strength was Senator Kent Conrad:

This reform package signed by the President today takes a number of important steps to improve the quality of care. It covers preventive services. It provides incentives for healthy lifestyles. It promotes the adoption of best practices and the use of comparative effectiveness research to find out, on a scientific basis, what actually works. (Senate S1835)

Here, Conrad implied the values of health and strength. Similar to the discourse of Sen. Harkin, Conrad's words also suggested a potential shift in the country's health care culture, to one that focuses more attention on preventive care. The promotion of healthy lifestyles and preventive care in Conrad's remarks perpetuated the concept of strength.

The interview discourse samples did not address the health of the nation as a whole, which I found surprising. Rather, in the interview samples, the value of strength appeared in connection with economic strength, the next supporting value.

### *Economic Strength*

As is discussed in Chapter 3, the analysis of the Republican's value system, Republican Party leaders tended to substitute the value system of fiscal conservativeness or responsibility for the value of economic strength. The Democrats, however, developed economic strength as a salient value in their discourse. The projections of the nonpartisan Congressional Budget Office estimated that the bill would ultimately save money over the next several decades, and the Democrats often included this estimate in their arguments. My word analysis produced the following key phrases to substantiate this value including, "bring down costs," "status quo will bankrupt," and "saving money." As Representative Bob Etheridge commented:

If we can afford to provide health care to Iraqi citizens, as we have done over the past decade, we can afford a fiscally responsible reform that puts health care in reach for all Americans. The health reform debate is about saving money and saving lives. At its core, health reform is all about ensuring that American families and businesses have more choices, benefit from more competition, and have greater control over their own health care, while bringing down costs for individuals, our families and businesses, and for the Nation. (House H1869)

The comparison of health care costs for Iraqi citizens and for Americans was unique to this debate and provides further support for the value of strength. In doing so, Etheridge seemed to suggest that if we have the monetary strength to provide health coverage for citizens of another

nation, then we should be able to care for our own citizens. Ultimately, Etheridge spoke to the money the bill would save for everyone, including the nation. He also implied that if we help citizens, businesses, and families with costs, then we would help the strength of the national economy.

Rep. Pelosi boldly claimed as much: “The best action that we can take on behalf of America’s family budgets and on behalf of the Federal budget is to pass health care reform” (House H1896). The economy during the passage of the bill was suffering considerably, and this suffering was what many Republicans ultimately used in their arguments against health care reform. However, with the Congressional Budget Office projections on their side, the Democrats, including Rep. Pelosi argued this bill would benefit the economy. In calling the passage of the bill the best action that we could take to help the economy, the Democratic leadership demonstrated the importance of strength as a main value in their discourse.

When the Senate debated the reconciliation bill, several Democratic senators explained their support for legislation that would make the economy stronger. Sen. Conrad mentioned that it would reduce deficits while promoting competition and “better quality at lower cost” (Senate S1835). The primary value orientation in this sentiment is positive. Clearly, the senator was suggesting that with these actions, the economy would regain strength.

Senator Sheldon Whitehouse provided detailed accounts of how the legislation would reduce the deficit and strengthen the economy. As he discussed the point:

A great deal of health care cost is nothing more than waste—waste resulting from a status quo that is irrational, disorganized, and often downright greedy and mean. The only good news about all this waste and excess cost is that we know where to look for savings. In the reform bill signed by President Obama today, we deploy every tool at our disposal to reap those savings. (Senate S1863)

Whitehouse used negative terms such as “waste,” “disorganized,” and “greedy.” He eventually balanced the negative implication of a broken system with the positive that the bill would assist in identifying savings, which in turn implies a stronger economy.

As discussed earlier, each interview adopted a different tone and subject, so certain discussions focused on only one issue, while others covered multiple issues that resulted in a rich resource for values. Two interviews that support the value of strength include one with Representative Pelosi and one with Senator Stabenow. In her interview with Rachel Maddow, Rep. Pelosi said:

And so, if there are no other reason[s] to do health care—insurance health reform, it’s to lower the cost because the current system is unsustainable to individuals, to families, to businesses, to our federal budget and state and local budgets, and also, to our economy, which cannot be as competitive as we need to be with this anvil of health care costs around us. (2)

Rep. Pelosi’s comments are substantiated by negative value orientations. She, as did many other congressional members, developed arguments based on listing the problems at hand. Her discourse, therefore, discussed the negatives weighing on the economy in an attempt to imply that a change would make the system stronger.

In her interview with Greta Van Susteran, Senator Debbie Stabenow discussed the specifics of the reconciliation bill presented to the Senate:

Well, this is going to make a good bill better because we’re talking about provisions in there that are going [to] save money for middle class families, save money for seniors on their medicine, and it’s going to save money on the national debt because it actually brings down the deficit more than the original bill. (1)

Her response is filled with much more positive value implications than we find in Rep. Pelosi’s discourse. Stabenow focused on the benefits to the bill, and with her answer to bring down the deficit, she generated an underlying theme of economic security and strength.



## Summary of Analysis

The results of my meta-analysis, examining the Democratic discourse generated on the floor of Congress and throughout the media, revealed four overarching value systems. Progress, equality, morality, and strength served as the prominent themes for the overarching value systems, which were substantiated by more specific values. The appearance of these values was not surprising for proposing reform legislation. Such concepts such as progress, equality, morality, and strength imply the need for reform; the status quo must be seen as unacceptable in society, and reform legislation must be based on implementing progressive social values. The value system based on strength and its supporting values of national and economic strength are the most unique, though still expected, in the health care reform debate. While economic strength emerged in relation to other issues present in society, the strength of the nation was heralded as important when associated with health. The politicians who supported health care reform incorporated the idea that the strength of the nation, from a health perspective, needed attention and required “aye” votes for the *Patient Protection and Affordable Care Act*.

An unexpected specific value to emerge was the call to end corporate abuse, particularly by insurance companies. Democratic leadership associated the idea to end these abuses with the idea of simply doing the right thing for the American people. As indicated in the above analysis, the supporters painted a picture of how the national medical landscape would change for the better with the parameters implemented through health care reform. However, each of the values described, although not necessarily unique to the political scene, became salient within the debate discourse and worked rhetorically with each other to support a general effort for reform.

While the Democrats constructed their discourse with these values to support health care reform, the Republican opposition developed arguments in refutation. Chapter 3 presents an analysis of the values embedded within the discourse of the opposing party, providing a glimpse of the political perspectives of the Republican leaders.

## CHAPTER 3

### VALUE ANALYSIS: THE REPUBLICAN OPPOSITION

As indicated in Chapter 2, the values and value systems that emerged from the Democratic discourse created positive implications of the party supporting reform. The Republican opposition also generated values and value systems, creating a positive implication of their party while opposing the reforms proposed by Democrats on the other side of the aisle. The results of my values analysis of Republican leadership are discussed in detail below.

#### Results of the Value Analysis

The discourse in the *Patient Protection and Affordable Care Act* debate from Republican leadership vehemently opposed the proposed legislation and included its own set of distinct values. My analysis revealed three value systems supported or emerging from various specific values. The first value, based on freedom, incorporated values of anti-socialism, limited government/free enterprise, states' rights, and constitutionality. The second system was based on fiscal responsibility and used the values of affordability, entitlements, and generational burdens. Finally, a third system focused on the sanctity of life as instantiated or understood by the value of protecting the unborn. The results of my content analysis, based on the key value terms, are presented in Table 3 below.

<b>Keywords</b>	<b>House</b>	<b>Senate</b>	<b>Interviews: House</b>	<b>Interviews: Senate</b>	<b>Total</b>
<b>Freedom</b>	39	0	0	0	39
Socialism	5	1	0	0	6
Socialistic	6	1	0	0	7
Communism	0	1	0	0	1
Mandate	78	18	5	0	101
Unconstitutional	15	1	0	0	16
Government Takeover	27	2	5	0	34
States	38 (6 Democrats)	16	0	4	58
Backroom Deals	16	3	1	1	21
<b>Total</b>	<b>224</b>	<b>43</b>	<b>11</b>	<b>5</b>	<b>283</b>
<b>Fiscal Responsibility</b>	-	-	-	-	-
Bankrupt/Bankruptcy (Country)	8	1	1	0	10
Future Generations (Payment/Burden)	14	0	0	0	14
Raid (Social Security/Medicare)	11	3	2	0	16
Entitlements	32	15	2	1	50
Higher Taxes	39 (1 Democrat)	11	1	1	52
Fiscal/ Fiscally	19 (2 Democrats)	4	0	1	24
<b>Total</b>	<b>123</b>	<b>34</b>	<b>6</b>	<b>3</b>	<b>166</b>
<b>Sanctity of Life</b>	-	-	-	-	-
Hyde Amendment	7	0	1	0	8
Executive Order	37	0	0	0	37
Unborn	9	0	0	0	9
Abortion	80	0	6	0	86

<b>Total</b>	<b>133</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>140</b>
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Table 3. Keywords and Phrases from the Value Analysis of the Republican Discourse.

The identification of values and their relationship to the overarching value system followed the same method discussed with the Democratic discourse in Chapter 2 (refer to pg. 34-5). Patterns that emerged from a value analysis of the discourse generated values that indicated larger, overarching themes. These themes ultimately served as the names for specific value systems. Each of the value systems discussed below portray the individual values repeated throughout arguments used by Republican leaders, suggesting that these values may be salient to the political party generally and could emerge with other issues as well.

#### Interpretation of Emerging Value Systems

The value systems that emerged from Republican arguments fit closest with the overarching value systems of the Puritan-Pioneer, Enlightenment, and Personal Success. As expected, there were many similarities and some contradictions. The meta-analysis revealed three specific values incorporated into the debate of the Republican-led opposition: (1) freedom, (2) spending, and (3) protection of the unborn. Not only do these three serve as prominent value systems for the opposition, but each of them included more specific values that created these systems (see Table 4 for an illustration of each system and their supporting, specific values). These values were both implicitly and explicitly stated throughout the debate and also serve as broad values substantiated by more specific values.

	<b>System Based on Freedom</b>	<b>System Based on Fiscal Responsibility</b>	<b>System Based on Sanctity of Life</b>
<b>Specific Values</b>	Anti-Socialism	Affordability	Protection of the Unborn
	Limited Government/ Free Enterprise	Entitlements	
	States' Rights	Generational Burdens	
	Constitutionality		

Table 4. Republican Values Constructed in the 2010 debate of the Patient Protection and Affordable Care Act.

*System Based on Freedom*

As might be expected with any debate involving American politics, both Democrats and Republicans often referenced freedom. However, in their opposition, Republican leaders developed much of their discourse by arguing that freedom, as an inherent value, would be at risk if the Democrats' proposed health reform legislation passed. The Republican opposition communicated their demand for freedom by insisting that the proposed legislation would rob Americans of the current freedoms they enjoy, pertaining to health care and health insurance. The values of anti-socialism, limited government and free enterprise, states' rights against national mandates, and constitutionality developed a value system based on freedom and reveal how Republican leadership define or envision freedom as an inherent value. These values share characteristics with Sillars and Gronbeck's touchstone systems of Enlightenment and Personal Success.<sup>1</sup>

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<sup>1</sup> For further reference, see 196-9.

## *Anti-Socialism*

Republican representatives collectively argued against the bill most often by equating it with socialism. Associating the bill with socialism was an obvious tactic to evoke a fear of the loss of freedom. The terms that contributed to this ploy included “socialism,” “socialistic,” and “communism.”

The Congressional Record of the House yielded some of the most passionate debate, and socialism references were quite prevalent. According to the Congressional Record, 21 March 2010, House Republican Nathan Deal of Georgia was the first member of Congress to make such a reference: “Madam Speaker, it has been said that the problem with socialism is that you eventually run out of other people’s money” (House H1855). Here, Deal did not explicitly state that the proposed legislation was socialist, but by beginning with a generalization about socialism, a political orientation that differs from the American political system and that is associated with a loss of individual freedom, he clearly implied that this legislation supported a socialist agenda and was therefore undesirable. The use of the term socialism not only evokes a negative image for the bill, but also raises doubts about the intentions of any political administration that would support it with respect to the freedom of the American people. Politically, the accusation of socialism takes the discussion back a step, from discussing the legislative details of the bill to questioning the goals of the government on a much larger scale. According to the opposition within this value system, the bill had to be defeated not because it was not feasible or worthwhile, but rather because it would result in creating socialistic practices in the country.

On this point, perhaps some of the most blatant and inflamed discourse was generated by Representative Devin Nunes of California, as is evident in the following:

Mr. Speaker, this debate is not about the uninsured; it's about socialized medicine. Today we are turning back the clock. For most of the 20<sup>th</sup> century, people fled the ghosts of communist dictators, and now you are bringing the ghosts back into this Chamber. With passage of this bill, they will haunt Americans for generations.

Your multitrillion dollar health care bill continues the Soviets' failed Soviet socialistic experiment. It gives the Federal Government absolute control over health care in America.

My friends, that is what this debate is really about. Today, Democrats in this House will finally lay the cornerstone of their socialist utopia on the backs of the American people.

Say 'no' to socialism. Say 'no' to totalitarianism. Say 'no' to this bill.  
(House H1866)

These remarks by Nunes explicitly imply that the bill is socialistic and that its passage would restrict the freedom of the American people. Obviously, the primary value embedded in Nunes' position is that of freedom. What is particularly interesting is that his discourse seems designed rhetorically to re-align an entire political party as "anti-freedom," calling Democrats and their legislation "socialist" which many would associate with less freedom. The juxtaposition of socialism with a loss of freedom seems to be a tactic to align the Republican opposition politically with a value held strongly by most Americans. But, the implicit association is based on misunderstanding and fear. If we refer back to the Rokeach model (Chapter 2), we notice that socialism is not indicative of less freedom than capitalism, rather of higher equality. Probably, the conflation of socialism with communism in the minds of Americans has much to do with why the public tends to associate socialism with less freedom. Nunes seems to validate this confusion with his reference to "the ghosts of communist dictators."

Representative Geoff Davis, a Republican from Kentucky, enhanced the pejorative connotation of socialism for his listeners:

My heart is heavy with grief tonight at this turning point for our Nation, Mr. Speaker. This vote will define the America we will have in the future: massive tax burdens, rationed care, and intrusive bureaucracy.



Democrats are thwarting the will of the American people, taking them on a headlong rush toward socialism. This is based on a false premise that every need a person could have on Earth be met by government. Almost like worshipers, they carry the heart of the Constitution, bought in blood, and sacrifice it on the alter of political expediency. It raises taxes, violates your privacy, is policed by the IRS, intrudes on free choice, and hurts seniors.

I stand firm in my opposition to this exercise in idolatrous statism, a true tyranny that is the largest legislative transfer of power to the executive branch in the history of this Republic. (House H1868-9)

Here, Davis made several references to socialism that implied a loss of freedom. Davis' first sentence describes negative implications that he said would occur if the legislation were passed. At this point in his comments, Davis was only indicating negative outcomes that implied a loss of freedom. From there, he stated that these characteristics are socialistic and would take the country down a path of socialism. Rhetorically, such comments functioned to turn the debate from the details of the legislation toward a general argument over what type of political system should exist in this country. Davis drew a direct correlation between this bill and a loss of freedom and the rise of socialism when he mentioned that it "intrudes on free choice." As aforementioned, then, this argument implied that who opposed the bill were strong supporters of freedom.

While the term "socialism" was incorporated into the House debate numerous times, I did not find it to be stated explicitly in the Senate Congressional Record from 23 March 2010, with one exception. Senator Kit Bond made this comment:

Unfortunately, when our President says health care should be the model for the role of the government in the economy, I am afraid he is talking about the European Socialist model which has demonstrated that the economy does not grow as quickly as the U.S economy. They have high levels of unemployment. (Senate S1848)

Clearly, Bond's attempt to draw a correlation between socialism, or a socialist model, with the role of government created by the *Patient Protection and Affordable Care Act*, worked to suggest that American freedoms would be threatened by the bill.

Although the Republican leaders in the Senate did not explicitly use socialism to articulate their discontent with the bill, they did provide discourse that substantiated the value of "freedom." Their discourse developed through their discussion supporting a limited role of government. Although each of the selected interviews for analysis did not explicitly discuss socialism, the discourse did express displeasure with larger government.

#### *Limited Government/ Free Enterprise*

Members of the House and Senate in opposition to the *Patient Protection and Affordable Care Act* were also able to suggest its threat to freedom without invoking the explicit image of socialism. Rather, they depicted the risk to freedom as a "government takeover" and a "mandate." Characterizing the Democrats' proposal as one that would enable a government takeover assumes a cornerstone value of limited government. Certainly, as addressed in this debate, the view that limited government is ideal served to substantiate the Republican view of freedom. Various members of Congress mentioned the phrase, "government takeover," but the image was also implied throughout much of the opposition's discourse. For example, Representative Dave Camp of Michigan said, "The American people have spoken. They do not want the tentacles of the Federal Government reaching into their lives and controlling their personal health care decisions" (House H1863). Representative Sam Johnson spoke directly to the freedoms valued in America and what would happen if the government intervened on the health care process:

Madam Speaker, today's vote defines what kind of America we want to live in. I for one know exactly what this is; it is the America I fought and sacrificed for, and all the

freedoms we hold dear. Freedom from a \$2.6 trillion Washington takeover of health care; freedom from skyrocketing taxes; freedom from bureaucrats coming between you and your doctor; freedom from Medicare costs to seniors; freedom from exploding debt; freedom from the government forcing you to buy health insurance. (House H1863)

This statement is particularly interesting because it emphasizes the positives of freedom but juxtaposed with negative terms, such as “Washington takeover,” “skyrocketing taxes,” intruding bureaucrats, “exploding debt,” and “government forcing.” These phrases all function to evoke a negative response to changing the nation’s health care system by implying that freedom must be protected from them.

Representative Mike Pence explicitly stated what American values were at risk: “I say we’re breaking history. We’re breaking with our finest traditions—limited government, personal responsibility, and the consent of the governed” (House H1885). Pence also described the threat of government expansion:

This is the people’s House, and the American people don’t want a government takeover of health care. Now I know they don’t like us to call it that. But when you mandate every American to have governmental-approved insurance, whether they want it or need it or not, when you create a government-run plan, paid for it with job-killing tax increases, and you provide public funding for abortion, that’s a government takeover of health care, and the American people know it. (House H1885)

With this statement, Pence characterized the *Patient Protection and Affordable Care Act* with a government takeover, in direct contradiction to the value of limited government. “Job-killing” was a phrase often repeated throughout the debates of the House and Senate. The accusation of killing jobs works to contradict the concept of free enterprise.

Much of the opposition discourse in the Senate also relied implicitly upon the value of limited government, by claiming that this bill would create a government takeover. Senator Judd Gregg of New Hampshire called the legislation, “an explosion of government the likes of which we have never seen in this country” (Senate S1825). Gregg’s comment has the negative

connotation that fostering the largest expansion of government in the nation's history could necessarily threaten the concept of freedom.

As previously noted, Sen. Bond articulated an association between the health care bill and socialism. He also emphasized freedom as a value by painting a negative picture of the role of government:

What does government-created high unemployment do? It generates more social welfare and transfer payments. These transfer payments put pressure on the government to raise taxes even higher, make more people dependent on the largesse of the Federal Government, and further depress the incentive for entrepreneurs, men and women with good ideas who want to build a job and want to hire people. (Senate S1848)

In this argument, the image of a government takeover is further enhanced. Clearly, it focuses on the value of spending, a separate value in the opposition's value system of fiscal responsibility,<sup>2</sup> but this statement reveals more than just a warning of increased taxes and government spending. With it, Sen. Bond was able to convey the danger of more people becoming dependent upon social welfare and, therefore, dependent upon the federal government. This fear seems to be one that exists when a limit to government is expanded, suggested by Bond's discourse that more people become dependent upon the government, generating a decrease in business incentives and an increase in taxes. Each of these are issues that relate to freedom, or an alleged threat to freedom. In addition to dependency upon the federal government, Bond suggested how the bill would harm free enterprise. Entrepreneurs hoping to create new businesses, he claimed, would have fewer incentives to do so, and the result would stunt economic growth and further harm individual freedoms.

Senator George LeMieux also expressed opposition to the expansion of government:

Imagine this, if you can say to somebody: Your failure to purchase health insurance is within the role of the Federal Government. Why can't the Federal Government say you have to go to the gym or you have to eat your broccoli? What can

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<sup>2</sup> For specific discussion of government spending in the value system of fiscal responsibility, refer to pg. 83.

the Federal Government not do if it can do this? It is beyond the Framers' intention. It is beyond any of the Supreme Court law.

When you think about our relationship to our government, we are supposed to have the rights. Our Declaration of Independence says we have the rights and we give them up to the government. The government is with the consent of the governed. But in this situation, it seems the Democrats believe the government knows best. (Senate S1854)

In comparing government intervention in health care to activities that are personal to individual citizens, LeMieux was able to insert the idea that the government would be taking personal freedoms from the people it represents. With the idea that the "government knows best," the Republican opposition in Congress planted the fear that the government might act without regard for what individual citizens believe.

Interviews of the politicians opposing health care reform also produced references to the value of limited government. In a roundtable discussion on 21 March 2010, Rep. Boehner used phrases alluding to expanded government five times. He included terms, such as "government takeover," "growing size of government," "dangerous step towards the government running the whole thing," and "government-run health insurance" (4-7). Each of these phrases is in contradiction to the value of limited government, and, by extension, to personal freedom

A final example of the negative image of government expansion in a media interview comes from Minnesota Representative Michelle Bachmann on *CBS News' Face the Nation*:

And with the health care industry that's an additional eighteen percent of the private economy, which means the government would be making decisions over our lives from the cradle to the grave. I think that's a stunning level of government takeover and control we have never seen before in the history of our country. (4)

Her comments repeat the sentiment of unprecedented expansion of government and seem parallel to Sen. Gregg's statement; if this is the first time the government has expanded this much in our nation's history, then it is negative. Rep. Bachmann's illustration of government intervention fully encompassing citizen's lives, "from the cradle to the grave," is also underscored by a

negative connotation that speaks to an extensive loss of freedom. Each of these examples incorporates the value of limited government in an effort to garner further support for a reversal of the bill and an application of limited government to the political landscape.

### *States' Rights*

One facet of the debate that I found especially interesting and somewhat surprising was that my initial analysis of the discourse by the Republican opposition yielded an emphasis on states' rights over national interests. I first noticed the value in my analysis of the House Congressional Record. While the Democratic leadership was discussing how the *Patient Protection and Affordable Care Act* would benefit the entirety of the nation, the Republican opposition did not even use the term "nation" until several pages into the discourse. Eventually, Republican leaders began to discuss the nation as a whole and how the legislation would be detrimental to the country, but their emphasis on the rights of the states was evident throughout the discourse.

Representative Nathan Deal was one of the first opposing members to speak about his disagreement with the bill, and his discourse was what initially caught my eye. According to Deal:

Despite billions of dollars in new taxes, despite billions of dollars in cuts to Medicare, and despite deceptive accounting practices to hide the true cost of this bill, it appears that we have run out of what money we have here in Washington, because we are seeking to impose unprecedented and unconstitutional mandates on our States. (House H1856)

For his remaining time on the floor, Deal argued against state mandates. Clearly, he was advocating the rights of the states in order to oppose the potential effects of the legislation. Deal refers to the nation's capital, Washington D.C., while simultaneously emphasizing the alleged threat to the rights of individual states. Rhetorically, this draws the issue of states rights to the forefront of the discourse.

The first Republican leader to refer to the “Nation” was Rep. John Shadegg from Arizona, and his comment was paired with an emphasis on the state over the federal government. He referred to “Nation” in a discussion of this country’s history, but then he stated that the new health care bill would bankrupt the states. The discussion about the future role of states could be explained from the standpoint that individual states have been regulators of certain components of health care. While the bill would alter the power of the states to regulate particular health care programs, such as Medicaid, the opposition’s emphasis on the state over the nation is important to note. Their discourse worked to establish a division between the states and the federal government, suggesting that a focus on national interests were inherently in contradiction to freedoms of individual states and individual citizens.

The use of states rights as a value supporting freedom diminished in the Congressional Record of the Senate. However, one media interview included in this analysis did yield some support for this value. When interviewed by Wolf Blitzer, prior to the historic vote, Senator Scott Brown stated, “I believe that individual could do it better and that we can do it better” (1). Senator Brown hails from the state of Massachusetts, a state that adopted a similar health care plan a few years earlier. Nevertheless, Sen. Brown opposed President Obama’s legislation and he argued that the individual states should be able to decide what would work best for them. As Brown explained, “we should allow the states to participate more instead of this one size fits all approach that is not good for my state and potentially not good for the rest of the country” (3). The right of the state is juxtaposed with the welfare of the nation, but there is an argument that calls for increased state involvement. Sen. Brown was warning of decreased freedoms for the state by implying that individual states were not adequately involved in the legislative process.

## *Constitutionality*

A common argument from Republican congressional members was that the proposed legislation was unconstitutional. They applied their view of freedom to oppose what they called an “individual mandate” created by the health reform bill. Their argument was primarily based on discontent with requiring individuals to purchase a particular insurance plan on a government exchange. The majority of the Republican opposition called this individual mandate unconstitutional, not just for the individual citizen, but also for the state and nation as a whole. Linking “unconstitutional” with such terms as “backroom deals” appeared throughout the discourse, suggesting that the legislation was not following the parameters set by the Constitution, of government by the people, for the people.

Comments from Rep. Davis, previously discussed, are also relevant to this issue. Davis stated, “Almost like worshipers, they carry the heart of the Constitution, bought in blood, and sacrifice it on the altar of political expediency. It raises taxes, violates your privacy, is policed by the IRS, intrudes on free choice, and hurts seniors” (House H1868). In listing how the bill harms freedoms, Davis specifically illustrated how it would destroy the Constitution. While Davis did not specifically call the bill unconstitutional, he did imply that it is unconstitutional because it harms the nation by supposedly enacting negative practices, such as invasion of privacy and raising taxes.

Representative Scott Garrett explained in more detail why he considered the bill a violation of the Constitution:

While Congress is given the power under the Constitution to regulate interstate activity, never before have we had to be required to purchase a private product—government approved—as a price of U.S. citizenship. This moves far beyond regulating economic activity into the realm of regulating inactivity.



If we allow that Congress has this authority under the Constitution, then there is no limit whatsoever of Washington's ability to micromanage our lives. In the future, if Congress feels our car industry needs a boost again, they can require us all, once again, to purchase a car from GM. That is not exactly what our Founding Fathers had in mind. (House H1876)

Garrett's discourse here provides an overview of the opposition's case against the bill on the ground of its constitutionality. Reference to the founders of this nation functions rhetorically as an appeal to authority,<sup>3</sup> and claiming that this legislation is not what the founders would want works to validate the claim that the bill is unconstitutional on their authority.

Some examples from the Senate display how pervasive the issue of constitutionality was in the debate. Senator John Barrasso referenced the mandates that the bill would impose on younger generations, supporting the foundation laid earlier, that mandates are unconstitutional and that nobody should be placed under any type of mandate. Senator Mike Enzi also claimed the bill would be a constitutional violation:

In the history of the United States, we have never had the Federal Government tell anybody they had to buy something. We have set up safety measures in their purchasing to protect them, but we haven't said you have to buy it. In this case, we are going to say you have to buy it, and there are a whole bunch of people who say that is unconstitutional. (Senate S1854)

This example is fairly straightforward, indicating the unprecedented nature of the bill and how one of its major principles would impose unconstitutional mandates. Even after the President had signed the bill into law earlier in the day, Senate members who opposed the bill were still expressing their discontent by articulating freedoms they alleged would be compromised by its passage.

The value of constitutionality also appeared in a few of the interviews analyzed. This value emerged in the media samples only on the days in which the House voted for the bill and

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<sup>3</sup> The rhetorical appeal to authority is designed to work persuasively to support the claim by recognition of the authority, not by legal judgment of the bill itself.

then on the day the Senate passed the reconciliation bill. Rep. Boehner made the argument, on 21 March, that this bill would impose mandates (4). The term “mandates” is used in a negative context and implies the unconstitutionality of the bill. Sen. Kyl also discussed the constitutionality of the bill, although in more explicit terms. He told Jim Lehrer, on 23 March, that “very serious constitutional scholars opine about portions of the bill, portions of the bill’s constitutionality” (Kyl 3). His language was less charged, and he did not go into much detail, but he raised the question of how well the bill agreed with the United States Constitution. Overall, this system supported a significant amount of the Republican opposition and had the advantage of numerous values that could trigger audience acceptance. A value system that complimented freedom was the system of fiscal responsibility discussed below.

#### *System Based on Fiscal Responsibility*

Anyone who has heard the term “conservative” or “fiscal conservative” can surmise that one characteristic of this label includes limited spending. A value adopted by the Republican opposition to this bill was that of reducing government spending. Probably one of the most pervasive value systems throughout the health care debate was that of fiscal responsibility, which was developed in terms of three values: affordability; raids on Medicare, Medicaid, and Social Security; and financial burdens on future generations. When compared to the touchstone value systems identified by Sillars and Gronbeck, the system of fiscal responsibility is closely related to their systems of Puritan-Pioneer, Enlightenment, and the Personal Success.<sup>4</sup>

#### *Affordability*

The health of the economy was definitely suffering by the time the debate of health care reform was in full swing. The report from the Congressional Budget Office about the cost of the bill and its affect on the economy was challenged by the opposition, even though the CBO is

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<sup>4</sup> For further reference, see 195-9.

supposed to be a bipartisan entity in Washington, D.C. Although the CBO reported that after an initial federal budgetary cost there would be an eventual reduction of the overall deficit, an overwhelming majority of the congressional opposition in their discourse commented on the inability of the government to fund this legislation. Most members discussed how it would raise taxes and increase insurance premiums, but several members pointed out that it would negatively affect one-sixth of the economy. Specific terms that aided in discovering affordability as a value included “fiscal,” “bankrupt,” and references to raiding Social Security.

To explain how this value emerged, I have two examples from the House and from the Senate. Because the value of spending was repeated often in the same language, I have limited my examples to two each. From the House, comes this statement by Representative Lee Terry, California:

We are on a path of fiscal recklessness that threatens the future economic growth of America. So for me, this is a sad day, one that could have been avoided had the House worked together on a bipartisan basis to provide the American people greater access to health care we can all afford. (House H1861)

Herein, Rep. Terry argued that not only is America headed in a direction of “recklessness,” in terms of the federal budget, but also that such recklessness would hurt America’s future by threatening its economic growth. The implied message is fairly straightforward; the country simply cannot afford a new program that risks fiscal harm to America now or in the future.

A second representative who presented affordability as a salient issue was Representative Jeb Hensarling from Texas. As a member of the House Budget Committee, Rep. Hensarling attempted to address the topic as someone who could shed a different perspective on the numbers: “I have seen the Democrats’ Congressional Budget Office letter about cost. Garbage in, garbage out. When you put facts in, you get facts out. My Congressional Budget Office

letter says the program will add to the deficit” (House H1876).<sup>5</sup> By calling the information from the bipartisan CBO report the “Democrats” report and claiming that “his” CBO report showed a deepening debt, Hensarling suggested that Democrats were misleading the public about the affordability of the bill.

Members of the Senate who opposed the bill relied heavily upon affordability to articulate their arguments. The figures they used when discussing exactly how much the *Patient Protection and Affordable Care Act* would increase the deficit ranged from \$1.6 trillion to \$2.6 trillion. Here is an example from Senator Mike Crapo:

I personally believe that for us to adopt legislation the President has signed into law that grows the Federal Government by \$2.6 trillion, dramatically increases the role and control of the Federal Government over our health care economy, cuts Medicare by \$500-plus billion, and then engages in gimmicks of trying to adjust the numbers in the budget in order to make it appear that there is no deficit increase is the wrong way to approach this legislation, regardless of one’s opinion of the merits otherwise of the substance of the bill.

The bottom line is, this is a massive growth of the Federal Government, massive increase in control by the Federal Government, financed by hundreds and hundreds of billions of dollars of taxes that are going to be paid by the middle class in America as defined by the President: those who make \$250,000 as a family, or \$200,000 as an individual. (Senate S1840)

Of course, these spending figures are not easily predictable, and due to the nature of the bill, it will take years to understand how much the bill costs and whether that cost will add to the deficit. What is important to draw from Sen. Crapo’s discourse is that he clearly positioned his opposition on the potentially major costs of the bill. Reporting the budgetary costs he argues could result from the legislation’s enactment, accusing the CBO of providing unreliable budgetary figures, and warning of a rise in taxes, all support the position that such legislation must be affordable or it risks being fiscally irresponsible.

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<sup>5</sup> The members who opposed the legislation also opposed the information produced by the CBO.

In his argument, Sen. Barrasso also incorporated the value of affordability, by warning of the dangers of too much spending:

Our spending at this point is unsustainable. It is irreversible. It is irresponsible. I bring this up to say we cannot pass bills in the Senate and have them signed into law which promises one thing and do something very different—promises to help people and ends up hurting our Nation, hurting our economy, hurting our jobs, hurting the opportunity to hire more people with mandates, hurt young people who are trying to buy insurance because their rates are going to go up.

This is a bill that is going to cost all of America in ways in the decades to come that, from a financial standpoint, are going to be detrimental to our Nation. (Senate S1855)

These remarks constitute another example of how spending was a salient value in the debate. Barrasso provided several examples of how crucial it is that we maintain control of government spending. Furthermore, he claimed that the legislation, if passed, would result in spending that would hurt the economy, jobs, and individuals.

Discussion of spending was evidenced in the televised media discourse as well. Sen. Brown claimed taxes would increase, but he did not discuss spending in much detail. Rep. Boehner stated directly that the bill “will bankrupt our country” in an interview on 21 March (5). The plain and straightforward language conveys a clear warning to viewers. Also, Rep. Bachmann spent a little time discussing the issue in her interview following the passage of the bill in both the House and Senate. Politicizing the health reform legislation, she labeled it “Obamacare,” and claimed it would put a strain on businesses and affect the economy negatively.

These examples demonstrate how the value of affordability was incorporated into the discourse of the Republican opposition. Since actual budgetary costs are difficult to predict, the

opposition could reject the CBO's projections as too liberal and credibly develop their position that the *Patient Protection and Affordable Care Act* was not affordable.

### *Entitlements*

Within the context of this debate, references to Medicare, Medicaid, and Social Security by the Republican opposition seem somewhat ironic because these programs are regarded as social welfare programs, and each faced political opposition when first introduced in Congress. Accordingly, the *Patient Protection and Affordable Care Act* should also be considered as a social welfare program. Yet, the opposition discourse seemed to position it against or in contrast to the earlier programs. For example, Republican leaders claimed that the health care reform legislation would raid from Medicare and Social Security funds. At the same time, others argued against it as an expansion of Medicaid, claiming that it would bankrupt individual states (House H1859).

Therefore, specific terms that aided in the value analysis were "entitlements" and examples of what are considered entitlement programs such as raiding "Social Security" and "Medicare."

Medicare and Social Security were the two programs cited with the most frequency in the debate, suggesting that the bill would hurt seniors who benefit from Medicare and Social Security. The opposition extended their argument to include future generations who, they claimed, have the right to expect Medicare and Social Security benefits in their future. Although there is no consensus about how the bill will actually affect these early social welfare programs, their prevalence in the debate requires a closer look.

Representative Ginny Brown-Waite from Florida stated her concerns directly:

The only thing that won't grow are the benefits that the seniors who are in the Medicare Advantage plan have. They will be losing their doctors because their doctors are refusing to take Medicare patients and will once this becomes law.

Mr. Speaker, this bill cuts Medicare, raids Social Security, and we need to reject this bill.  
(House H1867)

Medicare Advantage was a common program that was brought into the discussion by Republicans, and this program was former President George W. Bush's contribution to health reform during his tenure in office. Rep. Brown-Waite made other arguments for opposing the bill, but she concluded her remarks by emphasizing that it would result in raids on Medicare and Social Security.

Representative Bill Posey also included of Medicare and Medicaid, in the debate, asserting that the new health care legislation would remove billions of dollars from these funds in order to pay for itself. Regardless of the truth of this claim, it gives evidence of the importance of members of the House placed on the issue of how funding for the bill related to Medicare and Social Security. Again, the inconsistency of their position, with respect to supporting "socialistic" government programs, seemed not to matter.

Opposition in the Senate also objected to the bill for its potential risk to Medicare. Claiming that it would remove money from Medicare, Sen. Gregg expressed his disapproval:

So essentially they are funding this program, in large part, on the backs of the seniors of this country without doing anything substantive which will, in the long run, have made Medicare more solvent. In fact, they basically doubled down on the problem because we know Medicare is headed into insolvency, and then they created these new entitlements. (Senate S1826)

In this argument, the chief recipients of Medicare advantages, senior citizens, are placed at the center of the debate against the bill. By making existing entitlements key values in the debate, the Republicans made senior citizens primary stakeholders in terms of its outcome. The Democratic supporters claimed that the legislation would not borrow from these trust funds, but regardless, the opposition's arguments functioned rhetorically as fear appeals that position

passage of the *Patient Protection and Affordable Care Act* as a threat to existing entitlement programs.

As aforementioned, a component of the Medicare debate was the ability of people to take advantage of the program once they have paid into the fund and reached the allowable age.

Senator James Risch stated it quite simply:

Most importantly, we have heard from the American people over and over: Don't touch our Medicare. When they say 'our Medicare,' they mean our Medicare. This isn't a gift from the Federal Government. There was a bipartisan coalition of Republicans and Democrats who brought the Medicare system online in America. They made a contract with the American people. If you work, you are going to contribute into the Medicare trust fund. It is going to be there for you to be used when it is necessary for Medicare purposes. (Senate S1828)

Risch's statement is important to our understanding of the debate because it was this type of discourse that extended the argument from senior citizens to everyone whose salary contributes to the fund with the expectation of using Medicare in the future. Risch conveyed that Medicare is not a gift from the government, but the result of saving the American people. The distinction matters because the Republican opposition had been suggesting that the federal government was not practicing enough restraint over its spending or its use of power. They could not risk appearing to criticize popular entitlement programs to support that argument.

References to this type of spending were also made in the televised interview discourse samples. On Wolf Blitzer's show, Sen. Brown stated that the bill would cut funding for Medicare by "half a trillion dollars," although the statement was not developed in any detail (1). Sen. Brown's interview occurred prior to the vote, but the discourse did not wane as Congress voted on the bill. In his interview the day of the House vote, Rep. Boehner asserted several times that the bill would harm Medicare, going so far as to claim that the government was "stealing" from Medicare to pay for the bill (4-8). A few days prior to the Senate vote, Sen. Kyl



also alleged the bill would harm Medicare. The Republican interviews following the vote did not discuss Medicare, primarily because the subjects of the interviews shifted to the violent actions and threats permeating throughout the nation to Democratic lawmakers.<sup>6</sup>

For political historians, the irony in this debate is that both Medicare and Social Security were created over the opposition of the Republican Party, the same party now claiming to protect them against out-of-control government spending. Perhaps this change in sentiment comes from the fact these programs have survived and become a facet of our society. A logical question to consider, it seems, is whether the Republican opposition will also come to defend the provisions enacted by the *Patient Protection and Affordable Care Act*.

### *Generational Burdens*

A final pattern that emerged from the value system of fiscal responsibility was that of protecting future generations, not creating a fiscal burden for them. The concept that the country's leaders are supposed to protect the future generations is not a new one, and it is one adopted by Congressional members on both sides of the aisle. However, a pattern was created in discourse by the opposition depicting funding for the bill as a new burden on future generations. The Republican Congressional members expressed this in terms of "payment," "future generations" and "higher taxes."

Representative John Kline expressed the desire to protect future generations accordingly: "Our job is to ensure freedom, security, and prosperity for future generations. Instead, this bill will be paid for by our children and our grandchildren and our great grandchildren" (House H1872). With this statement, Kline implied that policy makers are neglecting their responsibility to protect the future and they are creating a bleak future for the children, grandchildren, and great

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<sup>6</sup> In the days following the House vote, political offices across the nation were vandalized and Democratic lawmakers received threatening phone calls, in addition to other isolated actions. For further discussion, please refer to a discussion of Senator James Clyburn's interview, pg. 104-5.

grandchildren who will inherit the country. When he referenced out of control spending, Rep.

Hensarling commented:

After giving us the largest deficits in American history, after proposing to triple the national debt in the next 10 years, Democrats today want to add \$2.6 trillion of new spending to the Federal budget, costing every household \$22,000. That is more money to borrow from the Chinese, more bills to send to our children and grandchildren. Mr. Speaker, you cannot improve the health of a Nation by bankrupting its children. (House H1876)

Hensarling effectively linked the issue of spending to the outcome for future generations.

Perhaps one of the most unique opposing argument supporting the burden for future generations was that presented by Sen. Gregg:

We know the record of the government around here on the issue of entitlements. We always underfund them. The promises are made, but they are never kept. So this will all end up rolling into a giant ball, like a huge, massive asteroid headed to Earth which is basically going to land on our children's head as debt. That is what we have headed toward us here. (Senate S1825)

Depicting the legislation as a giant ball that would ultimately evolve into a threatening asteroid harmful to our future children is a vivid rhetorical figure. With this metaphor, Sen. Gregg conveyed the magnitude of harm he envisioned for future generations.

While “generational burdens” was a primary value, having been referenced several times throughout the debate, the sample interview discourse in this study did not include references to it. The absence of this value in the interviews does not detract from it being a salient issue. Rather, as previously noted, the subject matter covered in the interviews varied and supported other values in greater detail.

#### *System Based on Sanctity of Life*

One of the most controversial issues present in the United States today is the practice of abortion, as both those who consider themselves pro-life or pro-choice are passionate in their beliefs. Not surprisingly, the Republican opposition to health care reform legislation also

aligned themselves as pro-life members. This position included some Democrats. During the debate, the issue of abortion was placed on the table because Republican members of the House and Senate argued that government funding would be used through the *Patient Protection and Affordable Care Act* to pay for abortions. The Democrats argued that this would not be the case, but a Democratic House Representative, Bart Stupak, requested an Executive Order by President Obama promising that no government funding would be allocated for abortion.<sup>7</sup> Although the President signed this Executive Order, the opposing Republican members argued that it would not hold up in court and maintained their opposition to the bill with their pro-life objections to abortion. This value has the weakest ties to the opposition's value systems because it actually breaks from the value of personal freedom and its ties to fiscal responsibility only pertain to how government funds might be spent with the bill. Sanctity of the unborn is more closely related to the Puritan-Pioneer value system than any others discussed by Sillars and Gronbeck.

### *Protection of the Unborn*

When alluding to the issue of abortion, the Republican opposition discourse used references such as the "Hyde Amendment,"<sup>8</sup> the president's "Executive Order," the "unborn," and "abortion." The primary substantiating value was protection of the unborn. One instance in which this value appeared was in a statement made by Representative Chris Smith:

Mr. Speaker, for those of use who recognize abortion as violence against children and the exploitation of women, nothing less than a comprehensive prohibition of public funding of elective abortion satisfies the demands of social justice.  
(House H1830)

In this example, the issues are explicitly stated and clearly emphasize the moral and legal prohibition of Federal funding for abortions. Smith implies that his position is not only

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<sup>7</sup> For a discussion from Rep. Stupak about the Executive order, see H1860.

<sup>8</sup> The Hyde Amendment is an existing piece of legislation that states no federal funds will be used for abortions, except with cases of rape, incest, or the endangerment of a mother's life. For further discussion, see H1860.

protecting unborn children, but that the position also seeks to protect women. The emphasis on protection within this statement further substantiates the sanctity of life value system.

Representative Joe Pitts addressed the Executive order by President Obama:

Regardless of the colloquy, an Executive order is not a statute. It doesn't trump a statute. The government will end up directly paying for abortions at community health centers. Taxpayer subsidies will, for the first time in decades, subsidize insurance coverage that includes abortion. The bill and the accompanying Executive order turns over the protection of the unborn to the most pro-abortion President in our history. (House H1860)

This argument provides the reasoning why opposing members of the House and Senate were unconvinced that the President's Executive order would adequately prohibit federal funding of abortions. Interestingly, Pitts concluded by calling President Obama "the most pro-abortion President in our history." Apart from questioning the merit of this hyperbole, we can recognize how it works rhetorically to suggest that the President's support of the bill is based on an active agenda to promote abortions. As Pitts characterized the bill:

This extreme legislation is being forced on an unwilling Nation. It is the most pro-abortion bill and the largest expansion of abortion in our history. No Member who votes for it will ever be able to claim again that they have always stood on the side of the unborn. I'm sad to say this. This is a career-defining vote. There will be no living it down.

I urge my colleagues to vote "no" on this terrible bill. (House H1860)

With these comments, Pitts further extended his position beyond the issue of government funding for abortions, as related to the health care legislation. His underlying claim is that abortions are terrible and that passage of the legislation will increase the number of abortions. In this debate, the accepted dichotomy over abortion between those who support choice, "pro-choice," and those who oppose abortion, "pro-life," is ignored. Rather, the Republicans have re-created the positions as "pro-abortion" versus pro-life. Therefore, what Pitts is arguing is not that there should be no government funds for abortion, but rather that those who support the bill

are abortion advocates and that only those who oppose the legislation will value the sanctity of life by providing legal action for the unborn.

In the Senate, abortion was less of a salient issue. Probably, its potential saliency was minimized because the President had already signed the main piece of legislation and the business of the Senate was to address amendments to the bill. The protection of the unborn value was mentioned by Democratic support members as an example of the debate that was emotionally charged. However, this issue did appear throughout the entirety of a House member's interview. A few weeks prior to the vote on the House's version of the bill, Rep. Pence used similar language to express the value of protection of the unborn on Van Susteran's *On the Record*. Pence called the health care legislation "pro-abortion" and supported that position by claiming that within it government funds would be provided for elective abortions (1-3). The issue of abortion rose to the top of the health care debate and therefore earns a place in the value system developed by the bill's opposition. Although Democrats argued that abortion would not be supported with Federal funds and President Obama signed an Executive order assuring this, the Republican opposition continued to include this value in its discourse.

### Summary of Analysis

The Republican opposition discourse in the debate incorporated specific values that ultimately constructed three major value systems based on freedom, fiscal responsibility, and the sanctity of life. The concept of socialism was perhaps one of the most unique issues to arise throughout the debate, and Republican members of Congress drew an explicit correlation between the legislation and socialism. Associating the term of a political orientation that differs from the political structure of the United States with the bill generated a negative connotation for the bill. Combining the anti-socialism sentiment with the values of limited government, states'

rights, and constitutionality provided support for the value system of freedom and justified the opposition of the *Patient Protection and Affordable Care Act* for its threats to personal freedoms.

The value systems of fiscal responsibility and sanctity of life were not surprising, although they do provide a glimpse into the general political perspective adopted by the Republican opposition. Arguments based on fiscal responsibility were some of the most common during the debate and suggest a perspective on culture that emphasizes capitalism and small government, while severely restricting abortions. The specific values of the systems are integral to recognizing the unique nature of the debate. While other legislation met similar opposition, throughout the beginning of the 20<sup>th</sup> century, the arguments developed by the Republicans are particularly fervent in their opposition.

Determining the emerging values from the discourse assists in understanding the perspectives of those who supported health care reform and those who opposed reform. Chapter 4 discusses the results of a fantasy theme analysis applied to the health care reform debate. In that discussion, symbolic convergence within these value systems is investigated along party lines, and specific fantasies that develop from this convergence are described.

## CHAPTER 4

### DEVELOPING FANTASY THEMES

*Mr. Speaker, I rise in support of this bill for one fundamental reason. It is simply the right thing to do. Not for my Party, not for the President, not for the Speaker, not for me. But for the people I represent. The middle class and working families; the backbones of our economy—small business—challenged by rising health costs.*

Representative Israel (NY)

*Democrats are thwarting the will of the American people, taking them on a headlong rush toward socialism. This is based on a false premise that every need a person should have on Earth be met by the government. Almost like worshipers, they carry the heart of our Constitution, bought in blood, and sacrifice it on the alter of political expediency. It raises taxes, violates your privacy, is policed by the IRS, intrudes on free choice, and hurts seniors.*

Representative Davis (KY)

The final vote for health care reform in both the House and the Senate showed a complete failure of bipartisanship, evidenced clearly by the divided vote along party lines.<sup>1</sup> As established by the values analysis of the debate discourse in this study, Republicans and Democrats adopted competing value systems and used them to develop polarizing arguments in support of opposition of the legislation. As party leadership used these value-based arguments to justify their political position with respect to the legislation, their discourse came to display evidence of symbolic convergence and fantasy themes. This chapter investigates the nature of the symbolic convergence and the fantasy themes that were created in the debate discourse.

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<sup>1</sup> In the House, the legislation passed with a 219 to 212 vote. All Republicans and 34 Democrats voted against the bill (Silverleib “House”). The Senate reconciliation bill passed with a 56 to 43 vote. All Republicans and 3 Democrats voted against the legislation (Herszenhorn and Pear “Final”). Although some Democrats did cross the aisle to oppose the bill, the vote in both the House and Senate was overwhelmingly divided along party lines.

## Symbolic Convergence and Fantasy Themes

In *The Force of Fantasy*, Ernest G. Bormann states:

The scholar's main task in making a fantasy theme analysis is to find evidence that symbolic convergence has taken place, that groups of people have shared a fantasy. When similar dramatizing material such as wordplay, narratives, figures, and analogies crops up in a variety of messages in different contexts, such repetition is evidence of symbolic convergence. (6)

The theory of symbolic convergence was developed from studies of small group communication that observed how members of small groups create a shared consciousness through their discourse with each other. Small groups are typically defined as groups of eight to twelve people. Although members of Congress usually function in much larger groups, the development of discourse along party lines for their work in the House or in the Senate indicates a shared consciousness that can be explained well with symbolic convergence theory and analyzed in terms of fantasy themes. Bormann himself asserts that larger groups incorporate many of the same methods used to develop a shared group fantasy and provide, "a social reality filled with heroes, villains, emotions, and attitudes" ("Fantasy and Rhetorical Vision" 398).

According to rhetorical critic, Sonja Foss, fantasy theme analysis is a method of criticism that can be applied to various types of rhetoric.<sup>2</sup> The ultimate goal of determining a fantasy theme is to identify fantasy chains that lead to the development of a rhetorical vision shared by particular groups of people. As Bormann also indicates, the fantasy theme parallels that of a drama with the inclusion of characters, settings, and actions (*Force* 7).

To determine what rhetorical visions developed from group fantasies shared by the Democratic supporters and by the Republican opposition in the debate, I analyzed their discourse in terms of emerging fantasy themes, that included characters, settings, and actions, in order to reveal how each side sought to create a villain out of the other, in order to portray themselves as

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<sup>2</sup> For reference to her complete discussion on fantasy theme analysis as a critical method, see 109.



the heroes. The fantasies that developed for both parties contributed to the rhetorical vision each party adopted and “us” versus “them” mentality. To begin, I discuss the discourse and interviews representative of the debate by members of the House of Representatives. Specifically, I describe here emerging settings, characters, and actions in the discourse of the Democratic supporters and then in the discourse of the Republican opposition. Then, I discuss the discourse of the Senate in the same manner. Finally, I consider how the parties’ shared fantasies seem to have chained out between the two bodies of Congress and into the general public.

### Opposing Themes In the House of Representatives

#### *Democratic Discourse in Support*

As the party that proposed the reform legislation, the Democrats held the burden of proving that the majority of the country would benefit from the implementation of new legislation. The initial action on the legislation had to occur in the House of Representatives. The discourse generated by the House Democrats contained repeating arguments, or themes signaling evidence of symbolic convergence. Analysis of this discourse indicated that dramatic messages were formed by the Democratic members and represented fantasy themes discussed below, with emphasis placed on the past as a setting, various societal groups as characters, and positive action taken to protect these characters. This is only an example, as many themes emerged throughout the debate.

#### *Setting Themes*

The settings in the debate frequently differed from politician to politician, especially among those who used included narratives to illustrate the argued injustices of the health care system around the United States. A few settings, though, became major themes in the House

discourse about the bill. A common theme in the Democratic discourse was to begin the discussion in the past, using historical facts and precedents as the foundation for judging the present debate.<sup>3</sup>

Often speakers began with reference to the act that presidential support for health care reform did not begin with President Obama but early in the 20<sup>th</sup> century with President Theodore Roosevelt (*Washington Post* 4). In setting the movement to reform health care in the past with other presidents, both Republican and Democratic, who were committed to the purpose, Democratic leaders were able to frame their goals with this legislation as part of an epic struggle to give Americans relief from an inefficient health care system.

Democrat references to the past also attempted to draw precedent from similar social reform movements, such as Martin Luther King's march across the Edmund Pettus Bridge, on 21 March 1965. Coincidentally, the march, a significant moment in American history, took place 45 years earlier, to the day of the debate in the House.<sup>4</sup> As Rep. Hoyer described it:

Today is March 21, 2010. On March 21, 1965, Martin Luther King, Jr., led a march across the Edmund Pettus Bridge. It was a march across that bridge for the vote in this democracy.

It was a march towards a greater freedom for many Americans. It was a march for better equality of life for many Americans. Indeed, it was a march across the Edmund Pettus Bridge for freedom and a better realization of the promise of our democracy. (House H1854-5)

The historical reference made the setting theme more dynamic because this one excerpt expressed not only a bridge crossing for millions of Americans, but it added time as another dimension to the debate. The length of time that transpired with efforts to free groups of citizens

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<sup>3</sup> Here, I am borrowing from the analytical framework of Aristotle's *Rhetoric* that divides public discourse into three types: forensic looks at past events to judge their merits, deliberative compares past and present advantages to determine future action, and epideictic affirms present community values (see Aristotle 1.3). In this case, the Democrats seemed to be using the past to lend weight to their purpose.

<sup>4</sup> The march across the Edmund Pettus Bridge in Selma, Alabama was symbolic of the desire for freedom and a significant victory for the Civil Rights efforts in the 1960s. On 21 March 1965 the demonstrators were allowed to cross the bridge as part of a larger march to Montgomery, Alabama (*National Park Service* "We Shall Overcome").

or reform practices, such as health care, added context to the development of the 2010 Democratic legislation. As Hoyer explained, “We are here to conclude a day of debate, which concludes months of debate, in a national conversation that began more than a century ago” (House H1855).

The setting in the past also provided historical precedent for success. Many Democratic representatives reminded supporters and the opposition of the success of Social Security and Medicare, programs which had been enacted despite strong opposition. These crucial social reforms were made to benefit the American people and paved the way for considering more extensive health care reform. By recalling the divisive nature of historical social welfare reform movements, Democratic leaders helped create the theme that their effort was part of a long struggle to improve health care for the American people. This theme became central to the Democrat’s argument against the Republican opposition. For example, Hoyer developed this sentiment in a televised interview on *Meet the Press*:

Because for a hundred years, over a hundred years, David, as you well know, presidents of both parties have been saying we need to make sure that all Americans have access to affordable health care. George Bush said that, his father said that, Richard Nixon said that in 1974. So that this is the time to do it. We’ve come the furthest we’ve ever come to get—getting this done today in the House of Representatives. (2)

The acknowledgment of previous presidents who attempted health care reform was one of the most common arguments throughout the discourse presented by the Democrats. They were able to associate a positive connotation with their efforts, and the development of the past in relation to the present was crucial for their shared fantasy. References to important moments in history that work to align the Democrats as positive reformers signal symbolic convergence within the political party and generate a call for precedence that their work is building upon a previously established foundation.

The past was not the only setting theme that developed from the Democratic leadership. In order to portray the positive aspects of their legislation, the Democrats often set the discussion in terms of future benefits that would be reaped if the bill passed, especially in contrast to where the country was headed without the intervention of reform legislation.<sup>5</sup> For example, with the idea of the future at its core, Representative Jan Schakowsky asked the question:

Will the United States of America continue to allow our people to lose their lives, their homes, and their fundamental sense of security, or finally decide that a proud and wealthy country like ours has an ethical obligation to provide access to health care for everybody? (House H1862)

Here, Schakowsky suggested two different settings for the future of America. Drawing upon the common image of America, as a “wealthy country,” where all citizens can have a good life, a home, and security, she contrasted continuing the status quo with a future that actually made that image a reality. Thus, her question worked to position a decision about health care reform to be one of enabling the government to make good on the American Dream. As Rep. Becerra described the significance of this decision: “Today this House, the people’s House, is full of life. We will make history, but our sights are toward the future” (House H1867).

Another common setting theme was to affiliate the present debate over the bill with their work in Congress. Often in the discourse, Congress became the setting for the present, the place where the Democratic leadership worked to develop this historic piece of legislation amidst stubborn partisan opposition.<sup>6</sup> Throughout the discourse, Congress was used as a setting theme and as a character. However, as congressional members themselves, the Democratic leadership would reference Congress as a setting in which policy is enacted. For example, Representative

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<sup>5</sup> Again, using Aristotle’s analytical frame for public discourse, we would consider this theme of their discourse to be deliberative, where judgment about the future, or a particular path of action, is based upon comparative advantage or expedience (Aristotle 1.3).

<sup>6</sup> In Aristotle’s terminology, discourse focused in the present, what he called epideictic, functions to affirm community values through praise and blame (Aristotle 1.3).

Hoyer expressed this sentiment when he said, “In truth, this is the biggest definite-reduction bill any of us will have an opportunity to vote on in this Congress and, indeed, in other Congresses as well” (House H1855). The present work of congressional members on behalf of the legislation did extend beyond the House chambers, as described by Representative Carolyn Kilpatrick:

While we in Congress have deliberated and debated the costs, challenges, and consequences of health care reform, millions of Americans continue to sacrifice, struggle, and suffer. Hundreds of people have sent me letters and e-mails, called and visited my office, and participated in town hall meetings to express their opinions. (House H1905)

Identifiable settings include Congress, her office, and the town halls in which opinions were gathered prior to the 21 March 2010 vote in the House, but Congress is repeated as a primary location in which action takes place and stands as the location where representatives ultimately voted for the reform act. The inclusion of this setting in the discourse contributed to the shared fantasy of garnering support for a piece of legislation developed in these settings. The direct relation of these settings to the *Patient Protection and Affordable Care Act* is crucial to developing the remaining details in the fantasy theme of the Democratic supporters.

The setting themes developed in the televised interviews matched those developed in the Congressional Record. The House Democrats expressed some sense of temporal order to their individual arguments. More emphasis was placed on the future, but there were some references to past stories in order to develop the important context for the Democrats concerning the unprecedented nature of the reform package. In her interview with Rachel Maddow, prior to the vote in March, then-Speaker Nancy Pelosi referenced famous health reform advocate, Senator Ted Kennedy. Instead of focusing on past events, however, Pelosi’s discourse advocated the future: “We cannot afford the status quo. We will make this difference and it will make a wonderful difference in the lives of our people, but also, in the vitality of our economy” (4).

Clearly, she discussed the opportunities for the future, a common theme among Democratic discourse.

One of the artifacts analyzed for this study included an interview of Representative James Clyburn. His interview with Wolf Blitzer was the sample used for the House Democratic analysis following the vote for the bill. At this point in time, the political atmosphere had become toxic in the country, and this interview reflects that toxicity. Rep. Clyburn used the past as a setting to relate to the violent language being applied to the health reform legislation:

You know, I organized these things in the 1960s. I've looked in these faces, and I don't think that those people who were out there calling [me] names, spitting on students, throwing ketchup in their hair simply because they wanted to have a hamburger at a lunch counter.

They were there because of an ingrained hate that they've got for people who don't look like them. I don't know a single member, non African-American, except one, who was not called a name for some reason. (3)

Here, Clyburn related the language and actions taken against Democratic members who supported the health reform bill to those actions taken against the African American community during the Civil Rights Movement. While he concluded his remarks in the interview by discussing what needs to be done to move forward, this historical setting was an important dimension to the shared fantasy theme. The Democrats adopted the value of progress for this debate and suggested that the toxicity that followed the vote seemed to parallel that experienced by reformers in the 1960s.

### *Character Themes*

The Democrats included a myriad of characters in their debate. These characters ranged from individual constituents suffering from a lack of health care in their district to broad generalizations of groups of people, states, and the country as a whole. Characters are not only central to any drama but are especially so in the context of this health reform debate. The nature

of this debate hinges on the welfare of particular groups of people; therefore, those groups become primary characters in the discussion between Democrats and Republicans. The American people, as a broad group, were portrayed by the Democrats as an entire group that would benefit from the proposed reforms, whether they would immediately benefit from assistance, or were already recipients of health care. The American people became a group put at risk by the health care crisis, whether they were aware of it or not. House representatives developed their references to Americans as a whole with terms such as, “Americans,” “all Americans,” “our people,” and “every single American.” The House of Representatives are what their title implies, representatives of the American people. I expected their debate to include all Americans in their shared fantasy, especially when attempting to gain support for the bill and explain why they adamantly supported the legislation.

Characters that emerged in the debate, however, extended beyond the broad theme of the American people. Most representatives included specific groups of Americans who would benefit from this legislation. These groups were people portrayed as those excluded from equity within the health care system: women, members of the LGBT community, African Americans, Native Americans, the disabled, seniors, young Americans, the poor, and Americans with preexisting conditions. The representative from the Virgin Islands, Rep. Christensen, listed particular groups that would specifically benefit from the bill:

They are all—including Senator Leader Reid—to be thanked and applauded for answering our call for prevention, nondiscrimination, equity, and diversity in the bill’s provisions and for going beyond insurance reforms to include measures specifically to eliminate health disparities for African Americans, all people of color, those living in rural areas and the Territories and our LGBT community. (House H1859)

With the prediction that the bill would pass due to the Democratic majority in the House, the congressional leaders who were influential in the development of the bill were often thanked and

recognized for their efforts. They also became characters in the shared fantasy, but this example focused on specific groups that were identified within the larger community of American citizens. The lines blur between some of the specific groups, for example, there could be people of color who are also members of the LGBT community, but the identification of these groups worked to engage these Americans in the shared fantasy and to encompass diversity in very specific terms.

As discussed in Chapter 2, the incorporation of women into the debate occurred partially due to the issue of abortion and partially because women are considered a group within society that struggles for equality, especially in the realm of health care. Rep. Woolsey and then-Speaker of the House, Nancy Pelosi, both argued that the enactment of the bill would ensure that being a woman would not automatically characterize them as being a preexisting condition (House H1872). The acknowledgment of disparities between the sexes drew women to the forefront of the debate and reinforced their placement as characters within the debate. Ignoring the needs and rights of women, the Democrats argued, would ultimately harm women; their presence within the debate makes them key characters. Inclusion of women and other groups from American society in the Democratic discourse indicated that the Democratic supporters were rallying behind the theme that those members of society who were excluded from the health care system needed protection.

Rep. Christensen also thanked Sen. Reid for his efforts in the reform creation. This was a common practice throughout the Democratic discourse. The Democrats not only referred to themselves and their influence on the legislation, but they also thanked specific members of Congress who worked to make the *Patient Protection and Affordable Care Act* successful. For



example, Rep. Schakowsky extended her thanks beyond the members of her congressional district for her presence in the House vote:

I am so proud that today this House, under the leadership of perhaps the most effective Speaker in the U.S. history, NANCY PELOSI, will say to all those parents agonizing over a sick child who is now excluded from insurance coverage because of a preexisting condition, [s]leep well. Our courageous and visionary President Barack Obama, when he signs this law, that problem will end. This is a great day for America. (House H1862)

While several representatives included a list of members from various congressional committees as active participants in the success of the legislation, this example provides us with recognition of some of the larger characters, Rep. Pelosi and President Obama. What is particularly interesting about this excerpt is the fact that Rep. Schakowsky tied several character themes together in just a few sentences. She referenced her own constituents, Americans who might be excluded from the health care system, and the influential legislators who made health care reform possible, implying a relationship between the characters that represent specific Americans who would benefit from reform and the specific legislators who created the bill to help these Americans. Additionally, thanking members of their own party who were influential in the legislative process suggested that the Democratic leaders were recognizing members of a rhetorical community, another indication that symbolic convergence has occurred.

Historical characters were also mentioned within the debate discourse. An analysis of the specific settings indicated that some settings were organized in temporal order. Characters emerged from this order that hold a special place in history as leaders who called for health care reform prior to the legislation presented in 2010. Although members of Congress were divided primarily along party lines regarding the health care reform bill, the Democrats discussed the history of bipartisan presidents who supported legislation to reform health care. Rep. Hoyer referenced George W. Bush, Gerald Ford, and Richard Nixon:

Richard Nixon was right in 1974 on this issue. Let us in 2010, in a bipartisan way, perhaps not a bipartisan vote, but recognizing that this has been a bipartisan objective, a bipartisan vision, for those Republican Presidents and Democratic Presidents whom I have not quoted but whom, as you all know, were equally committed to that vision and that objective, affordable health care for all, for all Americans. It was embraced by both parties' nominees in the last campaign, Senator Obama and Senator McCain. (House H1855)

Not only does referencing history provide a context for setting, it provides further context for the characters that were involved in this historical review. There is an emphasis on bipartisanship with the discussion of past supporting presidents and presidential candidates that frames the Democratic side of the debate as one that should be bipartisan. Rep. Hoyer called for at least some acknowledgment that the legislation should be supported in a bipartisan fashion, and he used these characters to substantiate his discussion.

As discussed earlier, historical references contributed to the setting themes that emerged from Democratic leadership in the House. Another example of the development of historical characters was references to Martin Luther King, Jr. As Rep. Lee quoted King: "In the words of the great civil rights leader, Dr. Martin Luther King, Jr., that 'we have also come to this hollowed spot to remind America of the fierce urgency of now.'" Repeating the words of a past civil rights leader, whose effort to establish equality continues to be referenced to this today, added rhetorical exigency to this vote and this debate. Including references to past historical figures aligned the Democratic Party with characters in their overall rhetorical vision that add a positive connotation to their reform legislation.

Another component of the character themes displayed in the Democratic discourse was the criticism of the Republican members opposed to this health care reform bill. The development of the Republican opposition as characters contributed to the fantasy the Democrats

shared and ultimately supplied the drama with more perspective with which to understand the hero/villain dichotomy.

The entire Republican Party aligned themselves as dissenters to the legislation and relayed their position as one in which people should vehemently disagree with the Democratic supporters. But, in the Democratic fantasy, that position made the Republicans seem the enemy, allowing Democrats to adopt the role of hero. As stated by Representative Edward Markey, “On health care, the Democratic Party is the ‘party of hope’ and the Republicans are the ‘party of nope’” (House H1858). This figure of speech worked to emphasize the difference between the two parties and convey a negative connotation of the Republican opposition. Markey stressed the difference with his comment, “Today we have a choice between change and more of the same, between ‘hope’ and ‘nope’” (House H1858). This dichotomy is a mild example of the discourse that perpetuated a divide between one party and the other, but it is important to illustrate the implication of negative characters in a drama, or shared group fantasy.

Characterizing the Republican Party as “the party of nope,” assisted in enhancing the positive image of the Democratic position. Repetition of this idea by House Democrats is crucial to identifying the presence of symbolic convergence and the fantasy that heroes and villains exist in a debate to determine the fate of the country’s health care system. Representative of the divide between the political parties, the fantasy perpetuated by the Democrats hinged on these characters that served as a metaphor for bipartisanship’s failure.

At the conclusion of the House debate, on 21 March 2010, Representative Jim Moran defined the Democrats and Republicans as distinct and opposite:

Mr. Speaker, today we will define who we are—as Americans, and as Democrats or Republicans.

No Republicans will vote for this bill because they say they want a smaller

government, lower taxes, and less spending.

Democrats, on the other hand, believe that America's government can be fiscally responsible and also play an essential role in helping America achieve its true greatness. (House H1920)

With these remarks, Moran provided a more detailed difference between the Republicans and Democrats, encapsulating many of the arguments used by both sides throughout the debate. This example also develops actions associated with the characters, but this particular excerpt is unique and important because it uses some of the most explicit terms of the debate to distinguish between "us" versus "them."

The bill itself became a character in the debate, which was expected, when I began my analysis and the fact that it was portrayed as a positive piece of legislation by almost all Democrats was also not surprising. The Democratic general support of the bill is representative of symbolic convergence, and their arguments displayed evidence of their collective fantasy themes.

The characters the Democrats included in their interviews also closely paralleled the characters present in the Congressional Record. In her discourse, Rep. Pelosi developed several characters, including the American people as a whole. However, the more salient characters included women and the Republican opponents. About women, Rep. Pelosi stated, "Right up until now, being a woman is a preexisting medical condition. If you are a woman, if you are in child-bearing age and you have children, it's a pre-existing condition" (4). Pelosi's remarks singled out women as primary characters who would benefit from the reform. When discussing her Republican colleagues as opponents, Pelosi stated:

No, the Democrats want a bill. I don't think there's any question in our caucus about our commitment to that. But I don't—I cannot let the good intentions of some on a subject that is very important to them be hijacked by those who do not want health care reform. (5)

Immediately prior to this statement, Rep. Pelosi specifically stated that Republicans were the political party trying to block the bill. Although she did not explicitly state their name in this excerpt, she continued to create a dichotomy between Democrats and Republicans, and she portrayed the Republicans as characters in a drama allegedly trying to thwart the will of the people.

Rep. Hoyer incorporated past presidents into his interview discourse, a common pattern throughout the debate. He also mentioned the various groups who would benefit from the legislation and the insurance companies who assisted in creating the Democrats' desire for reform. Hoyer discussed these groups:

Availability of insurance, availability for small businesses. For seniors, the doughnut hole's going to be closed. People who have children who are up to 25 or 26 years of age will have access to be on their insurance policies. Immediate reduction in prices for small businesses. They're going to have group—availability of group policies. And tax credits for small businesses and individuals to get insurance. (5)

This example is fairly thorough in naming the multiple groups that became characters in the Democrats' shared vision. He also included the insurance companies as characters that were salient in the debate. Hoyer mentioned:

[A]bout stopping insurance companies from preventing pre-existing conditions from getting insurance, from putting so much money on—you have to spend per year that you go bankrupt and not putting on lifetime caps, those insurance reforms, those process reforms to insurance companies that are hurting Americans are all supported by overwhelming numbers of people. (3)

The insurance companies were portrayed by the Democrats as an enemy who needed to be reformed, and by creating this character description, the Democrats further championed themselves as the instigators of reform. Therefore, their fantasy chains to align themselves with the vision of positive progressive reformers.

The characters that Rep. Clyburn developed focused mostly on the opposition that incited violent language in the days following the health reform vote. Clyburn's statement served as a comprehensive example to this heated language: "We, in this Congress, have got to come together in a bipartisan way and tamp this foolishness down. It doesn't make sense. That's not what a democracy is all about" (3). The underlying theme to his discourse was to ask for cooperation and appropriate responses to the violent language from his congressional colleagues, therefore, these colleagues became main characters in his discussion. The setting and characters are only two components of this analysis; the final dimension left to develop is that of the action themes.

#### *Action Themes*

In following, I discuss the primary action themes representative of the Democratic shared fantasy. Rep. Hoyer was the first congressional member to begin discussion on the floor of the House in the Congressional Record used for this study. His discourse began by relating the unprecedented attempt at reform with the efforts of Martin Luther King, Jr. for equality during the Civil Rights Movement of the 1960s. The action that he acknowledged is one of marching across the bridge, relating the new territory covered by the *Patient Protection and Affordable Care Act* to Martin Luther King, Jr.'s march across the Edmund Pettus bridge in 1965.<sup>7</sup> The metaphor of marching across a bridge for freedom developed by Hoyer ultimately led to an overall action that he posited is applicable to the progress of the Civil Rights Movement of the 1960s, as well as the potential progress from health care reform, in 2010. The action of marching or crossing a bridge implied that the group of people were moving from one side of an area to another. The metaphor created the idea that people are moving towards progress; for Martin Luther King, Jr., it was equality and freedom for African Americans, and for the

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<sup>7</sup> Passage quoted on pg. 100-1.

Democrats, in Congress, Rep. Hoyer argued, it is about affordable health care for Americans who are currently excluded from the system.

Rep. Christensen also referenced marching and associated this action with Martin Luther King, Jr.: “Today we begin to end the ‘shocking and inhumane’ injustice in healthcare that the Rev. Dr. Martin Luther King, Jr. spoke of. Today we continue the march to the full greatness that is our Nation’s destiny!” (House H1859). This reference provides further support that symbolic convergence was allowing Democratic leadership to develop these action themes and align with a larger rhetorical vision.

Although not all Democratic speakers used the metaphor of a bridge to develop their arguments, they created the idea of progress and associated action themes with progress, an action that could relate to the above example of Martin Luther King’s march. According to Rep. Pallone:

When we pass this bill, 32 million more Americans are going to be able to see a doctor on a regular basis. America’s seniors are going to be able to get more help to afford their prescription drugs, which will keep them healthy and out of the hospital. (House H1858)

These facts were repeated multiple times throughout the debate in order to provide an idea of what positives would be associated with passing the health care reform bill. The action embedded in this discourse is the ability for Americans to see a doctor, to afford prescription drugs, and to take the steps necessary to avoid future trips to the hospital. The most explicit action in this example is the action taken by congressional leaders to pass reform. Rep. Pallone indicated in the above statement, that by passing this bill, the members of the House would ensure that Americans would be able to take particular actions themselves. Pallone’s example references progress and freedom, similar concepts that converged with the Democrats’ arguments to pass reform legislation. Examples such as the bridge metaphor and implication of

progress from Pallone's discourse signal that the action of progress and moving forward were adopted by the Democratic support.

One of the most important action themes that emerged further contributed to the divisiveness experienced between parties, as indicated earlier by the setting and character themes. The Democrats took the opportunity to argue that the discussion presented by the Republicans and the action statements that emerged from their discourse perpetuated the idea that the Democrats are "the good guys" and the Republicans are "the bad guys," therefore, producing action themes of dividing and defeating supporters of health reform legislation. The dichotomy presented here describes attributes of characters, but the underlying action implications are what ultimately perpetuate the dichotomy and the portrayal of the debate as a battle between those considered good and those considered evil. Rep. Hoyer expressed this divide between parties with the concept of defeat:

Yet there are still some who hope for the bill's defeat. They would see that, I think, as the defeat of one party. One Senator made that observation and said this might be the President's Waterloo. If this bill fails, the Waterloo will be that of the people who are without health care insurance, the people who are struggling to make sure that their children are healthy and well and safe. But it would be a defeat for them and for our country, for a healthy America is a stronger America. (House H1855)

The failure of the bill and the defeat of the bill are the actions that support the divide in the debate and the divide in politics. What is particularly interesting about this excerpt is that it does not explain, in explicit terms, what party falls on what side of the divide. Unpacking the discourse, however, reveals the Democratic Party hoped for success, and the Republican Party tried to obstruct the bill's passage.

A second example of the action theme developed by the Democrats is embedded in Representative Rob Bishop's discourse. Bishop expressed the actions he considered positive and negative:



Mr. Speaker, over the course of this long and passionate debate, amidst the angry and at times even hateful rhetoric, amidst the misinformation of scare tactics, there exists one simple truth is that the current system is unsustainable. It is system that threatens to bankrupt the Federal Government and every other level of government, and it is a system that is already bankrupting businesses, families, and individuals.

Those who stand in the way of reform are protecting this system. To do nothing is to ensure a future of over escalating rates, slashed benefits, and, most tragically, illness and disease that go untreated. (House H1876)

Destruction and bankrupting the Federal Government are the major action themes present in this example. These actions carried negative connotations for the side advocating a lack of forward progress, or in Rep. Bishop's words, "reform." A parallel characteristic between Rep. Bishop's words and the example presented by Rep. Hoyer is that both representatives avoided explicitly aligning Republicans with one side of the debate and Democrats on the other. The party alignment was implied, however, and the discourse continued to support a fantasy whose characters engaged in severe opposition to one another. What is particularly interesting about these examples of the "good guys" versus "bad guys" action theme is that they describe actions from both sides of the aisle. Each statement made in the debate represented a particular action, but these examples create a holistic view of the characters and the actions that pit them against each other, thus creating the divisive fantasy. The Democrats viewed their character(s) as the crusaders who would bring progress to the nation and save it from a course of unsustainability. Their discourse indicated that the Republicans were the characters that would obstruct the work of the Democrats and lead to a world full of tragedy.

Rachel Maddow's interview with Rep. Pelosi yielded action themes as well. Pelosi's primary action theme that emerged from the interview was that of protecting the American people:

And so, if there is no other reason to do health care—insurance health reform, it's to lower the cost because the current system is unsustainable to individuals, to families, to

businesses, to our federal budget and state and local budgets, and also, to our economy, which cannot be as competitive as we need to be with this anvil of health care costs around us. (2)

Lowering the costs of health care for these groups implied a desire or belief that they are in need of protection. This is important because the theme was repeated between Democrats in Congress.

Rep. Hoyer's *Meet the Press* interview, on 21 March 2010, indicated that he also subscribed to the idea of protecting the American people by passing the health reform legislation. The quote mentioned above from Representative Hoyer described the groups of people who would potentially benefit from the legislation, and this excerpt also implied an action theme of protecting the American people. This theme substantiated the drama expressed thus far in the fantasy theme of the Democrats, which included perpetuating the idea of Democrats as the good guys and the Republicans as the bad guys.

The settings, characters, and actions that emerged from the debate represented symbolic convergence within the party. This convergence existed in explicitly stated references, as well as implied and more abstract concepts. Relating past successes to the present debate and developing characters within this setting contributed to a general fantasy theme that this legislation deserved recognition for its historical relevance and for the characters it would protect from harm. The action themes also indicated progress and were repeated by other Democratic policy makers engaging in the debate. Therefore, the Democratic leadership in the House created a rhetorical vision that included support from past leaders working for freedom and reform and used the historical significance of time and their physical location to promote progress, to protect Americans from harm, and to reveal the Republican opposition as harmful to the needs of the American people.

### *Republican Discourse in Opposition*

Just as the Democrats created a fantasy theme complete with settings, characters, and actions, the Republicans in the House aligned a fantasy in opposition to the Democrats' discourse. As the party who vehemently opposed the reform legislation, I expected the Republican shared fantasy to attempt to implicate the Democrats as a party with negative and even grave intentions for the direction of the country. Their discourse did prove that the settings, characters, and actions that emerged from the debate were, in fact, quite negative of the Democratic Party. The negative implications and even underlying connotations became quite severe, literally accusing the legislation and its supporters as being evil.

#### *Setting Themes*

The overarching setting that underscored much of the debate from both political parties was America as a whole. America as the setting for debate is the obvious theme that is expected from most, if not all, political discourse. Therefore, I acknowledge its presence while shifting my focus to the more specific themes that were developed by the Republicans and resulted in a shared fantasy.

Washington, D.C., was often used by the Republicans as a negative symbol due to the actions Democrats took in proposing this legislation as the controlling members of Congress. While the Washington, D.C. setting can be targeted by politicians no matter their political alignment, the Republicans used this cradle of American democracy as a negative location and as an example of why Democrats should not be trusted. In articulating his rejection of the *Patient Protection and Affordable Care Act*, Representative Fred Upton stated, "Only in Washington can folks stand here and claim spending \$1 trillion will actually cut the deficit" (House H1856). Washington, D.C., is home to political members of various parties, but the underlying

implication in this statement is intended to incriminate the Democrats. Upton created the idea of a city detached from the wishes of the American people, and while he too is a member of Congress who works in Washington, D.C., he aligned this idea of detachment exclusively to the Democrats.

Another example can be taken from House Rep. Pence:

The arrogance we've witnessed in this institution is breathtaking. Only in Washington, D.C., could you say you're going to spend \$1 trillion and save the taxpayer money. Only in Washington, D.C., could you exchange pro-life protections enshrined in the law for 30 years for a piece of paper, signed by the most pro-abortion President in American history. (House H1885)

Several accusations are made in this statement, and Washington, D.C., is at the center of this setting theme. We see a similar remark by Rep. Upton when referencing the amount of money Democrats claim will ultimately relieve the deficit; therefore, this reference is indicative of Republicans subscribing to the same belief (House H1857). Additionally, Rep. Pence made comments that generate negative connotations and accused Democrats of betraying the duties expected of their placement in this location, or setting (House H1885). Therefore, the Republicans conceptualizing Washington, D.C., as a setting vulnerable to deceit and overspending further contributes to symbolic convergence and allows them to subscribe to a drama that unfolds in this location.

As a parallel to the Democrats' development of setting themes, the Republicans also discussed the House and House chambers, relating their symbolic significance to the debate regarding health care reform. Democratic members incorporated this significant setting as a positive and appropriate one for the actions that took place. The Republicans inverted this significance and built an argument that supporters of the health care reform package were doing

a disservice to the location by voting for the legislation. One of the most effective examples of this setting development was incorporated by Rep. Pence:

You know, today we gathered in the old House Chamber for a time of worship and prayer. Members of Congress have been doing that for about 200 years. It's a Chamber filled with statues of great Americans: Sam Houston, Lew Wallace, Robert Fulton, William Jennings Bryan, soldiers, heroes and heroines of freedoms past. As I sat there, I thought of that Bible verse that said, 'We are surrounded by such a great cloud of witnesses.' Standing here tonight, I believe we are as well. (House H1885)

Upon first glance, one may observe that there are many historically significant names mentioned in the excerpt that would pertain more to character development than a discussion about setting. However, Rep. Pence explicitly included the "House Chamber" as a significant location for reflection and developed the importance of this setting by listing names of famous Americans that make the House Chambers an important and influential setting in the debate. The relationship between the significant past to the moment of the health debate is created by this setting and is therefore important when identifying what the Republican Party deems significant and worthy of creating a common fantasy.

Rep. John Boehner also provided illustration of the importance placed on the House:

Today, this body, this institution, enshrined in the first article of the Constitution by our Founding Fathers as a sign of the importance they placed on this House, should be looking with pride on this legislation and our work.

But it is not so.

No, today we're standing here looking at a health care bill that no one in this body believes is satisfactory. Today we stand here amidst the wreckage of what was once the respect and honor that this House was held in by our fellow citizens. (House H1895)

Again, the House was placed at the center of the debate not only for its physical proximity to the vote, but its symbolic one as well. When Boehner described the trust placed on the House by the Founding Fathers and then emphasized the destruction of that trust, he placed the physical

location of the vote as a necessary component to consider when arguing against legislation that would further desecrate its prominence.

The House, as a general location, served as both a physical and symbolic setting that members developed in their debate discourse. A more specific setting was also developed by the Republicans, which provided more negative connotations surrounding the legislation and reasons to consider it suspicious. The opposing members argued that the bill was drafted without the necessary transparency to Congress or the United States public. The accusation, that the Democrats completed the legislation secretly, was echoed by Representative Bono Mack: “This bill and the outrageous abuse of the process and all the backroom deals needed to secure passage is simply the wrong approach” (House H1859). The “backroom deals” insinuated that the legislative process associated with this health care reform package was conducted in a setting that should be considered unacceptable. Another example comes from Representative Judy Biggert:

Instead, true leadership was cast aside in favor of backroom deals, partisan games, and legislative gimmicks. The best intentions on both sides of the aisle never had a chance to turn good ideas into great policy, and we were left with a bill that is so poorly crafted that we are voting to overhaul it the same day it is going to the President. (House H1873)

The term “backroom deals” is repeated, and it is associated with terms such as “partisan games” and “legislative gimmicks,” therefore implying that this “backroom” is a place of deception and negative agendas. Inserting the concept of the “backroom” into the debate indicated the alignment of a vision and ultimately created a vision that could be communicated to the audience. Republican leadership created a negative setting that prepared the stage for their argument that this bill is not in the best interest of the American people.

A final salient setting theme was that of the personal space of individuals. As champions of smaller government, the fact that Republicans would argue for less government intervention

and more personal space or freedom was not surprising. What is important to note from their use of this setting is the fact that they framed it as a value that would be challenged with the passing of the *Patient Protection and Affordable Care Act*. The setting is one that is most often developed as an implication throughout the discourse. While personal freedoms are values that the Republicans repeated in the debate, the idea that an individual's personal space would be encroached upon shifted this value to an implied physical setting. Representative John Shadegg, for example, mentioned, "This bill is the epitome of Washington politicians telling the American people, We know better how to run your lives than you do" (House H1859). Obviously, characters and actions are also described in this example, but the most interesting implication is the one suggesting that this particular bill would literally encroach on personal space to the extent that people will be told how they should live their lives.

Another indication that personal space was a primary setting in the debate came from Rep. Camp:

The American people have spoken. They do not want the tentacles of the Federal Government reaching into their lives and controlling their personal health care decisions. Yet that is exactly what will happen under the Democrats' health care bill. Federal bureaucrats will be making your health care decisions for you and your family, and the IRS will be enforcing them. (House H1863)

The imagery produced by Camp's statement was quite intense and spoke to the infringement of the federal government on the lives of individuals, in addition to his portrayal of this entity to be negative and almost evil. The personal space implied really became a physical setting, one in danger of being lost and one repeated often by the Republican members of the House.

Prior to the vote, Rep. Pence was interviewed by Greta Van Susteren. Pence's discourse focused mainly on the topic of abortion, although we should note that he was referencing the future and generating it as a setting theme. Pence posited that if the American people spoke up

against abortion, then there would still be time to stop the legislation from passing (1). His discourse continued in this vein, but no other setting themes emerged from this particular interview.

During a roundtable discussion on *Meet the Press*, Rep. Boehner described setting themes that articulated elements of a temporal order. His opening statement on the program reviewed the history of the debate for the most recent reform legislation:

Fifty-four speeches by the president of the United States over the last year, a year's conversation with the American people, and they've been heavily engaged in this conversation for nine months. The Senate's bill's been out there now for three months. (2)

The historical context further substantiated the shared Republican vision that the time it took to put the legislation together and the final outcome was not satisfactory to their party. As discussed above, this type of discourse fits Aristotle's description of forensic speech.<sup>8</sup> Here, based on past actions, Boehner is accusing the Democratic Party of being guilty of not developing legislation that satisfies the will of the American people.

Much of Boehner's discourse also focused on the future, aligning with his Republican colleagues' expression of a grim future if the legislation passed:

It is a government takeover. . .and, and a mandate on every American to have health insurance, a mandate on every employer to provide health insurance. How about the health choices czar. . .that's going to decide what every health insurance policy looks like within five years. (4)

This grim image of the future of the country, which Boehner conveyed, is one all Republicans claimed they were trying to prevent. In this sense, his comments fit Aristotle's definition of deliberative speech, associated with expediency and in expediency,<sup>9</sup> and further developed his case for Congress.

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<sup>8</sup> For further discussion, see Aristotle 1.3.

<sup>9</sup> For further discussion, see Aristotle 1.3.



In an interview with Bob Schieffer on *Face the Nation*, after the health care legislation passed, Rep. Bachmann discussed an important setting theme developed by Republicans. As her colleagues, Bachmann generated a setting that focused primarily on the future:

[Health care reform] is not going to bring us back to economic health going forward, but that's what you expect when you have massive tax increases, massive Medicare cuts, massive premium increases. You will have massive job loss. (5)

Bachmann's rhetorically deliberative discourse was almost prophetic and definitely encompassed the setting of the future, implying that the bill would have a negative affect on the nation. The setting themes accused the Democrats of leading the country down a reckless path towards the future, in an attempt to strengthen the opposition to the legislation and to persuade Congress and the public to withdraw support of the bill.

References to Washington, D.C., the House chambers, and important historical implications, in addition to predictions of the future, were repeated by the Republican opposition, generating symbolic convergence and allowing these fantasy themes to unfold. These settings were used by Republicans to warn of harm by characters and actions discussed below. Therefore, the divide between the parties was not just determined by the numbers of legislators on both sides of the debate, it was developed and repeated by these fantasy themes.

### *Character Themes*

The Republican Party in the House of Representatives included several different characters in their vision, and these characters assisted in developing a vision that targeted the Democrats as the "other" or the bad guys. One of the most surprising developments that resulted from my analysis was the discovery of the importance still placed on individual states, indicated earlier by the discussion of states' rights as a Republican value within the larger value system of freedom. The Republican members did not even mention the nation as a whole until several

speakers into the debate of 21 March and instead focused on how the bill would unfairly target the states. The repetition of this concept indicated this was an important issue to the party's vision, but it also made the states a character in the debate.

Rep. Deal was the first Republican member whose discourse was printed in the Congressional Record for the House, and he generated the first inclusion of states as characters:

Despite billions of dollars in new taxes, despite billions of dollars in cuts to Medicare, and despite deceptive accounting practices to hide the true cost of this bill, it appears that we have run out of what money is here in Washington, because we are seeking to impose unprecedented and unconstitutional mandates on our States.

If this bill becomes law and I am successful in my undertakings, I will devote my efforts to making sure that the people of my State are not subjected to the unconstitutional individual mandate and that my State is not subject to the unconstitutional mandate to expand our Medicaid rolls. I know that I am not alone. Yesterday, 38 States indicated that they would join in suing to challenge the constitutionality of this statute. (House H1856)

The states and the rights of the states are central to the Republican argument and are considered the primary characters in this portion of the debate. Deal mentioned the individuals living within the states, but this did not detract from the emphasis on states as characters. Instead, it seemed to substantiate the need for protection of the individual states in order to protect the citizens of that location.

Further discussion of the states was evident when Rep. Guthrie commented:

Mr. Speaker, I have always liked to describe this process I have seen in the last few weeks of trying to put a bill together like putting a puzzle together, but forcing pieces together and trying to make them fit. And in the end, the puzzle doesn't have a complete picture. And one of the pieces they are trying to make fit to keep this under \$1 trillion, is what the score is; but what they are not mentioning is the incredible unfunded mandate that we are placing on our States.

Just a couple of years ago I was a State senator. And tonight, State senators in Kentucky, my former colleagues, are meeting together to try to close a billion-dollar budget gap. And what does this bill do? This bill puts \$30 billion unfunded mandate by CBO estimates onto our States. (House H1873)

The emphasis on the states and the burdens that may be imposed on the states were clearly repeated by Republican members. Guthrie related his time in the State senate to the proposed legislation in the United States House of Representatives. Republicans clearly indicated the “State” was a character in their fantasy in need of protection. Therefore, individual states served as abstract characters in the dramatic message, as described by Bormann, and further reify the political divide.

Once the Republican members did begin to discuss the nation as a whole, the founding fathers and other historically significant Americans were inserted into the debate. When arguing against the reform bill, Representative Bill Young said of the legislation, “It is still not good public policy, it was not considered under an open process envisioned by the drafters of our Constitution” (House H1901). The nation’s founders are commonly central figures in the discussion and perpetuation of America’s story. To include them in the debate and posit that their wishes were being ignored with the political process being enacted is to make the argument that the Democrats were breaking from the nation’s values and ideals. Rep. Boehner also aligned his discourse with these characters. If we examine the quote used to reveal a salient setting theme above, we would also find the discussion of the country’s forefathers. Boehner mentioned, “this institution, enshrined in the first article of the Constitution by our Founding Fathers as a sign of the importance they placed on this House, should be looking with pride on this legislation and our work” (House H1895). Boehner also indicated that the Founding Fathers would not be looking at this legislation with pride. Therefore, he not only developed the House as a major setting, but he also made the Founding Fathers major characters in the debate. The manner in which the Republicans aligned the Founding Fathers in their discourse, indicated that

the fathers become a sort of barometer for judging the positives and negatives in American policy.

Protection of the unborn has become a larger issue for debate in recent years, especially when discussing the *Patient Protection and Affordable Care Act*. Women became characters benefiting from the legislation in the Democratic discourse. Republican members argued the details of abortion and made comments against the practice, due to the danger it presents for women,<sup>10</sup> but instead of placing significant emphasis on women as characters in the debate, Republicans placed greater emphasis on the protection of the unborn. Rep. Pitts provided an effective example with his comments, “The bill and the accompanying Executive order turns over the protection of the unborn to the most pro-abortion President in our history” (House H1860). Several times in the debate, President Obama was referenced as a “pro-abortion” president, instead of the commonly accepted term, pro-choice. While the term “pro-abortion” did imply a lack of protection for unborn children, the most explicit statement was that the bill would allegedly reverse any protections in place for the unborn. Therefore, the discourse of the Republicans included the unborn as a primary concern in the debate. If we return to Rep. Pence’s remarks from his inclusion of Washington, D.C., as a setting, we also find that he referred to the unborn with similar discourse: “Only in Washington, D.C., could you exchange pro-life protections enshrined in the law for 30 years for a piece of paper, signed by the most pro-abortion President in American history” (House H1885). The language in these excerpts was almost identical and definitely hinted to symbolic convergence among Republican congressional members. Both representatives argued that the unborn would be left unprotected, maybe even

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<sup>10</sup> For example, Rep. Smith on page H1910 of the Congressional Record describes abortion as harmful to women’s health, both physical and mental.

attacked, by using more aggressive language with the term, “pro-abortion” as opposed to “pro-choice.”

As mentioned earlier, the fantasy themes that the parties cultivated throughout the debate created a good versus evil theme, where each party attempted to illuminate themselves as the good guys. The discourse produced by the Republicans tended to communicate language indicative of violent themes. Some of the most explicit statements were generated by Rep. Camp. Camp described the federal government as an entity with “tentacles” that would encroach on individual’s rights by sending IRS officials to “enforce” the law. The statement concludes by discussing how the bill would “ruin” the economy and “kill jobs” (House H1863). Each of these descriptions made the federal government seem to be an evil body that would send in IRS soldiers to enforce laws and kill jobs, thus engaging in violence. These characters are described through action, which is discussed next, but it is important to note the inclusion of these characters and the violent characteristics applied to them. Rep. Brown-Waite referred to the IRS as inflicting “wrath” on the people:

[T]he Democrats on the other side of the aisle believe that the American citizens can no longer be trusted to manage their own health care in the best way they see fit. You must now do things in their socialist way or face the wrath of the IRS. (House H1867)

Democrats were vividly portrayed as the enemy and by describing them in this way, this Republican member made her party appear to be the hero who was trying to prevent these negative characters from getting their way.

The Congressional Budget Office was another character theme that developed from the Republican opposition. Although the predictions of the CBO were more favorable to the Democrats’ arguments, the Republican leaders argued that the projections were false and untrustworthy. For example, Rep. Posey commented: “So, rather than saving \$118 billion over

10 years as CBO estimates, the real costs will be hundreds of billions of dollars in deficit spending in just the first 10 years” (House H1900). Representative Bill Young shared the same sentiment: “The non-partisan Congressional Budget Office (CBO) estimates that overall federal spending on health care will increase by \$390 billion over 10 years. This is at a time when proponents of this legislation say it will save money” (House H1901). These two examples personify the CBO and rhetorically position a non-partisan government office as one that speaks falsehoods, or presents information that the Democrats choose to ignore. Although the CBO was not explicitly discussed in the interview discourse, it was a salient theme for the Republican opposition in the House.

The character themes that developed in the interviews began with the discourse generated by Rep. Pence. He focused on congressional members who would consider themselves pro-life, and he placed emphasis on the Americans who would speak up against abortion. When discussing the pro-life members of Congress and the American people, Rep. Pence stated:

[I]f [Pelosi] can't somehow get the 12 pro-life Democrats to go along with some kind of an arrangement, I—I—I think they can't pass the bill. And so, you know, it's imperative that people understand, people who cherish that long-standing tradition of not using taxpayer dollars of government systems to provide coverage for elective abortions—it's important to know that the Senate bill can't be fixed. (3)

He included these two groups of people and made them characters in a vision that placed emphasis on protecting the unborn. This example aligns with the character themes of the unborn and places emphasis on the unborn through discussion of pro-life supporters.

Rep. Boehner's discourse focused closely on the parameters of the federal government, and his discussion paralleled that of his colleagues in turning the federal government into a character throughout the debate. Boehner referenced the government when he stated:

But let's not let a few isolated incidents get in the way of the fact that millions of Americans are scared to death and millions of Americans want no part of this growing

size of government here in Washington. We've got the best health care in the world, and we're about to take this dangerous step, very dangerous step toward the government running the whole thing. That's not what the American people want. (4)

While the American people emerged as characters in this example, the major character theme is that of the government and the government adopting human characteristics in running the health care system. Placing such a negative connotation on government involvement fit perfectly in the vision that the Republicans were trying to act as the good party to stop the out-of-control Democrats.

Rep. Bachmann developed the same character themes in her interview. First and foremost, she developed the federal government as a character in a manner that resembled Rep. Boehner's language:

And with the health care industry that's an additional eighteen percent of the private economy, which means government would be making decisions over our lives from the cradle to the grave. I think that's a stunning level of government takeover and control we have never seen before in the history of our country. (4)

Her discussion of the government in terms of "takeover" and "control," in addition to "making decisions over our lives from the cradle to the grave" turned the government from an institution to a character in a shared fantasy. The implied characters are those of the American people who would be affected by the government in her opinion. Throughout the rest of the interview, she mentioned that she thought those in Congress needed to do what was in the "best interest of the American people" (Bachmann 6). Therefore, her primary character themes intertwined the federal government with the American people.

Many character themes the Republicans included were oriented with negative connotations, such as the federal government and the wrath of the IRS. The discourse indicated that Republicans shared the fantasy that they would serve as protectors to other characters including the unborn and individual states within the nation. The repetition of this idea is

indicative of Republican members aligning with a larger rhetorical vision. These examples express the characters they believe contribute to the plot of the debate and the plot of their fantasy that their opposition blockades the evil characters from harming characters they value. This symbolic convergence continues with the action themes Republican members incorporate, connecting the setting and character themes to a larger plot.

### *Action Themes*

Various action themes also emerged from the debate and further reinforced the divide between House Republicans and House Democrats. Just as several characters emerged from the Republican discourse that reflected violent themes, several actions also reflected violence, even paralleling war actions. Repeated throughout the debate was the term, “kill the bill,” which was first expressed in my analysis with Rep. Camp’s rich discourse that ended with his call to action to “kill the bill” (House H1863). A second example came from Representative Cynthia Lummis, when she stated, “America deserves better than this. America is better than this. Let’s listen to America. Kill this bill. Start over with health care we can afford. Create jobs and save our economy” (House H1884). The verbs she used here, “kill this bill” and “save our economy,” are ones that appear in war rhetoric. When these terms were used by Republican leaders of the opposition and repeated by other party members, the terms conveyed a sense of action for the party, a shared fantasy, one that cast the opposition as a battle against the destruction of America.

Another example of war-like discourse came from the action of fighting for freedom, a common theme that emerged from the analysis. Representative Sam Johnson expressed his concern for the freedoms dear to the country by relating his position against the bill as a “fight.” Rep. Johnson stated, “it is the America I fought and sacrificed for, and all the freedoms we hold dear,” concluding his remarks with, “Join me in this fight for freedom, vote ‘no’” (House



H1864). Comparing the debate about the bill to a fight, Johnson's metaphor imparted the sense that he was fighting a war. In addition to Rep. Johnson's statement, the implied fight for freedom could be found throughout the discourse of other House representatives. Rep. Franks charged this bill with robbing the American people of their freedoms, thus implying a need to fight for these freedoms:

Ultimately, this bill is about robbing America of one of its greatest distinctiveness: freedom of the individual. It's about robbing the American citizen of power, and putting it in the hands of left-wing bureaucrats and elitists who think they know more about running people's lives than the people themselves do. (House H1903)

The underlying implication is that one party is robbing the American people of what is inherently guaranteed to them by the Constitution, thus making the party of resistance the heroes. The Republican leadership built this image of the Democrats unfairly robbing Americans of freedoms and their party as the one fighting to prevent this injustice. Based on indications from the setting themes and character themes aforementioned, it was not surprising that the Republican opposition displayed symbolic convergence with action themes that aligned with fighting. The larger vision included fantasy themes that implicated Washington, D.C., negatively, as well as metaphorical characters with negative connotations.

A more general action theme that emerged from the discourse was the idea that the Republican congressional members were trying to protect the American people from an expansion of the federal government. The war themes and somewhat violent themes discussed above ultimately implied that the opposition were the heroes fighting for justice and fighting for the American people. The action theme of protecting American citizens is mostly an implied action, but one that is no less important to discuss. Rep. Kline encapsulated this action theme:

This bill is not what the American people want. They are imploring us to start over with reforms that will bring down health care costs while preserving the relationship between

the patients and their doctors. This is our last chance to stand up for the people who sent us here and display the courage to prove that we can do better. (House H1872)

Kline appealed to his colleagues that they were in a position to show courage and to prove this courage to the American people. He suggested a relationship exists between Americans who oppose the bill and members of the House who have the power to speak for those people. These House members, he implied, have adopted a role of protector.

Rep. Pence provided debate discourse that has already been examined in this study, but he too provided an example that contributed to this shared vision of the Republican members.

Pence created the idea of protector when explaining what he believed was best for Americans:

Now it's our turn. We can reform health care without putting our country on a pathway towards socialized medicine. We can reform health care by giving the American people more choices, not more government. So I say to my Democratic colleagues, stand with those who have gone before and made the hard choices to defend freedom in their time. Stand with us. Stand for freedom, and the American people will stand with you. (House H1885)

This example seems to repeat the argument made by Rep. Kline. As did Kline, Pence expressed a call to action that he stated stood on the side of the American people, implying that he and other representatives had an opportunity to protect the country.

In his interview discourse, House Representative Pence also fostered the idea of a government takeover, an idea that other Republicans championed throughout the debate. The major action theme that Pence expressed was the intention to stop the bill from passage, but his idea of a government takeover gained prominence with continued repetition. Pence specifically stated, "And I think if the American people, those that oppose a government takeover of health care, continue to let their voice be heard, we can stop this bill" (Pence 2). The action theme of a government takeover became a popular theme throughout the debate.

In addition, Rep. Pence also developed the action theme of protecting the American people. In reference to the language in the bill, he claimed that a particular motion would require a Senate motion in order to “protect American taxpayers” (Pence 2). He also developed this idea when he said, “we can start over on the kind of commonsense incremental reforms that will respect the common sense and the values of the American people” (Pence 3). Both of the above statements generated the action theme of protecting the American people.

Analysis of the interview discourse yielded the alleged government takeover as an action theme again in Rep. Boehner’s roundtable discussion on *Meet the Press*. Boehner made several allegations about the extension of government. For example, he stated: “what the American people don’t want is this big government takeover of our healthcare system” (4) implying the passage of the legislation would result in a government takeover of health care. This claim was often repeated, without much support, and generated negative associations for the Democratic Party. The only other action theme that emerged from Rep. Boehner’s discourse was that of repealing the bill. Boehner commented, “[I]f this bill passes, we will have an effort to repeal the bill, and we’ll do it the same way that we approached health care, on a step-by-step basis” (8). As the vote for health reform legislation neared and in the days following its passage, the idea of repealing the bill became more salient. The theme of repealing the bill was an action that Republicans adopted, and it fit into the shared fantasy the Republican Party subscribed to in opposing the Democrat’s legislation.

Rep. Bachmann also expressed the theme of a government takeover in her media interview. Bachmann specifically stated, “I think that’s a stunning level of government takeover and control we have never seen before in the history of our country” (4). She also combined the action themes already salient in the discourse, protecting the American people and repealing the

health care bill: “But I think we need to be all about the American people. That’s why I oppose Obamacare and why I believe we must repeal it” (6). Within just a few sentences, she effectively expressed the idea that the American people needed to be considered, or protected, better than would happen with the legislation, and she warned that her party would repeal the bill. These action themes explicitly stated the Republicans’ opposition to the health care legislation.

The action of protecting the American people and specific characters identified earlier correlates with the themes presented by House Republicans. The opposition developed fantasy themes in the form of settings, characters, and actions that aligned with the larger rhetorical vision of the Democrats representing evil and the Republicans representing the good protectors. The salient fantasy themes that emerged were most often indicated with the explicit references outlined above, but these also occurred in more abstract terms, emerging through implications of the opposition’s discourse. It is clear that the Republican opposition did display symbolic convergence and expressed this convergence with the fantasy themes that contributed to their perspective regarding the *Patient Protection and Affordable Care Act*. The general rhetorical vision that seems to have emerged from the discourse of the Republican leadership is one that focuses on actions such as fighting against the opposition, protecting the American people, and attempting to prevent a government takeover. This vision relates well to the characters that emerged from their examples, such as the rights of individual states, the wishes of the founding fathers, the rights and protection of the unborn, and protection from evil entities such as the federal government. The settings of Washington, D.C., House chambers, backroom deals, and personal space of individuals created the location for the actions to take place and the repetition of these themes was crucial to defining the rhetorical community as the Republican opposition.

## Opposing Themes in the Senate

### *Democratic Discourse in Support*

The House of Representatives passed the health care reform legislation, on 21 March 2010, and the Senate began deliberations on the reconciliation bill, on 23 March. Although the initial legislation passed and the Senate discourse included new amendments for consideration, the discourse generated by the Democratic support revealed themes that indicated symbolic convergence, similar to the convergence that occurred in the House. The fantasy themes generated by Democratic Senators are expressed in the form of settings, characters, and actions referenced throughout the debate.

### *Setting Themes*

Democrats in the House of Representatives had included several setting themes in their discourse, but I did not find as wide a range of setting themes in the Senate debate, although there were some parallels. The most extensive setting theme was that of time, ranging from an historical overview of health care reform to the present actions and finally, to the hopes for its future successes. This development of time was expected, especially after its prevalence in the House debate. A major factor in the arguments expressed by the Democrats included the unprecedented success of the bill. Democrats were able to develop this theme thoroughly by discussing it within the context of time.

Several examples completely encompassed the past, present, and future in just a few sentences. From Sen. Baucus' opening remarks:

[President Obama] signed health care reform into law. Many of us have dreamed of that day for years. Now it is a fact. Now it is law. Now it is history. Indeed, it is historic. He signed a law that will ensure that average people without insurance will get health insurance choices just as Members of Congress do. This morning, President Obama signed a law that will control the growth of health care costs in years to come. (Senate S1822)

The references to time are interrelated in this example, and Baucus developed these multiple time periods by first recalling that congressional members had dreamed about this law and that it was, in fact, historic. The Senator mentioned the present time period by stating that the president had signed the bill into law earlier that day. Finally, he concluded his discourse with a positive aspect hoped to manifest in the future. As mentioned previously, the context of time was an important setting for the Democrats to develop because they were able to frame past desire for reform, the success emanating from the House's passage, and the future they believed would be brighter thanks to the new law.

Another prominent example of time representations included discourse from Sen. Dodd. Dodd stated, "So for us in Congress, the passing of the legislation represents more than just the culmination of a century-long movement for reform" (House H1844). This sentence places significant emphasis on the past and includes an implication about the actions taken earlier that day. Dodd continued, "What this effort represents is proof that while progress is not easy, neither is it impossible, and that, maybe more than anything else, is important about what we saw today" (Senate S1844-45). Greater emphasis was placed on the present day with this comment. The present was more salient in the Senate discourse than in the House, probably due to the fact that the Senate was discussing the actions that had taken place earlier, on 23 March 2010, with the passage of the legislation by the House of Representatives. Dodd also proceeded to mention the future when he stated, "As President Obama said, we didn't come here to the Senate, to the Congress of the United States to fear the future; we came here to try to shape it" (Senate S1845). The setting of time comes full circle with this example. Senator Dodd discussed the history of the argument for health care reform, acknowledged the legislation that was signed into law that day, and included the words of President Obama who expressed the need to shape the future.

Therefore, the temporal order of events discussed in the Senate emerged as a salient issue in both the House and the Senate. The repetition of this discourse only further proves that the Democrats are aligning with the belief that their legislation is even more important because of its place in history and its potential for the future. With this emphasis on the future and shaping the future, the deliberative nature of the discourse is not surprising. This is common in legislative discourse and was expected from the political party celebrating success of the health reform legislation. Their discourse converged with this setting theme and indicated that the members were aligning with a rhetorical vision.

Senate Democrats transformed the physical divide traditionally acknowledged between the House and the Senate into a reference of the division in this political debate. Sen. Durbin developed this reference:

Now, I can understand why some on the other side of the aisle did not like that. They did not vote for it. But the fact is, to come before us in this Chamber and attack the now law of the land is to ignore why we are supposed to be here. We are here with a reconciliation bill that is basically designed to reduce the budget deficit. (Senate S1849)

This excerpt was particularly effective in communicating the physical and symbolic divide within the Senate because it referred to the party as those “on the other side of the aisle” and acknowledged the fact that the debate was taking place in the Senate Chamber. Recognizing these setting themes allowed the Democrats to express the symbolic importance of this governmental body and the prominence in the divide between those who stood on the side supporting the legislation and those opposing it. This setting theme had also been expressed in the House discourse, and although the House and Senate are two separate political bodies, the appearance of this theme in the Senate indicates symbolic convergence within the Democratic Party in general.

A second example of the Democrats' acknowledgment of the dichotomy in the Senate came from Sen. Stabenow. Stabenow discussed the amendments Senate Republicans were proposing to add to the reconciliation bill and stated, "I say to colleagues on the other side of the aisle: Don't play games with Americans' health care" (Senate S1851). While this example is a fairly simple one, Stabenow perpetuated the dichotomy of the division between the parties and created a description of the setting in which the unprecedented legislation was being debated.

The first interview representative of the Senate Democrats used for this analysis included an interview with Senator Durbin on *Meet the Press*, on 14 March 2010. The setting themes that emerged from his discussion in this interview included an examination of certain states' involvement in the legislation as well as setting the stage for the future. The specific language about the states was not pervasive, but Durbin did discuss some special considerations in the bill for states such as Nebraska and Louisiana and why these states were deserving of consideration (4). The setting theme that was more prominent was a discussion of the future. Durbin commented, "With that bipartisan cooperation, we can start to get this economy moving forward" (5). Again, this example is representative of deliberative discourse, as defined by Aristotle, generated in both the House and Senate. By discussing forward action to help the ailing economy, Durbin created a setting theme that was common among Democrats when engaging in the discussion about the *Patient Protection and Affordable Care Act*.

On 23 March 2010, Sen. Stabenow made an appearance on Greta Van Susteren's show, *On the Record*. Her discourse did not reveal a plethora of setting themes; rather, the only one she developed related to Sen. Durbin's when she included language about the future. When speaking about the reconciliation bill, Stabenow stated, "And it's going to help people going forward to be able to get what they are paying for" (3). The idea of moving forward aligns



almost perfectly with the discourse produced by Senator Durbin and aligns with the future setting that was present in the Democrats' language. This example created a positive connotation about the Democratic Party and contributed to the shared fantasy theme.

The temporal order mentioned thus far in the analysis also pertains to Senator Harry Reid's interview following the vote on *On the Record*. While there was some discussion between Greta Van Susteren and Sen. Reid about the history of his experience with the bill, the overarching setting theme was a discussion about the future:

[T]here are some things we call deliverables that take effect immediately. Children will be able to stay on their parents insurance until they are 26. We're going to close the doughnut hole. We're going to allow small businesses to get 35 percent on their insurance and soon 50 percent (6).

The issues that he addressed here were part of the legislation that would take effect in the near future, and he generated an explanation that centered the setting of the shared vision in the future. The majority of these setting themes can be described as deliberative and worked rhetorically to make the Democratic position a positive one. The pervasiveness of these setting fantasy themes indicates symbolic convergence in the Senate, similar to how it occurred in the House of Representatives.

### *Character Themes*

The fantasy themes Democrats and Republicans subscribed to during the debate assisted in developing the divide expressed in the discourse. One of the major character themes adopted by the Democrats was their generalization about the opponents of health care reform. They made several references to the opponents of the legislation, which supported the vision by the Democrats that they were representative of the good and the Republicans were representative of the bad. Sen. Harkin included criticism of the Republican Party in his address to Congress:

I am sorry the Republicans seem to take pride in their reputation as the party of no. We all remember William F. Buckley's conservative motto; William F. Buckley, the father of the conservative movement. He said: The role of conservatives is 'to stand athwart history yelling stop.' Well, that is exactly what our Republican colleagues did by filibustering and trying to kill health care reform. That is exactly what they are trying to do now—to obstruct and kill this reconciliation bill. But it will not succeed. (Senate S1831)

The Senator not only depicted his Republican colleagues as the side trying to halt reform, but he also the “conservative movement” with his description of what he believed was wrong. When he claimed that the Republicans would not succeed in their obstructionism, he aligned his party with those who would prevail. Their opponents, he intimated, would not succeed because they should not be supported.

Another example of this character theme can be found in Sen. Dodd's discourse:

I know some of our friends have made plans to spend the rest of the week delaying passage of this bill. I would hope they not engage in that. I don't think it serves our interests. Vote against it, if you want, and let us get on with the other business we have before us. To go through some marathon voting for the sake of delaying the process I don't think does a great service to this great institution. That is not what we are sent here to do. (Senate S1845)

Although Dodd referred to the health reform opponents to as “friends,” rather than specifically by their party or political orientation, he clearly was accusing those who stood against the bill of not doing the business required of their office. The result was to make his party appear the better of the two. Discourse that worked to create characters with negative connotations was a tactic not unique to the debate from either Democrats or Republicans. This character development was repeated on both sides of the aisle; however, each political party assigned negative connotations to characters representative of their opponents. Therefore, symbolic convergence occurred with the repetition of this discourse and perpetuated the idea of evil characters.

The Democrats also employed another character in the debate that was central to the health care reforms signed into law. Insurance companies were portrayed as the businesses in

need of reform and control, which the Democrats expressed multiple times throughout their discourse. Sen. Harkin explicitly discussed this character:

Yes, this new law includes important and long overdue measures to crack down on abuses by health insurance companies—abuses that leave all Americans, including those with insurance, just one illness away from financial catastrophe. (Senate S1829)

American citizens who would benefit from the legislation are also characters in this statement, but their presence supports the major character theme of the abuses and injustices created by the insurance companies. Harkin called insurance companies abusers, making them seem almost bullies. The development of these companies as characters contributed to the Democrats' fantasy theme of the progressives and good guys in the debate.

In addition to this example, Sen. Leahy also discussed the insurance company as a character when he stated, "Insurance companies, of course, will continue to lobby like crazy to keep from being covered by the antitrust laws. No surprise there. The rules they have operated under have been stacked in their favor" (Senate S1842). The fact that the insurance companies continued to emerge from the debate arguments allowed the Democratic members to portray the companies as a negative influence on American health care and substantiated the legislation championed by their party. As a debate concerning health care reform, the presence of insurance companies as characters was not surprising. I expected references to the abuses of insurance companies, and ultimately a development of the insurance companies as negative characters in the debate and the repetition of this theme supports Democratic symbolic convergence.

The discourse ultimately singled out groups of Americans who would benefit from progressive reforms in health care. Members of the Senate did incorporate stories of individuals around the country who, according to the Democrats, were in need for reform. While these individual stories were important, the groups of people that were incorporated into the discourse

served as more prominent characters necessary to create convergence around a particular fantasy. These groups extended from those that emerged from the House debate into the Senate discourse, such as seniors, and children. The unique group that seemed to gain momentum in the Senate discourse was an acknowledgment of disabled Americans. Sen. Harkin discussed the improvements for disabled citizens:

To me, this is a profound change in how we are going to treat people with disabilities in our society. This is one of the landmark disability rights part of this bill, and not too many people know about it. But I think after the signing of the bill today, people in the disability community all over America will know it is in there. (Senate S1830)

Harkin discussed options that the reform package would offer to people living with disabilities. The disabled were mentioned in the House discourse, but rarely in terms of the disabled community as a whole, therefore, this acknowledgment adds yet another dimension to the characters developed by Democrats. By portraying their party as the one championing the rights of the disabled, they bolstered their accomplishments as a political party.

Sen. Leahy provided an example of the disabled community's inclusion as a character in the discourse by placing them in context with other groups who stood to benefit from the legislation. Leahy said, "I am also proud that the bill explicitly prohibits discrimination on the basis of race, color, national origin, sex, disability or age in any health program or activity receiving Federal funds" (Senate S1842). This excerpt displays the range of groups included in the debate, but it also functioned to put the disabled in the same group of beneficiaries and to support their saliency in the Senate discourse.

Medicare and Social Security are reforms that have shaped health care in the United States, and they became characters in the debate due to their significant history and strong parallels to the *Patient Protection and Affordable Care Act*. Sen. Durbin provided an example:

Here is what it comes down to. Many of us went to the White House today to watch the President sign a bill that will be historic in nature. Similar to Social Security and Medicare, it extends the reach of health care protection and peace of mind to millions of Americans who don't have it (Senate S1850).

Americans who may benefit from the legislation and the President who signed the bill function as characters, but Medicare and Social Security were reforms that were repeated throughout the debate and became characters in and of themselves. Therefore, Durbin was drawing a parallel between Medicare, Social Security, and the *Patient Protection and Affordable Care Act*, essentially using the previous reforms as successful characters in a fantasy paved the way for the most recent legislation.

Another effective example came from Sen. Menendez:

Will you look them in the eye and say you stood up for our families and against the big insurance companies and voted for one of the greatest pieces of reform legislation in history? That is exactly what this bill will do. It will change the lives of millions of Americans, just as Social Security and Medicare changed the lives of Americans, and thank god they did. Those two pieces of legislation defined who we are as a people and the strength of the American community, each of us working for the betterment of all of us. (Senate S1857)

The characters developed in this statement included the families who stood to benefit from the bill and Americans in general; however, the major characters that emerged were Medicare and Social Security. The previous reform legislation represented characteristics that could be applied to this debate and, in turn, became characters that could be brought into the drama in an attempt to garner support for the 2010 health care reform legislation.

The Democratic leadership in the Senate also included information from the Congressional Budget Office, and as a result, the discourse turned the CBO into a character theme. Sen. Baucus stated, "CBO has also said-not directly on point-but CBO also said there will be a big reduction in deficits and debts this decade and the next decade" (Senate S1841).

Sen. Conrad also referenced the CBO and inserted actual language from the CBO's analysis predicting a deficit in budget deficits with implementation of the *Patient Protection and Affordable Care Act* (Senate S1835).

The CBO also emerged as a character theme from the discourse of the televised interviews. Financing the health care reform bill was one of the largest, if not the largest, issue that emerged from the debate, as suggested by Sen. Stabenow:

Well, let me tell you first of all, overall, the Congressional Budget Office, which is extremely conservative, and 43 different economists have all agreed that we are cutting the deficit about \$140 billion the first 10 years and over \$1.2 trillion in the second ten years. (2)

She assigned a political label to this institution and compared it to others with an opinion about the cost of the legislation. The judgment of the CBO became a primary factor in the debate; therefore, the CBO also became a character in the shared fantasy.

In his interview on *On the Record*, Sen. Reid also discussed the CBO and reified its placement as a character in the debate. In fact, Reid's description of the CBO emphasized its importance:

That's why you have a referee at a fight, referees at ballgames that are not chosen by the two sides, they are independent. And that's what we did with health care.

The Congressional Budget Office is independent, nonpartisan. They determined with our legislation, the first 10 years we would save 140 billion dollars. The second 10 years, \$1.3 trillion dollars. We would reduce the debt by that much, \$1.3 trillion over ten years. (5)

Reid gave the CBO the role of referee, and thus influenced the language used by the Democrats and their shared vision. Reid also discussed his colleagues, describing the Republicans as the "loud minority" and briefly told Greta Van Susteren about his fellow Democratic colleagues and their specific relationship with the legislation. These characters were present, but not a major part of the discourse. The Democrats debating to increase support of health care reform included

the CBO's projections and personified this bipartisan government agency such that it became an ally in their effort to garner support for health care reform.

My analysis of televised interviews with Democratic senators provided additional character themes indicative of a shared vision by the Democrats, including Republicans and the American people, as developed in an interview with Sen. Durbin. When portraying his Republican colleagues in the interview, Sen. Durbin stated, "If the Republican senators will stop the filibusters, stop the obstruction, come across the aisle and help us, we can pass bills that will really create jobs in America and do it quickly" (5). This excerpt portrayed the Republican senators as people doing a disservice to the country and the Democrats as the group trying to help the nation. He also mentioned the American people. When describing the positive aspects of the bill, Durbin expressed the idea the Democratic Party championed throughout the debate: "But we're not giving up on the American people" (4). The nation's citizens became characters in the shared vision because they were the ones the bill would ultimately affect.

Sen. Stabenow focused her attention on America's middle class families and the Congressional Budget Office. The middle class was a group mentioned throughout the debate, although not as salient as others previously discussed. Stabenow addressed the needs of this group when she commented, "we're talking about provisions in there that are going to save money for middle class families," and when she talked about prior efforts, "I was pushing affordability for health care for middle class families" (2). Middle class families were an expected character in the discourse because they comprise the American people as a whole.

The character themes, both positive and negative, represented not only groups of people, but institutions personified. Characters play a role in developing a larger rhetorical vision, only completely understood with the incorporation of setting and action themes that indicate shared

fantasies. Again, the repeated themes among the Democrats indicate symbolic convergence and their shared fantasies contribute to a larger rhetorical vision that cast the Republican opposition as the “bad guys.”

### *Action Themes*

Several action themes emerged from the discourse created by the Democrats, and the ideas they articulated generated several themes that served as overarching actions to which Democratic members could subscribe. The first of these was the act of protecting American citizens. As the party that proposed the legislation and collectively supported health care reform, we could expect their shared fantasy to include benefits to the American people, especially the theme of protecting them from the injustices of the current health care system. For example, Senator Barbara Boxer expressed to the Senate:

I guess [Republicans] want to repeal all of these things because they said they said they want to repeal the entire law. But I would urge them to stand up and tell their constituents exactly which of these provisions they want to repeal. I want to put it on the RECORD that I look forward to that battle because I can tell you the letters to my office are saying: Please, please protect us. We feel vulnerable. (Senate S1852)

What is especially interesting about this example from Sen. Boxer is the alignment of one party versus another while claiming the action of protecting Americans. Boxer used the collective voice of her constituents, asserting that they were asking for protection, to assign this action to the Democratic Party. Subsequently, by their action to repeal the bill, she suggested, the Republican Party would be viewed as the ones not protecting Americans.

In addition, Sen. Menendez stated, “It is our obligation, it is our duty, it is our call to history to leave a legacy of hope and health security for every American family” (Senate S1857). Within this one sentence, Menendez reminded her audience that it was their duty to help Americans. Using the term “security” to refer to the bill linked the action of passing the bill with



that of protecting the American people. Linking the two themes provided the Democrats with action upon which they could all agree and generated a larger fantasy that presented them as the “good” political party.

The Democrats also developed the action theme of working to end discrimination of American citizens. When attempting to convince his colleagues to vote for the reconciliation bill on the Senate’s agenda, Sen. Menendez stated his opinion as to why his colleagues should join him in supporting the legislation: “Vote yes and never again will a man, woman, or child in America be discriminated against because they are sick or once had something an insurance executive decided was a disqualifying pre-existing condition” (Senate S1857). The underlying theme of his comments was putting an end to discrimination. This action theme supported the role of the Democratic Party as the positive politicians in the Senate, and it worked rhetorically to appeal to Republicans to support their ideas.

Sen. Leahy also raised the theme of ending discrimination in the debate discourse:

I am also proud that the bill explicitly prohibits discrimination on the basis of race, color, national origin, sex, disability or age in any health program or activity receiving Federal funds. These protections were necessary to remedy the shameful history of invidious discrimination and the stark disparities in outcomes in our health care system based on traditionally protected factors such as race and gender. (Senate S1842)

Leahy also raised some character themes mentioned earlier, including the acknowledgment of Americans with disabilities. The character themes provided an effective context with which to recognize the action of ending discrimination between these character groups and the rest of the country. By explicitly stating these themes, the Democratic Party contributed rhetorically to a fantasy theme, which cast themselves as the heroes striving to save the American people from harm.

A final overarching action theme worthy of discussion was that of changing America for the better. President Obama ran a successful campaign for the presidency based on the action theme of “change.” His Democratic colleagues in the House and Senate picked up this theme and applied it in the debate. We can see how the Senate discourse particularly reflected this theme as the need for change. As Sen. Harkin expressed, “But in the end, a critical mass of Senator and Representatives rose to the historic occasion. They voted their hopes and not their fears. And—as we know in retrospect—they passed laws that transformed America in profoundly positive ways” (Senate S1829). The transformation of America that Harkin articulated here is the most transparent example of the change and progress Democrats supported. But, there are other examples.

Sen. Leahy told the Senate members, “This has been an arduous process, but it has proven that change is possible, even with the pitched opposition of entrenched and powerful special interests. America again has risen to meet one of its foremost challenges and to renew its promises” (Senate S1841). The repetition of the change action theme demonstrates how salient an issue it was to the Senate Democrats. Leahy expressed change as an important action, but he also incorporated language that identified the divide between supporters and opponents without specifically identifying the opposing party. This action theme of change allowed Democrats to share a particular vision which they argued was necessary for the betterment of America. The action of moving forward stands as an action theme, but it also relates to the setting of deliberative discourse in focusing on the future and considering the advantages that lie ahead.

Sen. Durbin provided three major action themes in his interview on *Meet the Press*, including that of progress, giving the American people a fighting chance, and protecting the American people. The action of progress is implied in his discourse, but Durbin discussed the

economy “moving forward” with the help of the legislation, and he intertwined the theme of giving the American people a fighting chance with that of progressing forward. Durbin discussed the details of legislation that would bring help to Americans, especially in terms of cost and economy (4). Allowing these details to rise to the surface of the discussion acknowledged progress, and an embedded statement, expressing that Durbin wanted “to give people a fighting chance,” generated an action theme that was common for Democrats in the health care debate (4). The final salient action embedded in the discourse was the common idea of protecting the American people. As mentioned earlier, Durbin stated that, “[the Democrats are not] giving up on the American people” (4). The implication in the statement is that the American people were in a position that called for protection and that the Democratic Party would provide this protection, an action that contributed to their shared fantasy of heroes.

Two major action themes emerged from Sen. Stabenow’s interview with Greta Van Susteren. These aligned with the rest of the Democratic Party and the first action theme presented by Sen. Durbin. Stabenow first developed the theme of future progress in terms of who would save money with the legislation she supported. When referencing the reconciliation bill on the Senate’s agenda the day of her interview, Stabenow argued, “this is going to make a good bill better because we’re talking about middle class families, save money for seniors on medicine” (2). In addition to the theme of progressing forward, her message was that they were making health care affordable for the nation’s citizens.

Sen. Reid also developed the action themes of progress, engaging in a fight, and protecting the American people. His interview covered several topics, but the conclusion of the interview addressed what Reid considered the benefits to the legislation. He said, “It is going to be wonderful [the] things that will take place right now” (6). The “wonderful things” that he

claims will soon be enacted are linked to progressing forward. Such progress, though, he compared with fighting:

First of all, when you have both sides trying to jimmy the numbers, what you do is go to a referee, somebody that is independent and fair. That's why you have a fight, referees at ballgames that are not chosen by the two sides, they are independent. And that's what we did with health care. (5)

Here, Reid introduced the CBO as a character theme, but still his main theme that of action, or of a fight. Fighting for the American people was a theme that other Democrats frequently adopted in their discourse. While the action theme of fighting was not as salient as other themes, this reference does relate to the concept of protecting the American people, contributing to symbolic convergence within the Democratic discourse. Protecting citizens is what was inherently discussed by the Democrats throughout the debate, and it was no different in Sen. Reid's discussion broadcast to the nation. In his interview, Reid stated: "Children will be able to stay on their parents insurance until they are 26. We're going to close the donut hole. We're going to allow small businesses to get 35 percent on their insurance and soon 50 percent" (6). The specific outcomes of the bill, as Reid named them, functioned rhetorically as building blocks for the overarching action theme of protecting the American people.

The action themes described here complete the general drama to which Democrats subscribed throughout the debate. The themes repeated throughout the debate with similar discourse containing explicit cues to symbolic convergence as well as implicit indications that convergence was, in fact, taking place. Many of the themes relate to one another, providing an even stronger indication of a shared rhetorical vision. For example, the setting themes expressed with deliberative discourse related to the action themes of moving forward and progress, and the character themes, both positive and negative, contributed to the motivation for the development of the action themes including the act of protecting, ending discrimination, and changing or

progressing forward. The action theme of fighting for the American people was more salient in the interview discourse, but this aligned with the vision that Democratic leadership was working for the American people. These fantasies worked together rhetorically to generate a positive image of the Democratic policy makers.

### *Republican Discourse in Opposition*

As expected, the Republican opposition created fantasy themes that justified their resistance to the legislation and to the Democratic support of the legislation.

#### *Setting Themes*

Temporal order of setting themes was common in the discourse of both parties. The Senate Republicans did present a type of temporal order to their setting themes that emerged from the discourse, although their language about the past focused on the recent past and their efforts to stop the reform legislation. For example, Senator James Risch recalled the promise made in the presidential campaign:

I rise in support of my distinguished colleague from Idaho. He has brought to the floor the language that the President of the United States gave to the American people in order to convince them to vote for him for President of the United States. It was a serious promise. It was a serious commitment. He said: I will not increase the taxes on individuals making less than \$200,000 a year or families making less than \$250,000 a year. My good friend from Idaho points out there are numerous provisions in this bill that break that promise. (Senate S1838)

Risch's reference to the recent past helped set the stage for his argument against the health care reform package. The historical perspective presented here accused the president of breaking a promise, implying that the members of the president's party were also breaking a promise. This theme identified the divide between parties and accentuated it.

The language that focused on the present mostly considered the amendments Republicans were proposing, as well as the action the president took earlier in the day to sign the legislation

into law. For example, Sen. Barrasso explained his opinion that the only way for the reconciliation bill to succeed was with the Republicans' proposed amendments. Barrasso stated, "we believe absolutely this amendment is critical because it goes specifically to the heart of the promises that have been made to the people of our home States and the people of the country" (Senate S1855).

The more prominent time setting in the discourse developed by the Republican Party was the future, one looked bleak with the passage of the *Patient Protection and Affordable Care Act* without their proposed amendments. Sen. Gregg painted a gloomy picture:

What this bill does at its core on fiscal policy is to radically expand the size of government. And we all know it will not be paid for, so we all know it will significantly—probably radically—expand the debt our children are going to bear. Inevitably, we are not going to pass on to our children a healthier country fiscally; we are going to pass on to our children a sicker country fiscally. Are we going to get better health care for it? I seriously doubt it. (Senate S1826)

While discussing the fiscal issues of the legislation with which he did not agree, Gregg created a setting theme of a bleak future for America. This image placed blame for this outcome on Democratic supporters, while justifying the Republican opposition. This future setting contributed to the Republicans' shared fantasy theme of them as protectors of the nation's fiscal health and as the courageous resisters to the reform package.

Sen. Bond also developed the future as a setting theme when he stated, "Americans understand what this type of health reform will do to the good health care system we have now, what it will do to our economy. There is a real danger. The people understand. That is why they are angry. I will tell you, they are angry" (Senate S1849). Bond described the "danger" that potentially faced the country with the health care reform bill, and this theme served as a warning to the America people. As a result, his comments enforced an overall fantasy theme of the Republicans as revealing the bill to be fiscally irresponsible and by extension the Democrats

to be fiscally reckless. The differing settings of time worked together, rhetorically, to castigate the affects the Democratic Party would have on the past, present, and future and to allow the Republican opposition to experience symbolic convergence and generate salient setting themes.

Another setting theme that emerged from the Republican discourse was the physical reference to the backroom deals, a theme that was first evident in the House of Representatives discourse. Even after the president signed the legislation earlier that day, Republican senators continued to accuse the Democratic Party of peddling backroom deals to gain support for the legislation. As discussed earlier, the theme of backroom deals was used symbolically to represent systemic problems in the legislative process manifested by the dominant party; however, this symbolic representation was articulated through a physical setting theme.

Sen. Gregg provided the first example of this theme when he mentioned, “First off, this bill is an outrage on the body politic to begin with, the way it was handled. It was drafted in a secret room, behind a secret room, behind a hidden door somewhere over on the majority side” (Senate S1831). This was one of the most explicit expressions of the setting theme and blamed the majority, or the Democrats, for participating in secretive behavior to support their legislation. In addition to Sen. Gregg, Sen. McCain also used this setting theme: “Here we are at the eleventh hour with a situation where there are still these backroom deals done that possibly we could address with an amendment” (Senate S1833). McCain was attempting to gain support for an amendment the Republicans had placed on the Senate’s agenda, but he did so by repeating the phrase, “backroom deals.” The underlying implication of course was that the Republicans were the good guys for attempting to resolve the corrupt process used by the Democrats. In his interview with Wolf Blitzer, Sen. Brown said, “The plan that’s being pushed right now, the biggest thing that the people have a problem with is the back room deals, the lack of

transparency” (2). The “back room deals” he noted reified the idea that the Democrats were conducting their business in a setting detrimental to the nation. Acknowledging this theme was crucial to the fantasy theme developed by the Republican opposition. The use of this setting theme seemed to allow the development of a shared fantasy accusing Democrats of wrongdoing while portraying the Republicans as saviors of transparency.

Just as setting themes emerged in the discourse from the Congressional Record, setting themes also emerged from the discourse generated in media interviews by Senate Republicans. In his interview with Wolf Blitzer, Brown expressed temporal order from the past to present and the present to future. The Senator provided context to his discourse and ultimately framed the legislation as negative because, he claimed, it would raise taxes: “Well, part of the problem is after a year of doing this, it still raises taxes. It cuts Medicare for half a trillion dollars. It cuts TRICARE for military people. It’s going to cost a trillion plus” (1). The setting theme moved from the history of the bill’s progress to listing the negative effects of the bill in the present. This setting was important for developing a negative connotation associated with the Democratic Party. Sen. Brown also shifted the setting from the present to the future: “And while it’s important to provide care for these people, I believe that individual states could do it better and that we can do it better” (1). The setting theme to the future set the stage for the rest of the drama to take place, especially in the future after the debate was complete.

Sen. Kyl also referenced setting themes in his interview with Jim Lehrer. His setting reference to time emphasized making predictions about the future. In terms of the details of the health reform bill, Sen. Kyl stated, “Those kinds of realities will sink in over time” (2). Kyl proceeded to discuss the nature of the upcoming election cycle (2). What is notable about the inclusion of this theme is that it is inherent in the debate from both sides, but Kyl was assigning a



negative connotation to the legislation and the future of the country. In addition to the setting theme of time, Kyl discussed the physical setting of Congress. Kyl expressed the divide between the congressional members when he mentioned, “We hope that our colleagues on the Democratic side would support us” (3). Kyl continued, “And if any of [the Republican amendments] are accepted, or if there are points of order that are upheld against the bill, then the bill will have to go back to the House of Representatives for one final vote” (3). His remarks supported the discursive divide between parties. When Kyl mentioned the process of the bill’s reconciliation, he discussed Congress and centered the setting on this body of politics.

The final interview of Republican senators used for analysis was Sen. McCain’s discussion with John King. McCain’s interview followed the passage of the legislation, and much of the interview discussed former Governor Sarah Palin’s map with gun crosshairs over “congressional districts where she thinks Democrats are vulnerable” (1). Therefore, the predominant setting theme that developed included elements of the past, present, and future. McCain created a context for the language produced in the aftermath of the bill’s passage that began in the past: “the rhetoric that we use in every day language about political campaigns, battleground states, it’s going to be a war, all of those things we have used for years and years” (1). The language that he used attempted to generate a positive connotation with the actions of those who opposed the bill. He continued the development of setting themes when he incorporated language that discussed the present and the future. McCain commented, “Let’s translate that into a spirited, healthy, respectful campaign season between Republicans and Democrats, liberals and conservatives” (3). Again, the development of this setting contributed to the shared fantasy. Sen. McCain sought to stand as a representative on the side of the good guys in this shared fantasy.

Sen. McCain also noted the presence of the legislative process occurring “behind-the-scenes” (2). Although he only used this term once, he perpetuated the theme that the Democrats’ method was corrupt. The language of “back room” deals and “behind-the-scenes” actions implied a physical and symbolic setting. The development of such themes worked rhetorically to polarize members of the Senate by suggesting only one side could be right, not both. The setting themes developed by Republican senators were salient and necessary to understanding the symbolic convergence and in turn, the shared fantasy between congressional Republicans.

### *Character Themes*

The nature of a debate, at its core, assumes a clash of ideas and permits both sides to express their support for their logical position. In this case, when both parties referred to the other as the one at the center of the disagreement, this was not a surprise. Just as the Democrats discussed the Republican opposition in consistently negative themes, the Senate Republicans discussed the Democrats’ support pejoratively. As supporters of the health reform legislation, the Democrats became central characters to the shared fantasy of the Republicans. Evidence of this sentiment appears in comments of Sen. Barrasso, accusing the Democrats of providing “ginned-up numbers” in their legislation:

And as for the ginned-up numbers we have been presented by the Democrats to work where they say we actually helped lower the deficit, for it to work, in the next couple of months they would have to cut doctor’s fees for all of the Medicare patients they take care of by 21 percent and then keep those fees frozen at that low level for the next 10 years. Now, is that going to happen? (Senate S1853)

Barrasso expressed his view in terms of financial issues that the Republicans wanted to question. Clearly, he was not just advocating a particular position, he was actively painting a negative picture of the opposing party. Barrasso ended with a rhetorical question, “Now, is that going to happen?” which insinuated that the easy answer was no.

Sen. Bond expressed his displeasure with the legislation when he accused the Democrats of thwarting the will of the American people:

They [the public] do not want this monstrosity of a health care bill. Unfortunately, the majority in this body and the other body have ignored their demands. This bill undermines the employer's ability to create jobs and by extension it extends the recession and all of the misery associated with it. (Senate S1848)

Again, the theme here is linked to fiscal policy and employment, but the implication is a serious one. Bond placed blame for a future of “misery” on the Democrats, or political majority, in Congress. This negative imagery which the Republicans applied to the Democratic Party supported the divide between the parties in the debate and was evident of their own shared fantasy.

A second character theme that emerged from the debate was the president, inevitably due to the fact that he signed the legislation into law earlier that day. Sen. Risch stated:

I am disappointed the President has done this. I am disappointed he will not take responsibility for it. I am disappointed he did not point it out when he signed the bill. He talked only about the good things it did. The President should—he really should—keep the commitment he made to the American people. If we are going to have a country where people have faith in their government, particularly in its Chief Executive, they have to believe what he said. (Senate S1838)

This statement placed the President at the center of the argument and engaged him as a character in the debate. Rhetorically, it also functioned to secure the divide between the Democrats, the president's party, and the Republican Party by questioning his actions.

Sen. LeMieux also made the President a part of his remarks: “If my colleague will yield, this is really a bait-and-switch. During the campaign, President Obama said this about lowering the cost of health insurance. We know the cost of insurance has gone up 130 percent in the past 10 years” (Senate S1853). LeMieux claimed that the bill would place more people on Medicaid and that its supporters were misleading to the public. However, the President was the character

at the center of LeMieux's argument, and the Republicans communicated that they intended to hold this character accountable to the American public as a part of their shared fantasy.

Another major character theme to emerge from the discourse of Republican senators was that of the Federal Government. Their repeated discussion of this theme transformed it into one that incited divisive speech about the role of government in the peoples' lives. Sen. Crapo commented, "The bottom line is, this is a massive growth of the Federal Government, massive increase in control by the Federal Government, financed by hundreds and hundreds of billions of dollars of taxes that are going to be paid by the middle class in America" (Senate S1840). The growth of the federal government was a major theme repeated throughout the discourse of the Republican Party. The federal government became an enemy of the American people, as implied by statements warning against the expansion of the government.

This character theme was repeated by multiple senators, including Sen. Enzi when warning about the size of the federal government:

In the history of the United States, we have never had the Federal Government tell anybody they had to buy something. We have set up safety measures in their purchasing to protect them, but we haven't said you have to buy it. In this case, we are going to say you have to buy it, and there are a whole bunch of people who say that is unconstitutional. (Senate S1854)

Enzi linked the growth of the federal government with the charge of unconstitutionality, thereby creating a negative connotation. The language is accusatory of the party who supported the legislation and supportive of Republican members who were arguing against this health care reform package.

The American people, as a broad group, were expected to develop as characters in the debate, and they were referenced by Republicans in the Senate. For example, Sen. Risch stated that "The American people are smarter than this," in response to the allegedly deceitful practices

implemented by the Democrats (Senate S1828). The tone of Risch's statement implied that the American people were smart, but still deserved protection by the Republican opposition. The same sentiment was expressed by Sen. McCain: "And certainly, let's all pledge to stop doing these kinds of backroom behaviors that the American people have grown sick and tired of" (Senate S1835). These are just a few explicit examples of the overall tone of the debate that placed Americans at the center of the fantasy and contributed to the rhetorical vision of the Republicans as heroes for expressing the thoughts of Americans and working to make their voices heard.

The character themes developed in Sen. Brown's interview included people who had served in the military, businesses, and individual states. Sen. Brown discussed people in society who would, in his opinion, be harmed by the bill. He discussed TRICARE for the military, thus, involving military servicemen as characters in the discussion, and did the same with institutions, such as businesses, as with other Americans. Sen. Brown stated, "But this one size fits all plan really is hurting businesses and hurting individual citizens right now with all the carve outs is not appropriate" (2). Finally, Sen. Brown added individual states as a character theme in the debate. When he developed the idea that, "we should allow the states to participate more instead of this one size fits all approach that is not good for my state and potentially not good for the rest of the country," he emphasized individual states within the union and articulated them as characters, something that was especially prevalent in the House debate (3). As is expected with congressional debate, the country does play a role as a character and setting, but the important detail in this excerpt is that states are characters affected by the legislation.

Sen. Kyl included the federal government, the idea of Republicans versus Democrats, and President Obama as salient characters in his discourse. Each of these were important characters

to emerge from the Congressional Record and such interviews, as Sen. Kyl. The theme of a takeover by the federal government not only expressed action, but also made the federal government as a character in the shared drama. Sen. Kyl commented, “student loans are now being taken over by the federal government as a way to help pay for health care reform, the cuts in Medicaid—Medicare, rather” (2). The character both explicitly stated and implied throughout is that of the federal government. The fact that this theme was repeated in the media’s forum also ensured the saliency of the topic and indicated that Republican leaders were rallying around this particular theme, common when experiencing symbolic convergence.

The senator also acknowledged and perpetuated the divide between the Republican Party and the Democratic Party. When discussing historic legislation compared often compared to the health care debate, Kyl argued for bipartisan action, but he distinguished the positions of those parties, therefore implying a Republican versus Democrat theme. For example, Kyl argued that the Civil Rights legislation was championed by Republicans but filibustered by southern Democrats, before discussing former President Bush’s health legislation, Medicare Part D (3-4). Sen. Kyl stated, “And the last major Medicare reform, namely the Part D Medicare benefit for the drug benefit for seniors, that was a Republican piece of legislation that got bipartisan support from Democrats as well. But that was a Republican initiative” (4). When referencing historic legislation, the argument rhetorically draws a distinction between parties as well as implying that the process of the *Patient Protection and Affordable Care Act* was different because it was partisan. Therefore, the placement of these ideas as characters contributed greatly to the character theme developed by Sen. Kyl.

Character themes also emerged from Sen. McCain’s discourse in his interview following the reform bill’s passage. He discussed passionate citizens, commentators, and children. One of

the most salient characters in his interview, both explicit and implicit, was that of passionate citizens angered by the legislation. When answering questions about the angry actions that occurred in the days following the vote, Sen. McCain said people were angry but that he did not “begrudge people their anger” (2). McCain acknowledged the problems that arose from impassioned discourse and commented, “sometimes it has a bad influence on citizens who become too passionate” (4). Therefore, Sen. McCain seemed to excuse citizens, almost as if they were children, as participating in the shared fantasy. But he specifically named children and grandchildren as part of the drama when he said: “We are talking about a passage of legislation which is going to lay another \$1 trillion of debt on our kids and our grand kids. Of course they are angry and frustrated” (2). The incorporation of children and the potential burdens of those children made them their own characters in the drama and strengthened the divide between the two parties by reifying the shared fantasy that one side is good and the other is evil. The character themes most prevalent, and therefore indicative of symbolic convergence were the Democratic opposition to the Republican perspective, President Obama, and the federal government

### *Action Themes*

The first major action theme contributing to the Republican’s shared fantasy paralleled the Democrats’ theme of protecting the American people. Interestingly, both parties attempted to claim the role of protector of the American people; the Democrats based their claim on vowing to protect the American people from the problems in the current health care system, while the Republicans claimed to protect the American people from an expansion of the federal government. Sen. Bond stated:

I stand with the American people who say repeal the bill and replace it with the things we need. We need to repeal the bill and enact real health care reform that will lower health

care costs and not break the banks of taxpayers or take Medicare from seniors. That is exactly what we propose to do. I joined several colleagues in cosponsoring a bill that would repeal this monstrosity because we need to get back to business, to give the American people the health care reform they deserve—not the bill they don't want. (Senate S1849)

Many Republican senators were calling for the repeal of the bill; therefore, the call to action to repeal the legislation was consistent with other Republicans' discourse. Bond also mentioned minor action themes, getting "back to business," and enacting "real health care reforms." What stands out as the underlying action theme incorporated into the debate is that of protecting the American people. When Sen. Bond said that he stood with the American people and that he believed Congress needed to give them the bill that they deserve, he implied that protecting the public from the federal government was more urgent than protecting them from the health care system.

Sen. Enzi included the theme of protection in his argument calling for an amendment to fix the bill. Enzi set the stage for a proposed amendment when he commented, "I offer this amendment to protect American workers from new job-killing taxes that will lower wages and cut jobs. Senators can make a statement right now and support American workers who are facing the toughest job market since the Great Depression" (Senate S1847). The context for Enzi's remarks was Republican senators were trying to add amendments to the reconciliation bill on the floor. However, the major theme associated with his remarks was that of protecting Americans, specifically American workers, from the tax burdens predicted for the future. Similar to the Democrats' development of the action theme of protecting Americans, the Republicans developed this idea as a means to create a distinction between the two parties and to associate a positive connotation with their party's actions.



The second action theme that deserves some recognition is the job Republicans were trying to complete in the Senate. As mentioned earlier, these members were proposing amendments to the reconciliation bill that they argued were necessary for the legislation to move forward. One example of this action theme expressed the need to vote for their proposed amendments by warning what would happen if they did not vote for it. Sen. Gregg stated, “If you don’t vote for this amendment, then you are voting to raid Medicare for the purpose of using that money for some other purpose which has nothing to do with Medicare. Basically, you are funding this bill on the backs of seniors” (Senate S1828). Gregg was suggesting that the senators should vote for the Republican amendments in order to prevent such actions as a financial raid on Medicare. Sen. McCain also expressed the need for the amendments when he posited, “I hope my colleagues will consider this amendment and remove all of these remaining provisions. I cannot assure my colleagues or my constituents that we have found them all, but at least it is a step in the right direction” (Senate S1833). McCain’s request that his colleagues to consider the amendment fit with the action theme that the Republicans were trying to pass legislation that would stop some of the provisions of the bill. By intimating that the Democrats had produced a bill so fraught with flaws he could not claim to have “found them all,” he put his party in the heroic role of trying to contain its far-reaching effects.

An additional action theme that was systemic to the debate was that of revealing the risks or disadvantages of the bill, specifically killing jobs. This theme conveyed a sense of warning to the American people and seemed to be centered on the economy and job market. Sen. Enzi described the dangers of what he called an “employer mandate:” “One of the things we are doing here with this employer mandate is piling more costs on the businesses. Economists have told us repeatedly that the new job-killing taxes in the reconciliation bill will be paid on the backs of

workers” (Senate S1847). Enzi used the term “job-killing” several times in his remarks. The repetition of this idea among Republican colleagues suggested that symbolic convergence had occurred on this issue. The use of this theme made the Democratic Party look as if it were allowing legislation to pass that would attack jobs. A threat to jobs would always be a potent risk for any proposed legislation; however, with Americans still trying to recover from the economic downturn of 2009-10 that had resulted in widespread unemployment, this claim was political poison. It seemed to work rhetorically to suggest that the public would have to choose between having jobs or supporting health care reform.

The interviews of Republican senators, before the vote and following the vote, included salient action themes that paralleled those that emerged from the Congressional Record. Sen. Brown expressed several ways in which the *Patient Protection and Affordable Care Act* would negatively affect the country; therefore, he developed the action theme of harming the American people. Brown stated that the bill “is hurting small businesses” and “hurting individual citizens” and mentioned that it also harmed states (2-3). Brown used these action themes of how the legislation would harm the American people, in order to develop a positive connotation of his party attempting to prevent the legislation’s passage. In addition to the dichotomy of harming and protecting, Brown also referenced the legislative process taking place: “the biggest thing that the people have a problem with is the back room deals, the lack of transparency and the fact that they’re using political chicanery and parliamentary maneuvers to ram this bill through” (3). In this way, he was able to create a negative image of the Democrats. These themes were inherently present throughout the discourse of the Senate Republicans throughout the debate and were echoed with Sen. Brown’s interview discourse.

Three major action themes appeared in Sen. Kyl's interview discourse, including repealing the bill, bipartisan action, and the idea of Americans becoming dependent on the American government. As with many other Republican senators, the idea to repeal the legislation was quite popular. Sen. Kyl expressed his views when he stated, "Our view is that we should repeal and replace the bill with the solutions that we think actually work" (3). This theme was repeated by many Republicans over the course of the debate. The implication was that the bill was inadequate, hence the desire for repeal; the development of this theme was substantiated primarily through the amendments Republican senators introduced to change aspects of the legislation. One of the disadvantages of the bill acknowledged by Sen. Kyl was the idea that Americans would become dependent on the federal government for assistance:

I think that's really part of what's behind this, get the people dependent on the United States government for everything having to do with health care, even in the private sector, and we will have people dependent on the government and dependent upon us for political support. (5)

Generating dependency on the federal government is an action theme that was expressed in these terms solely in this interview; however, the theme of the federal government becoming too large was perpetuated often in the debate discourse. Therefore, actions associated with the federal government were salient among Republicans.

The final action theme generated by Sen. Kyl was one that bipartisan action was employed in past legislation but neglected in the debate of the *Patient Protection and Affordable Care Act*. As mentioned earlier in the discourse from Sen. Kyl, Republicans and Democrats became characters in the shared drama, and while bipartisanship was considered positive, "bipartisan action" was used to distinguish how the parties worked in the past from the present. Kyl articulated that the Civil Rights legislation was bipartisan as well as Part D Medicare reform,

though he gave the Republican Party credit for the legislation, maintaining a distinction between the parties (3-4). The theme of bipartisan action emerged as an action theme in the interview and only served to enhance the shared fantasy theme among the Republican Party that they were on the positive side of the issue and the Democratic Party was on the negative side of the issue.

Finally, in his interview, Sen. McCain focused on the overarching theme of the negative consequences of the legislation's passage. Therefore, the action themes that emerged included references to war action, scaling back the emotions, and passing bad legislation. The Senator only articulated war themes in reaction to questions regarding the violence that followed the health debate. As mentioned earlier, McCain commented, "the rhetoric that we use in every day language about political campaigns, battleground states, it's going to be a war, all of those things we have used for years and years" (1). Although McCain referenced this type of action theme, his comment further substantiated the importance of this theme throughout the debate. In addition, to the war themes that emerged, his discourse ultimately urged emotional citizens to restrain their discontent with the legislation, and the idea of scaling back emotions emerged as its own action theme. Sen. McCain stated, "Now the question is do you turn that anger into voter registrations and demonstrations and elections and ballot booths? That is what you have got to urge people to do, but I don't—I don't begrudge people their anger" (2). He also mentioned that citizens who became too passionate were poorly influenced by anger and passion surrounding the debate (McCain 3-4). Herein, he implied the call to scale actions back, while acknowledging understanding the anger people felt. In this way, McCain generated an action theme in a way that sustained the positive image of the Republican Party, as would be expected with a shared fantasy.

Finally, the theme of passing bad legislation emerged from Sen. McCain's discourse: "when we are passing legislation that is full of sleazy, sausage making deals that are special deals for special interests, whether it be the cornhusker kickback or the behind-the-scenes deal with pharma, of course they are going to be angry" (2). The idea that the Democrats were passing bad legislation was the founding theme in the Republican opposition's argument, and it was therefore an inherently salient issue in the discourse. The shared fantasy theme of the Republicans was generated to oppose the legislation; therefore, the action theme that implicated Democrats by stating they were passing bad legislation was central to the health care debate.

Republican and Democratic leadership displayed characteristics of symbolic convergence with their messages that mirrored elements to a drama. The setting, character, and action themes expressed by the Republican opposition were repeated throughout the debate in Senate chambers as well as in televised interviews easily accessed by the public. Each of these elements served as fantasy themes and worked to create a negative image of the *Patient Protection and Affordable Care Act*. Just as the Democrats generated similar themes to oppose Republican leadership, the Republican Party created a larger rhetorical vision to oppose the Democrats and generate more support for their party's position. Their character themes included negative connotations such as discussion about the Democratic leadership, President Obama, and the federal government. The major character reference that was positive was to the American people as a whole. These themes fit the setting discourse of a bleak future and a present filled with backroom deals, as well as action themes of protecting the American people, voting for amendments to alter the legislation, and referencing harm done to jobs and other entities by the negative characters discussed above. The dichotomy between the different rhetorical visions ultimately generated and sustained the divide between the parties.

## Summary of Analysis

Although thirty-four Democrats voted against the health care bill proposed in the House and three Democrats voted against the Senate reconciliation bill, there is strong evidence of symbolic convergence and fantasy theme development within the discourse of each party. While all Republicans in both the House and Senate opposed the proposed legislation, 219 House Democrats and 56 Senate Democrats supported health care reform. The patterns developed by each side signaled a common theme among settings, characters, and actions, ultimately generating fantasies to which other members of each political party could subscribe and incorporate into their own discourse. As expected, both parties used themes that illustrated them as the heroic legislative members serving the American people and fighting to stop the evil practices of the other party.

Elements of the debate became settings, characters, and actions that effectively portrayed the position of supports and those who were in opposition to the Democratic legislation, mirroring some of the values discussed in Chapters 2 and 3. For example, the historical references present in the debate contributed to the development of settings and generated characters that could be shared among Democrats. The fear of an expansion of the Federal Government expressed by Republicans not only generated a value of freedom (discussed in Chapter 3), but also was expressed so frequently in the discourse that it signaled symbolic convergence, and the federal government became a significant character within the debate.

The evidence of symbolic convergence and fantasy theme development, primarily along party lines, suggests that these themes may continue in future debates. As I expected when I began the analysis, the polarization of parties and the strong values and fantasy themes that

developed on both sides of the aisle should continue to create a divide on issues, especially those that relate to health care reform or other social issues.

## CHAPTER FIVE

### POLITICAL IMPLICATIONS AND CONCLUSIONS

#### Political Implications

The health care reform debate from 2010 is historical not only for its legislative success in generating reform, but also for the divisiveness of the debate. As the details surrounding the bill continue to unfold and health reform is enacted across the country, opinions and debate are likely to be perpetuated by citizens of all levels of political sophistication. Public opinion research discussed in Chapter 1 provides a final perspective concerning the debate.

Political scholar John Zaller identified the fact that United States citizens do hold various levels of sophistication in terms of political awareness. As discussed in Chapter 1, a group of politically aware individuals do exist in society, identified by Zaller as the political elite (6). The congressional members studied in this analysis are considered politicians, and thus, fit into this category by definition. What is particularly interesting, however, is the fact that a group of political elite does exist and has the potential to influence the ideas of society as a whole. In this study, it is important to note the fact that arguments generated in Congress often leaked to the public through the press, thus providing a potential forum for influence over ordinary citizens. While additional factors need to be taken into account to determine more specifically what effect political elite discourse has on public opinion, this study takes the first step in thoroughly analyzing the discourse by those with high political sophistication and ultimate power to adopt or reject the proposed legislation.



Zaller describes the potential consequences of the behavior of the elite when their consideration of an issue becomes public:

So, when elites uphold a clear picture of what should be done, the public tends to see events from that point of view, with the most politically attentive members of the public most likely to adopt the elite position. When elites divide, members of the public tend to follow the elites sharing their general ideological or partisan predisposition, with the most politically attentive members of the public mirroring most sharply the ideological divisions among the elite. (Zaller 8-9)

The Democratic and Republican elite were sharply divided along party lines when discussing the *Patient Protection and Affordable Care Act*. While this study did not investigate the full ideological positions of each side, the values that rose to prominence and the symbolic convergence that generated fantasies on both sides of the aisle provided elite discourse that was conveyed by the media to the public. Political elites with underlying predispositions experience partisanship regarding issues, especially the most recent health care reform debate. Therefore, we may well conclude that citizens who are also highly aware of political debate and the context surrounding policy issues would consider and potentially adopt the same values expressed in the discourse and converge their ideas into a shared fantasy.

In addition to acknowledging the existence and potential influence of the political elite on society, Zaller has discussed the presence of values in political discourse:

Values refer to “general and enduring standards” that hold a “more central position than attitudes” in individuals’ belief systems (Kinder and Sears, 1985: p. 674) and that “lead us to take particular positions on social issues” (Rokeach, 1973: p. 13). Thus, for example, a person strongly attached to the value of economic individualism would, all else equal, be more likely to reject an argument for higher taxes to pay for social welfare spending than would someone less attached to this value. (23)

The above example closely resembles issues addressed with the health care reform debate and provides further context for understanding the values that were used. For example, the values appearing in the opposition’s discourse in the 2010 health care reform debate align with limited

government and free enterprise. These values were developed with discussion about limiting spending, especially for entitlement programs. The prevalence of this argument throughout the debate suggests that the political elite who subscribed to these values are strongly attached to it value and will continue to develop this with future policy decisions, especially concerning social welfare programs.

Contrary to the values and fantasies developed by the Republicans, the Democrats produced values that were strongly aligned with promoting reform. The legislation promoted by the Democrats, according to the Congressional Budget Office, would save money once it has been implemented for several years (*Washington Post* 171). Therefore, their values were not completely opposite the fiscal responsibility system generated by the opposition; rather, they argued that the bill was responsible. The Democratic value systems still emphasized progress and reform over the status quo, and the solid split along party lines indicates that the Democrats are just as securely attached to the values they developed in the debate as the Republicans are to theirs. As long as these values are incorporated in similar debates between Democrats and Republicans, the landscape of social welfare reform will most likely remain tenuous.

Philip E. Converse's essay, "The Nature of Belief Systems in Mass Publics" further reified the need to understand the values and arguments presented in the political realm. Converse addressed what he defined as belief systems, or "a configuration of ideas and attitudes in which the elements are bound together by some form of constraint or functional interdependence" (207). A relationship exists between Converse's definition of belief systems and ideology, but the significance of his study for this analysis is that similarities exist between the value systems I discovered in the debate discourse and the belief systems acknowledged by Converse. My study was divorced from the broad conceptualization of liberal-conservative

ideologies, instead, focusing on what Converse defines as idea-elements and constraints. If values and value systems, as defined by Sillars and Gronbeck, help citizens make sense out of the world around them, then they share a commonality with idea-elements in belief systems because each value, or idea-element, has an effect on the greater system.

In many respects, the values and value systems that emerged from the health care reform debate could be viewed as similar, even across party lines. For example, the Republican opposition developed an entire system based on fiscal responsibility, but the Democrats also employed a value system based on strength with a central value recognized as economic strength. The significance of the values developed on each side of the aisle is that they ultimately relate to a larger theme and position on an issue. Therefore, if one or more of the values changed, then the system would be altered, and the political arguments would be redefined. Converse defined this phenomenon with idea-elements as “centrality” and his acknowledgment of the relationship between idea-elements and belief systems is what parallels the use of values analysis in my study. Although the values from Democrats and Republicans shared similarities, their development within each party aligned them along opposing boundaries and within opposing systems. What should be considered is the intricate relationship between the values and value systems. If there is a change by either party that conflicts with the system as a whole, then debate discourse may change. If not, then the party alignment will serve as a strong divide on future social welfare decisions.

Political scholar Stanley Feldman addressed belief systems in “Structure and Consistency in Public Opinion: the Role of Core Beliefs and Values.” His study examines three beliefs: economic individualism, equality of opportunity, and the free enterprise system (Feldman 419). Equality of opportunity and work ethic related to public policy preferences, presidential

performance evaluations, and candidate evaluations (Feldman 437). The Democratic value system of equality most closely aligns with equality of opportunity indicated in Feldman's study. Feldman relates his findings with those expressed by Milton Rokeach, and discussed in Chapters 1 and 2 of this study: "The extent and strength of the estimated impact of equality is consistent with Rokeach's (1973) argument and findings that the relative priority people assign to equality is an important basis of political conflict and debate in this country" (438). In the health care reform debate, equality was at the center of the conflict, incorporated by the values adopted by the Democratic congressional members.

A difference between Feldman's findings and those that emerged in this analysis was that his study found no relationship between free enterprise and dependent variables, such as public policy preference. Free enterprise was a significant value among the Republican members of Congress, in the center of the conflict and coupled with the argument for limited government. While my study does not survey the opinions of the American people, it is important to acknowledge the difference in findings, which may indicate that the 2010 *Patient Protection and Affordable Care Act* instigated a turning point in national political debate or that there is a disconnect between the political elite and other levels of political sophistication.

William Jacoby's essay, "Value Choices and American Public Opinion" also defines values and considers the importance of evaluating value structures within society. Jacoby tests four value ideas including liberty, equality, economic security, and social order and discovered that citizens interviewed do tend to organize their thoughts into value hierarchies (720). Ultimately, the results from the study determined that, "personal feelings about the relative importance of liberty and equality are strongly related to reactions toward government spending" (Jacoby 721). Liberty, as indicated in Jacoby's research, parallels freedom identified in my

study;<sup>1</sup> therefore, it is interesting to note that the values of liberty and equality are also considered salient issues among the political elite. Although equality is defined by Jacoby as the gap between the rich and poor instead of between the sexes or more specific communities, the overarching theme is similar and worthy of comparison. The relationship between these two values and the concept of government spending in Jacoby's research does parallel the relationship between these values in the health care debate discourse. This finding was particularly true among the Republican politicians, but spending and economic strength were discussed by both parties. If these values are perpetuated not only by the political elite, but also by members of the general public, then there is a significant likelihood that these will be salient issues in the future.

An essay specific to the concept of the social welfare state provided further insight into the determinants of support and how support for welfare programs can shape values (Hasenfeld and Rafferty 1029). In "The Determinants of Public Attitudes Toward the Welfare State,"

Yehekel Hasenfeld and Jane Rafferty hypothesized:

[T]hat individuals who identify with economic individualism are less likely to endorse social rights or support welfare state programs. Furthermore, those upholding such an ideology are more likely to see waste in the administration of welfare state programs, thus further diminishing their level of support.

The principle of social equality and collective responsibility implies, on the other hand, that government has a major role in providing equal economic opportunities to all its citizens, and has an obligation to ensure that each citizen enjoys a minimally acceptable standard of living. Government intervention to ameliorate inequality is therefore seen as morally justifiable. (1030)

While Hasenfeld and Rafferty considered multiple variables in their research, they did determine that social ideologies correlated with support for the welfare state and that when combined with "the endorsement of government intervention, these sets of beliefs most closely epitomize the

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<sup>1</sup> For a complete definition, see 709.

democratic values of equal opportunity, economic security, and the role of government in alleviating social injustices” (1042). Therefore, their findings do parallel the values included in the discourse of Democratic political elite who support health care reform, specifically equality and strength value systems discussed earlier.

A concept that should be recognized from Hasenfeld and Rafferty’s research is their distinction between contributory and means-tested programs; the former representing programs in which citizens contribute (Social Security) and the latter representing programs that are based on financial need (1032). The discourse generated when debating the *Patient Protection and Affordable Care Act* did not specifically address whether the legislation differentiated between those who directly participated in contributory programs and those who would benefit from means-tested programs, but more of a distinction was evident with the arguments from the Republican opposition. As discussed in Chapter 3, one of the values specific to the debate was the concept of entitlements. While the Republicans argued that raiding the trust fund of Social Security and Medicare was unjustifiable, they also argued against the implementation of further entitlement programs. Therefore, it is not surprising that the values articulated by the Democratic participants showed greater support for social welfare in terms of health care reform.

The article, “Yes We Can? The New Push for American Health Security,” by Jacob S. Hacker analyzes the political landscape, in 2009, prior to the major debate around the *Patient Protection and Affordable Care Act*. Hacker recognizes the fact that the problem of inadequate health insurance has increased for Americans which could affect support for health reform. Hacker’s observation relates to the arguments developed by Democrats in Congress, especially embedded values such as ending corporate abuse and establishing equality between various communities. Hacker offers four conclusions about the public’s opinion of health care reform:

(1) Americans are concerned about health care, (2) general support does exist for covering the uninsured, (3) people are skeptical of government involvement, and (4) Americans do not hold firm perspectives on competing health care reform plans (16-17). Points 2 and 3 create an interesting lens with which to view the debate discourse because they relate to the positions adopted by Democratic and Republican congressional members throughout the debate. Support for covering the uninsured was central to the values and fantasy themes that were expressed by Democrats and skepticism of the government was thoroughly expressed by Republicans opposing reform.

Hacker's prediction for future debate indicated what reforms would face: "Thus, when the rhetoric heats up, reformers will need to be able to fight fear with fear—the fear of government with the fear of losing private coverage, the fear of taxes with the fear of medical bankruptcy and debt" (22). Largely, these concepts did come to fruition in the most recent attempt at reform; the fear of government expressed by Republicans through the value system of freedom, in addition to the fear of taxes expressed through the value system of fiscal responsibility. Democrats also incorporated the fear of losing private coverage and medical bankruptcy with their value system of strength, especially economic strength. A final concept to note from Hacker's essay is that he mentions the public does pay attention to elite debate (16). Although the effect on the general national discussion is hazy, this observation validates the importance of analyzing the discourse generated by political representatives.

In their essay, "Does Policy Debate Reduce Information Effects in Public Opinion? Analyzing the Evolution of Public Opinion on Health Care," Ryan L. Claassen and Benjamin Highton tested two different hypotheses related to public opinion, using the Clinton attempt at health care reform as the backdrop for their study. Claassen and Highton's research tested

whether or not political debate in the forefront of the media minimizes the differences between those who are politically aware and those who are less aware or if this creates a larger gap between the two (412). By analyzing opinion at both the individual and aggregate level of society, Claassen and Highton determined that a gap remains between the well-informed and those who are less likely to pay attention, even when the debate is prominent during a period of time. As stated earlier, my study did not survey the general public for opinions of the *Patient Protection and Affordable Care Act*, but the conclusion that gaps exist in society, even as recently as the 1990s, during a heightened political debate suggests that it is more important than ever to comprehend the arguments of the policy makers themselves and their potential effect on citizens who are more highly aware. The deep partisan divide in Congress, during the 2010 debate, was naturally substantiated by differing values and perspectives on policy decisions. If a significant portion of society is unaware of the context surrounding health care reform and does not increase their awareness even with a greater presence of the issue in the media, then it is necessary to determine what could generate a change in this trend and what control lies in the hands of the political elite.

As Janis L. Edwards indicates in her research, “The Very Model of a Modern Major (Media) Candidate: Colin Powell and the Rhetoric of Public Opinion,” the media do play significant roles in bringing certain issues and topics to the forefront of the political agenda, such as campaign candidates. Although public opinion research still debates the exact influence of the media on citizens who subscribe to various levels of sophistication, recognizing a relationship is important. A key concept to my study was analyzing information that would be available, through the public Congressional Record and televised interviews, and easily accessible by the general public. In an ideal scenario, all citizens in a representative democracy would be highly



aware of the issues pertaining to the republic. Research indicates there is a gap in knowledge and level of attentiveness, but this does not confine the media to holding influence only over those who are very aware. Instead, Edwards' article strengthens the relationship between the media and public opinion. Applying this notion to my study indicates that for those who do pay attention, no matter their level of sophistication, the messages perpetuated by the media will have an effect or the potential to affect the public.

### Conclusions

Health care reform may be considered a success, with the enactment of the *Patient Protection and Affordable Care Act*, many would say was a century in the making. However, the issue of health care reform remains tenuous, most notably evidenced by the divisive discourse generated by the Democratic and Republican leadership. This study cannot predict the outcome of future reform debates, even those that fall under the category of social welfare reform. The values analysis and fantasy theme analysis does, however, assist in conceptualizing the discourse of both sides from a rhetorical perspective.

Values analysis, as discussed by Sillars and Gronbeck and supplemented by Milton Rokeach, provided a framework to determine the salient values adopted by Democrats in support of the bill and Republicans who opposed the legislation. The Democratic leadership in the House and Senate created four major values systems comprised of two values each: systems based on progress, equality, morality, and strength. The system based on progress was comprised of historical legislation and brighter future values, the equality system included equality between communities and equality between the sexes, the morality system included the specific values of saving lives and ending corporate abuse, and the system based on strength included national and economic strength as values. The values emerged both explicitly and

implicitly, indicating the richness of this discourse. Progress, equality, morality, and strength all carry positive connotations, not surprising because these values were expressed by the political party introducing the legislation. Not all values were salient in the interview discourse, but these values were still prevalent in the House and Senate. The interviews tended to focus on specific topics that did not always encompass the broad scope of the debate.

The Republican leadership also displayed a number of salient values that were repeated by policy makers, making these representative of the party's views concerning this health care reform legislation. The terms that appeared throughout the Congressional Record and televised interview discourse indicated three separate value systems. First, the Republican opposition adopted the value system of freedom substantiated by the specific values of anti-socialism, limited government and free enterprise, states' rights, and constitutionality. The second system was based on fiscal responsibility and included the values of affordability, entitlements, and generational burdens. The final value system, sanctity of life, was supported in this discourse by only one value, protection of the unborn. Although the sanctity of life value system may include other specific values outside of this analysis, the only references to abortion and the unborn were in the form of stating the need to protect the unborn.

Each of these values, and the value systems of which they were a part, were used extensively to oppose the arguments presented by the Democratic leadership. Perhaps the least expected value was that of states' rights because the Republican legislators personified states and initially discussed the rights of the states over that of the nation. Additionally, I was surprised at the conflation of communism and socialism that was expressed by at least one member of the opposing party, and the degree to which socialism was regarded as a disadvantage of the legislation. While socialism was an allegation Republican leadership assigned to their

perspective of the *Patient Protection and Affordable Care Act*, the argument implicated a loss of freedom, which is not a characteristic of this political orientation. After background research on this topic yielded an acknowledgment of the opposition's use of socialism for past programs, such as Social Security, I was less surprised at the emergence of this value, however, I was surprised at the seemingly protective discourse of Social Security and Medicare. The repetition of the values between members of both parties suggests that these are salient values in their political orientations and may continue to emerge with future debates, thus, contributing to the divide between Republicans and Democrats.

Fantasy theme analysis for both the House and Senate revealed symbolic convergence for both political parties. The House Democrats generated discourse that revealed fantasy themes repeated by various members when constructing their debate arguments. The House Democrats thoroughly developed setting themes, including historical references, descriptions of the future, and the present work occurring in Congress. Prominent character themes included Americans as a general group in addition to citizens generally excluded from the health care system. The actions themes developed included marching across a metaphorical bridge or progressing forward, warning of the Republicans' opposition and its division between the political parties, and protecting the American people. These themes are broad, but they work together to generate the larger rhetorical vision of House Democrats, that their effort to enact reform legislation was significant not only for its place in history and its potential effect on the future, but also because it would protect Americans from inequalities of the current health system and threat from the Republican opposition.

Republican House members generated setting themes that included discussion of Washington, D.C., the House chambers, backroom deals, and personal space of individuals. The

primary character themes that emerged discussed states as individual provinces, the founding fathers, the unborn, and federal government entities such as the IRS, the CBO, and government in general. The actions that tied these themes together included fighting for their position, protection of American people and the unborn, and the potential for a government takeover. Symbolic convergence occurred for House Republicans, as evidenced by the repeated themes. The rhetorical vision that is created by these fantasy themes is similar to that of the Democratic leadership, only the exigency shifts to portraying the legislation as negative for various aspects of society and generates a shift in action to oppose the Democrats supporting the bill. Both parties viewed themselves as protectors of the nation but for very different reasons.

The development of fantasy themes transferred to the Senate chambers as well and symbolic convergence was evident from Democratic and Republican leadership. Senate Democrats included setting themes that reviewed the past, the present, and the future, telling a story of the influential factors that led to the most successful attempt at health care reform. They also developed the theme of the physical division within the chambers, also referred to as “the other side of the aisle.” Character themes developed by Democratic policy makers focused on the opponents of health care reform, insurance companies, disabled citizens, Medicare and Social Security, and the Congressional Budget Office. Clearly, the characters that emerged included both humans and non-humans. Protection of the American people, ending discrimination between groups, changing the path of the country for progress, and fighting for Americans became the prominent action themes by Democratic political elites. Protecting and fighting for the American people are similar, but their development distinguished them from each other by action words and implied arguments. The rhetorical vision was similar to the one developed by House Democrats. Their discourse included similar characters, even businesses such as

insurance companies and government programs such as the CBO. The action themes were most similar and generated an overall vision of serving as the party that would instigate and pass reform, therefore working as heroes against the villains of the opposition.

Final fantasy themes discussed within the Senate were developed by the Republican policy makers. They, too, referenced the past, present, and future, but placed greater emphasis on the future in order to portray the consequences of the legislation on the nation. They also developed backroom deals as a setting theme, mirroring the development of that theme in the House. The main character fantasy themes worthy of discussion included the Democratic elite, President Obama, the federal government, and the American people. Only one of those three characters, the American people, held a positive connotation. Protecting the American people, voting for proposed Republican amendments, in addition to warning against killing jobs and impending harm by the bill, served as action fantasy themes shared by Republican leaders. The Senate deliberation included extensive discussion of proposed amendments, therefore, this action theme was not surprising. The arguments to include amendments was a unique addition when compared to the themes that emerged from House Republicans. The rhetorical vision of the Republicans was quite negative, portraying a bleak future thanks to vilified characters, best served by the opposition the Republicans were creating.

The combined values and fantasy themes for Democrats and Republicans were effective in understanding the positions each party adopted throughout the legislative process and in the days surrounding the vote for health care reform. The values and themes contributed to a view and an ultimate rhetorical vision that secured the divide between parties, with the exception of only a few Democrats. The development of these values and fantasy themes suggests that the

divide will continue to be evident in the near future, at least, making bipartisanship that much more challenging.

### Limitations

While this study attempted to discover and to address all salient values and fantasy themes present in the discourse of Democratic and Republican policy makers, analyzing a different day from the debate leading up to the votes, or selecting different interview transcripts for analysis, may yield different results. The values that emerged and fantasy themes that signaled symbolic convergence and the presence of a rhetorical vision encompassed a wide array of topics. While these concepts were salient, adding additional analysis from other days of the debate and interviews available to the public may produce more intricate detail of these concepts and even nuances worthy of consideration.

Another limitation to this study is the incorporation of a public opinion perspective without quantifiable measurements of actual public opinion from the health care debate. This study focused on rhetorical components of the policy makers' discourse and recognized the influence political elite discourse may have had on a population; therefore, the previously discussed research is important to include. Specific relationships between the political elite and the rest of the population cannot be drawn from this research.

From a communication studies perspective, various methods of analysis could be applied to debate discourse such as this one. For example, the abortion discussion and the recognition of women as members of society who face potential inequalities in the health care system, feminist criticism would be interesting to apply to this discourse in an attempt to understand the development, expression, and even hindrances to women's issues within this rhetorical context of health care reform. Additionally, other types of rhetorical criticism, such as ideological

criticism, or generic criticism could provide additional insight into the perspectives and actions of political deliberation. This attempt at health care reform was unprecedented in nature, especially because of its success, but a comparison to other attempts at health care reform may indicate a developing genre that adopts characteristics of its own. Values analysis and fantasy theme analysis thoroughly depict the stated and implied perspectives of Democratic and Republican leaders; however, this analysis is also limited to these concepts and cannot make detailed predictions or major generalizations about these two parties as a whole.

### Future Research

This study lays a solid foundation for research surrounding discourse generated by political elites when debating health care reform. Understanding the salient values of the Democratic and Republican leadership is important to gauging the values that may shape this nation with future legislation. The fantasy theme analysis indicated that rhetorical communities have, indeed, formed mostly along party lines. What would be particularly interesting to analyze is the discourse of the thirty-four Democrats who voted against the legislation in the House of Representatives, as well as the three Democrats who voted with Republicans in the Senate. Compared to the numbers of the vote in both the House and the Senate, this number of congressional leaders is small but indicates a potential break from symbolic convergence. Any suggestions to the reason for this break would be worth noting, especially when attempting to determine the future of politics in this country.<sup>2</sup>

The issue of health care reform is going to evolve just as the legislation for health care reform has evolved through many unsuccessful attempts and a few victories.<sup>3</sup> The *Patient*

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<sup>2</sup> A possible explanation for Democratic leaders voting against the legislation would be pressure from their constituents.

<sup>3</sup> The “victories” mentioned above reference specific types of reforms, primarily in the development of Social Security, Medicare, and Medicaid.

*Protection and Affordable Care Act* is a large overhaul of the health care system that will take years to implement to its fullest extent. Therefore, research should continue to analyze the discourse from political elites, whether in the form of a legislative debate, public interviews, or campaign discourse. Research that incorporates the framework used for this study may be applied to future deliberation. A comparison of the values and fantasy themes between future rhetorical discourse and this most recent attempt at health care reform will continue to provide insight into the salient issues and perspectives in Washington, D.C.

Much is left to be discovered concerning health care reform and other types of social welfare reform in this country, especially from a combined communication studies and political science perspective. Previous programs, such as Social Security, Medicare, and Medicaid have survived several decades in the face of opposition. Therefore, the evolution of the *Patient Protection and Affordable Care Act* is difficult to predict, but for now, it remains as a divisive topic that should be watched closely in the future.



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