

“We Have a Longstanding Critical Problem...All Right?": The Promotion of Domestic  
Crisis in President Obama's Health Care Rhetoric

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Thesis submitted to the faculty of the Virginia Polytechnic Institute and State University  
in partial fulfillment of the requirements for the degree of

Master of Arts  
In  
Communication

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April 28, 2011  
Blacksburg, Virginia

Keywords: *health care reform; crisis; promotion; Barack Obama; presidential rhetoric;  
bully pulpit*

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ABSTRACT

Shortly after his inauguration in 2009, President Barack Obama set to work on health care reform. Little more than a year later the President signed the Patient Protection and Affordable Care Act, which achieved a goal of so many previous administrations, into law. In order to encourage the passage of health care reform, Obama promoted a health care crisis in America. This study examines the President’s rhetoric surrounding the health care crisis in order to explore the characteristics of a potential sub-genre of presidential discourse—domestic promoted crisis. Textual analysis of the President’s remarks on health care revealed five strategies used in order to promote this crisis to the American people and encourage legislation to resolve it. In addition to characteristics, the concept of promotion of crises is discussed.

## ACKNOWLEDGEMENTS

Having spent the last year of my life enmeshed in presidential rhetoric of health care, I'm finally able to take a breath and look back on everyone who has helped me to get where I am today—and I'm so blessed to have so many wonderful people in my life.

I am forever indebted to my wonderful thesis committee. “Dr. Bob” Denton has been an amazing help in the preparation of this manuscript, always having wonderful insight and ideas and always able to get me thinking about things. Without our weekly discussions, this analysis would not have been possible, and I am forever grateful—you got me to climb into the discourse bath, and lots of good stuff came out in the wash. Without Dr. Holloway, this project may never have been. The idea behind this analysis all started as a paper in class a little over a year ago, and thanks to your encouragement, comments and help in the formative stages, has grown into what it is today. Last, but certainly not least, Dr. Waggenpack. Your help in drafting and explaining my ideas has been invaluable, and has aided me in more clearly expressing what's really going on in my mind. Your passion for your job and each of us in the program has been so helpful in this project—and in all my other graduate coursework as well. I would also be remiss if I did not mention how much I appreciate Dr. Denton and Dr. Waggenpack for helping me through some very difficult times over the past two years and for always believing in me. For that especially, I am eternally grateful. I couldn't have made it through without you!

Special thanks also go to all of the Communications faculty at Bridgewater State College, whose expertise, encouragement and passion prepared me so well for graduate study. I am especially grateful to Dr. Jason Edwards, without whom I can say I would not have ever went beyond a bachelor's degree. It's thanks to you that I am where I am today. This manuscript would not have been possible without your help, and that's true on so many levels. Thank you

for exposing me to this area of presidential rhetoric, and for your dedication, your help and your unwavering faith in my abilities. It has meant, and continues to mean, so much to me. I only hope that one day I can be half as good a teacher as you.

I also have to offer special thanks to Dr. Buddy Howell who, despite not being on my committee at all, was always willing to be my sounding board through this process. Through my graduate career and through this project, you have taught me so much and have provided me with so much insight—free of charge. I know that, without your help and encouragement, this project (and several others) would have been a much tougher go. Buddy, thanks being so giving of your time, your insight and your books—but most of all, thank you for being a great friend and always being there for me.

My time at Tech has been amazing, and that's thanks in no small part to each and every one of my colleagues. So, a special thank you to everyone who has been a part of the last two years of my life. I'm so lucky to have made so many great friends so very quickly. I must make special note of my fellow "word person" and go-to girl, Miss Ashley Gellert. Thank you for always being willing to freely offer your thoughts (on just about everything) when needed, and for helping me so many times to get the words from my head out onto the page. And thanks for always being such a good sport (even though my arm still hurts). I wish you luck as you move forward—even though I know you won't need it.

Finally, even though just words of thanks aren't enough, I have to say thank you to Mrs. Wendy Hodge and Mrs. Geraldine Hollandsworth, whose knowledge of everything in the department and constant willingness to help everyone with everything keeps things running so smoothly—and whose smiles brighten every morning. I don't know how you two do it every day—but I'm sure glad that you do.

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## CHAPTER 1

### Introduction

“We’re in the car headed toward the cliff and we must act” (2009e, para. 5). This is how President Obama described the health care situation in America in early March 2009. Through his rhetoric surrounding health care, President Obama used one of the unique powers of the office of the president—the ability to promote crises. Health care reform has been the defining issue for President Obama’s first term. In an attempt to reform the U.S. health care system, President Obama promoted the system’s state as a health care crisis to which he needed to respond.

A president’s response to a crisis can become the defining moment of an administration. This perhaps was best put by Denton (1994), “Crises may not be a president’s best moments, but they are defining ones for an administration” (p. xi). A crisis requiring the president’s response generally is evident to the American people; that is, the situation calls for a response. We can see this in events such as the Japanese attack on Pearl Harbor, the Great Depression, September 11<sup>th</sup>, and, to some extent, the recession/financial crisis of 2008-2009 and its ensuing bank failures and federal buyouts. While a crisis is generally thought of as a serious event or series of serious events that require a response, the president has a unique ability to promote crises due to the nature of his position (Bostdorff & O’Rourke, 1997). According to Bostdorff and O’Rourke, presidents promote crises when they “explicitly advance a claim of crisis or implicitly treat a domestic issue as a crisis through their public rhetoric” (pp. 343-344). Essentially, the crisis exists once the president draws the public’s attention to it.

This research serves as a case study of a president using his crisis promotion ability. To explore how President Obama promoted the health care crisis, I have conducted an analysis of

President Obama's health care rhetoric between February 17, 2009, when the issue first surfaced within the Obama presidency, and September 9, 2009, when Obama addressed a joint session of Congress regarding health care reform. The discourse examined includes all remarks made by the President between these dates including press conferences, public remarks, town hall meetings and interviews. Such an analysis helps to shed light on President Obama's specific methods of crisis promotion as well as to further understand the genre of domestic crisis rhetoric, which has had little attention within the communication field. Health care is one of the areas Bostdorff and O'Rourke (1997) noted in their article as a promising area for future research of this type. This study may help to provide further support for their premises and will help move toward a deeper understanding of the functions of domestic crisis rhetoric in general, and the promotion of crises specifically.

Specifically, this study examined President Obama's definition of a crisis in America's health care system. This definition served to oblige the president to take action and was intended to establish urgency in the American people—urgency only a crisis can manufacture. Through my analysis of President Obama's health care rhetoric, I argue that Obama made use of the strategies of magnification, polarization, symbolic actions, value dissociation, and appeals to American values. This analysis bolsters the claims of Bostdorff and O'Rourke (1997), who proposed the first four of these strategies as characteristics of domestic crisis rhetoric based on their examination of President Kennedy's U.S. Steel Crisis, while adding an additional strategy to the four proposed within that work.

### *President Obama's Health Care Crisis*

Health care reform is an issue that has come up repeatedly in American politics over the past 60 years and is the "one issue that no modern president can duck" (Blumenthal & Marone,

2009, p. 2). Beginning with President Franklin Roosevelt's plans for national health care, which were passed on to President Truman, up through President Johnson's Great Society and the creation of Medicare to President and Mrs. Clinton's push for nationalized health care in 1993-94, health care reform has been dealt with in some way by every administration from Roosevelt to Bush (43) (Blumenthal & Marone, 2009). Health care has been a cornerstone of the Obama administration. While the issue has been raised repeatedly, until the Obama administration little progress had been made toward reformed or nationalized health care. Because of the recurring nature of the health care crisis, research in this area will be applicable to understanding past occurrences as well as any future ones. It is also important to look at President Obama's rhetoric surrounding health reform since, although 11 presidents have dealt with the issue, he is the first to achieve far-reaching reform.

Following the historic 2008 election, President Obama came into office promising change. The first major change he sought to institute involved health care. Prior to the Obama Administration, other Presidents had sought to reform the American health care system. The most recent to call for the far-reaching reform that Obama proposed was President Clinton in 1993-94 (Blumenthal & Marone, 2009). Ultimately, unlike President Clinton, President Obama was successful in getting health care reform passed early in 2010. By elevating the issue to crisis status, President Obama was able to support legislative action although he did not have the legal authority to take action independently. Obama used his position as president to define and manage a domestic issue as a crisis.

The health care "crisis" is an interesting one for three reasons. First, it is a domestic crisis. While scholars have looked at domestic crises (e.g. Smith & Smith, 1994; Kiewe, 1994; Medhurst, 1994; Littlefield & Quenette, 2007; Bostdorff, Carcasson, Farrell, Ivie, Kiewe &

Smith, 2008) crises of this type have not received much focus from communication scholars. Second, as a domestic crisis, this health care crisis is not necessarily felt or seen by everyone in the nation, which makes the president's presentation of it especially important. Third, the situation is an example of a crisis being promoted or escalated by a president. The area of presidential promoted crisis has some extant research (Pucci, 1994; Blair & Houck, 1994; Bostdorff, 2008), and domestic promoted crises specifically were defined by Bostdorff and O'Rourke (1997), but the body of communication research is small. Due to the uniqueness of the health care crisis, it is important to investigate President Obama's rhetoric, as an example of "domestic promoted crisis," to further develop our understanding of the rhetorical powers inherent in the office of the President.

## CHAPTER 2

### Literature Review

The President of the United States is in a unique position. The office gives unparalleled access to the media and also gives words an authority not easily matched. As powerful as a president is, authority is limited by the Constitution. To pass legislation, presidents must come to an agreement with members of Congress who will do their bidding. Sometimes the passage (or even introduction) of legislation is difficult due to public perception of it. The president has the power to influence the public's perception of issues, but it is not fully clear how and why some presidents are more successful in this respect than others (Rottinghaus, 2010). Experience tells us that in the case of a crisis, it is much easier to get legislation proposed and passed. Indeed, in Chinese, the character symbolizing “crisis” means both threat and opportunity (Bostdorff, 2008). Due to this unique position, the president is able to promote or escalate a crisis—that is, the president can increase the threat perception in order to make the most of the opportunity inherent in crises. Thus, if the president *says* something is a crisis, it *is* a crisis. The area where this can be seen most clearly is in domestic crises.

The body of communication research on presidential foreign crisis rhetoric is vast. Indeed, Windt (in Dow, 1989) went so far as to define “speeches on international crisis” as a specific presidential genre (p. 294). Cherwitz and Zagacki (1986) noted their agreement that “crisis rhetoric is constitutive of a genre of presidential discourse” (p. 309). Communication scholars have examined many different instances of discourse fitting this proposed genre. Bostdorff (1994) examined six instances of presidential promotion of foreign crises stretching from the Kennedy administration and the Cuban missile crisis to the Reagan administration and Grenada in her book on the rhetoric of foreign crisis. Bostdorff (2008) also examined President

Truman's "Truman Doctrine" speech in great detail. Similarly, Pratt (1970) examined speeches by Presidents Eisenhower, Kennedy and Johnson, all of which dealt with foreign policy issues. Others have studied specific instances of presidents dealing with foreign crisis. Cherwitz (1980) examined how President Johnson was able to rectify a change of opinion through his use of the Tonkin Gulf crisis. Dow (1989) in her examination of three of President Reagan's speeches dealing with international crises argues that "different crisis situations call for different rhetorical responses" (p. 295), and claims that her findings may have broader application to all crisis discourse, but that the genre of crisis rhetoric has not yet been proven to exist. Heisey (1986) examined presidential responses to international crises in his comparison of speeches by President Reagan and French President Mitterrand, while Klope (1986) looked at one of the foreign crises examined by Heisey—Reagan's response to Lebanon/Grenada—and what roles myth and victimage played in Reagan's speech. Windt (1982) studied the rhetoric of administrators at the University of California – Berkeley and outlined "administrative rhetoric" (p. 247) as a genre used by Presidents Johnson and Nixon in their defense of actions in Viet Nam. These examples are just a few of the many examples of studies of presidential discourse on foreign or international crises.

Unlike foreign crises, which have seen extensive research, domestic crises have received much less attention. Crises that are promoted by the president are a distinct type of domestic crisis and have been only a small piece of domestic crisis research. Some (Pucci, 1994; Blair and Houck, 1994) have looked specifically at presidential promotion of crisis, while several scholars (Smith and Smith, 1994; Kiewe, 1994; Medhurst, 1994; Littlefield and Quenette 2007; Bostdorff, Carcasson, Farrell, Ivie, Kiewe and Smith, 2008) have looked at domestic presidential crisis rhetoric. Windt (1990) made the claim that "*political crises are primarily rhetorical*" (p. 5,

italics in original) and examined the crises of the Kennedy, Johnson and Nixon administrations. Windt defined the Kennedy Administration as the “*crisis presidency*” (p. 17, italics in original). Within his book, Windt defined the genre of “domestic crisis rhetoric” as containing three arguments: “First, the president presents his policy as representing the public interest...He presents the policy of his opponents as a representation of private interests in direct conflict with the public interest” (p. 46). The second argument in the genre as defined by Windt, “to give legitimacy to his claim that his policy represents the public interest, the president claims that he is supported by the majority of people, whereas his opponents represent only a minority” (p. 47). The third argument is that “the president attributes good or ethical motives to himself...and to the majority that supports him. Likewise, he attributes base or dastardly motives to his opponents” (p. 47). In addition to these three arguments, Windt argued that in the genre of domestic crisis rhetoric, presidents make use of “symbolic acts,” which consist of “every form of persuasion, coercion, and intimidation available” (p. 49). Bostdorff and O’Rourke (1997) built upon Windt’s work in their study of a domestic promoted crisis by using the same exemplar—President Kennedy’s management and promotion of the U.S. Steel crisis.

Bostdorff and O’Rourke’s (1997) study of the U.S. Steel crisis was intended as preliminary research into the field of promoted domestic crisis rhetoric. They note that President Kennedy’s promotion of crisis allowed him to gain a victory where he had no legal authority to win otherwise. President Obama’s rhetoric of health care reform serves a function similar to that of President Kennedy. While no president has the legal right to propose legislation, an issue can be elevated to the point of crisis in order to encourage a particular resolution. Since the current health care crisis is a domestic promoted crisis similar to the U.S. Steel crisis—that is the president has no legal authority to enact change, there is not a clear enemy and there is little

control over public information regarding the issue—this study will build upon the work of Bostdorff and O’Rourke (1997). Specifically, this study adds another case to determine the applicability of Bostdorff and O’Rourke’s characteristics of domestic crisis rhetoric.

### *Domestic Crisis Rhetoric*

Since the government has both international and domestic responsibilities and threats, both foreign and domestic crises are possible. Responsible parties and potential ramifications are very different for foreign and domestic crises. In foreign crises, presidents are privileged by their position. The people, especially in the case of a foreign crisis, are wont to believe the president—and merely by speaking on a matter, the president amplifies its importance (Bostdorff, 1994). Foreign crises also encourage the people to rally around the president, who is seen as “the personification of the country” (Windt, 1990, p. 6). While it is relatively easy for presidents to win over the American people in the case of a foreign crisis, Bostdorff and O’Rourke (1997) argued that there are major differences between foreign and domestic crises. In a domestic crisis, presidents have less power to implement policy, no clear enemy to blame and less control over the public’s access to information. Due to the differences, it is much more difficult for a president to make a case for a domestic crisis than for a foreign one. Regardless of the differences, a president often must find a way to respond to a crisis and must be able to respond effectively in spite of whether the crisis is foreign or domestic in nature. A president also may find that a situation may be used to serve his purposes by promoting it as a crisis. Bostdorff (1994) and Bostdorff and O’Rourke (1997) explain the use of the term “promote” similarly: “‘To promote’ means to advance a claim and bring it to the attention of others” (Bostdorff, 1994, p. 1). This idea of promotion, while it can be important to foreign crises, is even more important to domestic crisis rhetoric.

The main purpose of Bostdorff and O'Rourke's study was to refine the genre of domestic crisis and its components. The study was intended as preliminary research, as the only true previous examination of a piece fitting the genre was Windt's piece (1990; Bostdorff & O'Rourke, 1997). The U.S. Steel case was specifically chosen as exemplar because it was the first modern promoted crisis, using mass media to appeal directly to the people by going public.

Based on their analysis of President Kennedy's discourse, Bostdorff and O'Rourke argued that there are four strategies that characterize domestic crisis rhetoric: "magnification, polarization, value dissociation and symbolic actions" (p. 345). Because of the exploratory nature of the research, it is important to determine the applicability of these characteristics to other crisis situations. Given the discord in the field as to whether presidential crisis rhetoric in general is a genre, the limited amount of research on domestic crisis rhetoric makes this question loom even larger for this potential genre. However, if domestic crisis is a genre, that is, different instances contain "observable, explicable, and predictable rhetorical commonalities" (Benoit, 2009, p. 77), we should expect to see similar characteristics within President Obama's rhetoric surrounding health care as in President Kennedy's U.S. Steel discourse.

### *Magnification*

Magnification is used to attract the public's attention to a situation and heighten its perceived significance. This is an important aspect of domestic crisis promotion since citizens often will not see the issue as worthy of attention unless the president presents it in that way. When the president speaks about a domestic issue, the issue can be magnified into a crisis by emphasizing "that the issue is an urgent matter of great public import that poses a threat to the country as a whole" (Bostdorff & O'Rourke, 1997, p. 349). In short, it is through magnification that the president is able to convince the American people that a crisis does, in fact, exist.

President Kennedy magnified the U.S. Steel case by beginning a news conference with a speech detailing the negative impacts of a steel price increase on the American economy and on Americans. Within this statement, Kennedy went so far as to argue that a steel price increase would threaten national defense.

### *Polarization*

Through polarization, the president creates a dichotomy of “mutually exclusive groups” (Bostdorff & O’Rourke, 1997, p. 350). Through this process, the president is able to define a villain or enemy. This is an integral part of domestic crisis rhetoric. In foreign crises, the enemy is often clear and well defined for the president, which allows the American people to unite against a common foe. With domestic crises, the enemies are not so clear-cut and thus it is harder for the people to unite against them. Within the U.S. Steel example, President Kennedy was able to define the presidents of the steel companies as villains who were against the average American. In this way, Kennedy gave Americans a distinct other against whom they could unite. Polarization is used to make a complex situation into an either/or situation, that is, either with us or against us. The president can then come down on the side of the American people to fight with and for them against the newly defined enemy.

### *Value Dissociation*

Dissociation, according to Perelman (1979), “is the classical solution for incompatibilities that call for an alteration of conventional ways of thinking” (p. 23). One such incompatibility can surface in domestic crises, where two distinct sets of values can appear to be in opposition with one another. This creates a unique situation for a president, who must be careful not to degrade either of the values but must still define one as more important, with the other dependent upon it. Value dissociation is used to soften such an apparent clash between two sets of values. The

president can use value dissociation to make one of the values “subservient to the other” (Bostdorff & O’Rourke, 1997, p. 352). In this way, the president can construct a reality where the values are not in conflict but only appear that way. In the case of U.S. Steel, Kennedy found the values of freedom and responsibility at odds. The free market system valued the freedom of steel companies to set their own prices, but the American value of civic responsibility (sacrifice for the common good) suggested that prices should not change. Kennedy used value dissociation to show that he valued both, but he argued that in this case, responsibility took precedence and therefore freedom was subservient to civic responsibility.

### *Symbolic Actions*

As noted earlier, presidents use domestic crisis promotion to take action where they do not have the legal ability to do so. While a president may not be able to take particular actions, it is within the power of the office for a president to “back-up his words with action” (Bostdorff & O’Rourke, 1997, p. 354). The actions that the president can take are symbolic. Symbolic actions are taken or threatened by the president and serve to enact a proposed course of action without the legal ability to do so. In the U.S. Steel crisis, President Kennedy initiated investigations into U.S. Steel by the Federal Trade Commission, the Justice Department, the FBI and the IRS. These investigations as symbolic actions were coercive in nature, but this does not have to be the case. The presidency gives an individual access to a variety of powers. Presidents have the power to create cabinet-level positions through their appointment of “czars.” They also are able to take actions by making use of their broad access to national media.

### *Methodology*

While health care reform was an issue for Obama during his campaign, the president moved health care reform onto his administrative agenda in late February and early March of

2009. The president's statements beginning in February of 2009 served to establish the health care situation as a crisis in need of reformation. While President Obama has made an abundance of statements, speeches and the like on the subject of the health care crisis, examining all of the President's rhetoric on the subject is beyond the scope of this study. Since the focus of this study is President Obama's initial promotion of the health care crisis, I have examined the President's initial statements on the subject up until the issue was passed to Congress and the legislative process got underway. This gives a total of 35 separate instances of discourse between February 17, 2009, when the American Recovery and Reinvestment Act was signed into law, and September 9, 2009 when President Obama made his televised address on health reform before a joint session of Congress. The beginning date marks Obama's first mention of health reform (albeit a brief mention) as President. The ending date was chosen because this speech to Congress marked the President's last big push to get Congress to take action following an August recess marked by public opposition to health reform (Jacobs & Skocpol, 2010). The texts included 16 instances of remarks, that is, statements on events such as the opening of forums, swearing in of cabinet members and the like; 12 town hall meetings; two speeches to Congress; two speeches as fundraisers; two press conferences; and one radio interview. Transcripts of each were taken from the White House Press Office's website.

To examine the texts, a close textual analysis informed by Bostdorff and O'Rourke's characteristics of domestic crisis rhetoric was performed. In close textual analysis, one carefully reads texts to determine the deeper meaning within them. Each text was first examined individually, and key terms and themes were noted. These key terms and themes were then clustered and analyzed see how they fit together and which of them ran throughout the discourse. The clusters were then examined to determine what the overarching themes were and to

determine if the characteristics of domestic promoted crisis were applicable to this situation as Bostdorff and O'Rourke would suggest. Within the analysis, recurrent themes in the texts were discovered and these were examined to see how they related to the four characteristics of magnification, polarization, value dissociation and symbolic actions. In addition to finding instances of the four characteristics, an examination of the discourse also revealed a fifth characteristic: appeals to American ideals.

## CHAPTER 3

### Analysis

#### *Magnification*

Within his discourse surrounding health care, President Obama devoted a significant amount of time to magnifying the issue into crisis status. Nearly every time that Obama spoke about health care, there was some aspect of magnification involved. The President's approach to magnification involved four parts: Establishing the issue as a crisis, outlining economic impacts, outlining personal impacts and demonstrating that the crisis affected all Americans.

#### *Establishing the Crisis*

The first way that President Obama magnified the issue of health care was to establish the issue as a crisis. It was important that the President establish that a crisis did in fact exist. In order to establish the crisis, Obama used loaded language, placed a time constraint on resolution of the issue, and argued that change in the health care system was necessary.

*Language.* President Obama used vivid negative language to describe the health care situation in America, which was perhaps the most evident instance of magnification. Only two days into March 2009, the President named the health care situation in America “a crisis” (2009c, para. 4), and continued to refer to it as such throughout his discourse. Even before referring to the issue as a crisis, President Obama defined health care as one of the “three areas that are absolutely critical to our economic future” (2009b, para. 35) and as one of “the great challenges of our time” (2009c, para. 1). Beyond just naming the state of health care a crisis, Obama went into details as to why the state of health care was such that, like *Thelma and Louise* in their movie, “We’re in the car headed toward the cliff and we must act” (2009e, para. 5).

According to the President, it had become a “moral imperative” to fix health care (2009e, para. 69; 2009n, para. 19; 2009s, para. 29; 2009w, para. 19). Obama repeatedly described the health care system as “broken” (e.g. 2009d, para. 15; 2009j, para. 18; 2009l, para. 4; 2009m, para. 7; 2009n, para. 14; 2009s, paras. 23 & 45; 2009ad, para. 43) and in need of repair. He further insisted that maintaining the broken system was “unsustainable” (2009l, para. 4; 2009m, para. 3). Closely related to this were his descriptions of the government-run health care systems of Medicare and Medicaid as “the nightmare scenario” (2009n, para. 137) and as “run amok” (2009s, para. 42).

In keeping with the idea of a broken system or a nightmare, President Obama repeatedly referenced specific examples of problems in the health care system. Rather than talking about average, everyday problems though, Obama reinforced his depiction of a crisis by describing extreme examples. One particularly vivid example of this was his description of a diabetic who, due to not being able to receive regular checkups, required a “\$30,000 foot amputation because we didn’t manage the disease properly” (2009r, para. 38). This story about a foot amputation, though not referencing a specific individual, was repeated eight times, and six of those eight were at the President’s town hall meetings. Such anecdotes helped the President to establish health care as, in the words of the ABC reporter during the President’s televised town hall in June of 2009, “a ticking time bomb at the center of the American economy” (2009r, para. 2).

Important even on their own, the descriptors and anecdotes that the President used to describe health care in America became even more powerful when coupled with his descriptions of the overall situation. One example of this is particularly indicative of the President’s presentation of health care in America. In describing the current situation on July 1, President Obama argued:

We're living through extraordinary times—I don't need to tell you. This generation of Americans—our generation—has been called to confront challenges of a magnitude that we have not seen in decades, perhaps unlike anything we've seen in recent history—challenges that few generations of Americans are asked to face. (2009s, para. 6)

Repeatedly, the President presented health care as one of the greatest challenges America had faced. Obama's reference to the challenges of generations in decades past calls up images of the Greatest Generation facing the challenges of the Great Depression and World War II, and thus puts the state of health care on par with the worst crises in American history. Indeed, Obama told the American people that health care “has led us to the breaking point” (2009ag, para. 7) and that the state of health care “is more than a passing crisis. It is a transformative moment. We are at an unmistakable crossroads” (2009w, para. 10).

Obama's use of vivid negative language and anecdotes helped him to paint a grim picture of health care in America. His descriptors and examples went beyond simply representing the situation as bad but took things to the extreme in order to present the issue as one of the greatest challenges America had faced. This description served to magnify the issue to the point of crisis. President Obama aimed to modify Americans' views of health care by vividly presenting it as so broken that it was causing damage to the health and well-being of Americans.

*Time sensitivity.* In addition to using loaded language to establish health care as a crisis, President Obama also put a time constraint on resolving the problems that he identified. He repeatedly argued that the broken system needed to be fixed immediately because “the American people can't wait any longer” (2009aa, para. 137). In even stronger terms, early on he insisted that “health care reform cannot wait, it must not wait, and it will not wait another year” (2009b, para. 44). The situation that he had established was so terrible that he could declare, “we can no longer let the perfect be the enemy of the essential” (2009d, para. 17). Since he devoted so much time to establishing the issue as a crisis, he was able to put a firm deadline on resolving the issue.

Beginning in April, President Obama insisted, “we’ve got to have health reform this year” (2009h, para. 76). His declaration of resolving the crisis within the year came up several times within the discourse (e.g. 2009j, para. 17; 2009l, para. 8; 2009q, paras. 8-10).

By setting a deadline for resolution in addition to defining the situation in negative terms, President Obama helped to further establish the health care situation as a crisis. Naming something a “crisis” implies that immediate action must be taken. By not only defining health care as a crisis, but also declaring that action was necessary within the year, President Obama reinforced and amplified his description. His setting of a deadline served to further establish the issue as a crisis for the American people and to demonstrate to Congress that action was necessary.

*Change is necessary.* The third way that President Obama worked to establish health care as a crisis was to depict change as necessary. He did this consistently through his rhetoric surrounding health care reform. Obama described health care reform as something that he did not want to do but felt obliged to act because it was “a necessity we have to achieve” (2009c, para. 5). This idea of “necessity” repeated itself on several occasions (e.g. 2009j, para. 10; 2009m, para. 3; 2009p, para. 20). The President explained, “if the health care system was really working well, I would be happy to leave it alone” (2009s, para. 101). However, he made a clear argument for his case that “the need for reform is urgent and it is indisputable” (2009u, para. 9). The reason that change was necessary, argued Obama, was that keeping things as they were was “unsustainable” (2009p, para. 20; 2009ae, para. 11) and would cause the crisis to worsen: “Inaction will create the biggest crisis of all” (2009t, para. 10) and, without reform, “we’ll face an even greater crisis in the years to come” (2009v, para. 18). Obama portrayed maintaining the current course on health care as “truly scary” (2009ac, para. 34; 2009ad, para. 43) and the current

system as “no longer a problem we can wait to fix” (2009t, para. 8). If America were to keep its current health care system, the President argued, all Americans’ “health care will be in jeopardy” (2009p, para. 19). Given his depiction of the current crisis state of health care, the President’s suggestion that it would worsen without action solidified his claim that change needed to occur and helped to further increase the severity of the issue. Perhaps the clearest presentation of the need for change was presented in the President’s address to Congress in September: “Now, these are the facts. Nobody disputes them. We know we must reform this system” (2009ag, para. 13). Later in his address, he declared, “We cannot fail. Because there are too many Americans counting on us to succeed” (2009ag, para. 55). Within this speech, the President culminated his argument that change was necessary by flatly declaring that no one could argue that point. When combined with his other remarks about health care, the need for change was presented clearly and consistently.

In declaring a need for change in the health care system, President Obama was able to magnify the issue and present it as a crisis. When combined with his dire language and clear time constraint for action, establishing a need for change served to firmly establish a crisis and magnify it to the point where action needed to be taken. Obama also presented himself as unwilling to tackle the issue but as forced into action by the circumstances. In this way, he presented health care not as a policy or a personal issue but as a crisis affecting the American people—a crisis that he, as President, needed to address.

### *Economic Impacts*

The second aspect of President Obama’s magnification of the issue was to present the economic impacts of the extant health care system. Within his health care discourse, President

Obama laid out both the costs of health care and its contributions to federal deficits—as well as the overall economic impacts of health care.

*Costs.* The first group of economic impacts that President Obama presented related to the costs of health care in America. The costs of health care were described as “spiraling” (2009j, para. 1; 2009z, para. 5), an “explosion” (2009j, para. 6), “crushing” (2009b, para. 41; 2009c, para. 4; 2009p, para. 18), “skyrocketing” (2009p, para. 18), and “soaring...sinking our businesses and eating up our government’s budget” (2009d, para. 6). In his description of the costs of health care in America, the President sought to demonstrate that health care was “breaking America’s economy” (2009u, para. 11) and “bankrupting our government” (2009r, para. 28). Obama further presented health care costs as “an unsustainable burden on taxpayers” (2009ag, para. 12) and argued, “the biggest threat to our nation’s balance sheet is the skyrocketing cost of health care. It’s not even close” (2009d, para. 8). In this way, the President not only described the cost of health care as too high and increasing at an extreme rate, but as a serious threat to the well-being of the nation. Obama’s depiction of the costs of health care helped him to make his case that “the cost of our health care is too high to ignore” (2009f, para. 27).

Not only did President Obama present the current costs of health care as too high and as threatening, he took things a step further when he repeatedly argued that the future costs would be even worse—that current trends in health care would lead to “a future that we cannot afford” (2009t, para. 6). Since he described the dangers of health care costs, it made sense for Obama to project these costs into the future through his claim that “ultimately we can’t afford this. We just can’t afford what we’re doing right now” (2009w, para. 65). This idea of the future costs being even worse than the present ones he had described was alternatively described as “the cost of doing nothing” (2009n, para. 25), “the costs of inaction” (2009s, para. 11) and “the costs [that]

are going to be there if we don't do anything" (2009s, para. 105). President Obama thus presented the current costs of health care in America as a clear and present danger to the budgets of state and federal governments. This threat, he argued, would become even more dangerous if it were not addressed. In this way, he presented the extant health care system's costs as unacceptable, unsustainable and threatening to "the financial stability of families, businesses and government itself" (2009j, para. 2).

*Deficits.* In addition to describing the dangers of the high costs of health care, President Obama also described a second group of economic impacts, which defined how these costs contributed to federal deficits. The President presented health care as the key contributor to government deficits—indeed, he argued that "if we want to control our deficits, the only way for us to do it is to control health care costs" (2009s, para. 15) and that "the most significant driver by far of our long-term debt and our long-term deficits is ever-escalating health care costs" (2009l, para. 5). He presented health care as "a longstanding critical problem" (2009p, para. 59) that is "the biggest driver of our deficit" (2009v, para. 7; 2009ad, para. 54), "a primary driver of our federal deficits" (2009p, para. 59) and "the single biggest problem we have in terms of the debt and the deficit" (2009n, para. 135). In short, President Obama equated high health care costs with America's deficit: "Our health care problem is our deficit problem. Nothing else even comes close. Nothing else" (2009ag, para. 12). Without action on health care, Obama insisted, "the deficit will grow....Our debt will grow" (2009s, para. 105) and "there is no way for us to close the budget deficit" (2009ab, para. 50).

President Obama not only presented health care as a contributor to federal debt but as the major contributor to debt and deficits. As with his magnification of the impacts of health care costs, the President projected the effects of health care on deficits into the future, arguing that if

nothing were done, “our deficits will be higher” (2009n, para. 25) and that to ensure America’s “economic future,” “reform...is imperative” (2009j, para. 17). The President also insisted that reform of health care was necessary, since, “If we do not control these [health care] costs, we will not be able to control our deficit” (2009w, para. 8).

*Overall economic impacts.* Beyond magnifying the issue of health care costs and these costs’ impact on deficits, in the third group of economic impacts, President Obama tied health care to overall problems with the economy. This was especially present early in the President’s discourse when he presented economic problems as the major crisis in America with health care as a cause of those problems. While his magnification of the cost and deficit aspects of health care certainly tied health care to economic problems, Obama’s arguments that health care was “imperiling our own budget” (2009c, para. 4) and that “our current economic crisis has only heightened the urgency of our health care challenge” (2009c, para. 4) made this connection much more distinct. The President insisted, “We can’t afford to put this [health care] off” (2009m, para. 6) because “it’s central to our economic future. It’s central to our long-term prosperity as a nation” (2009n, para. 12). Obama thus made the case that health care reform was “a fiscal imperative” (e.g. 2009c, para. 5; 2009d, para. 9; 2009i, para. 7) and posed “one of the greatest threats...to the very foundation of our economy” (2009d, para. 2). When combined with his presentation of the deleterious effects of health care’s costs and its impact on deficits, this connection with the overall economic crisis made it easier for the President to declare, “We’ve got to catch the problem now” (2009n, para. 87) and that it was necessary that we “act and act now” (2009o, para. 9).

While this general economic tie overlaps in some ways with the President’s description of the negative impacts of health care costs and the effects of health care on the deficit, the tie to

the “entire economy” (2009n, para. 87) is important because it helped to magnify the issue even further and to demonstrate effects in places other than the government. Arguing that high costs would have negative effects on government and would increase government debt is one level of magnification—arguing that health care is central to the nation’s economic well-being took the issue to an even higher level of importance. The intensity of this connection perhaps best came across when Obama said: “If we want a country that succeeds in the 21<sup>st</sup> century then we have to lay a new foundation for lasting prosperity. And health insurance reform is one of the key pillars of this new foundation” (2009ac, para. 18). The President’s argument here was clear: without health reform, the economy could not stand and America would fail. Obama’s connection of health care with the economic crisis thus further magnified the crisis and served to make it applicable to every American.

### *Personal Impacts*

The third aspect of President Obama’s magnification of the health care crisis was to make it personal. The President’s presentation of economic impacts demonstrated that health care had negative effects on the nation and its government, but he also demonstrated that health care was negatively affecting individual Americans. As with the economic impacts, which increased in intensity from costs to deficits to overall effects, the personal impacts presented by Obama increased from effects on businesses to effects on families to effects on individuals, and finally, to effects on every American.

*Impacts on businesses.* The first category of personal impacts dealt with health care’s effects on businesses. As he had for the government, President Obama outlined how health care was “becoming an untenable burden for America’s businesses” (2009j, para. 5). As was the case for the government, “spiraling health care costs” were presented as “crushing businesses”

(2009g, para. 12; 2009a, para. 30). These costs, which the President consistently established as too high and rapidly rising, were “sinking our businesses” (2009d, para. 6). The costs of health care threatened “the financial stability of...businesses” (2009j, para. 2). Not only were the costs threatening businesses, in many cases, the President argued, these costs were “bankrupting businesses” (2009r, para. 28) and “breaking America’s businesses” (2009u, para. 11).

To bolster his claims about health care’s impacts on businesses, President Obama met with their leaders and announced his meetings to the American people. Business leaders were invited to attend the March fifth Forum on Health Reform, and Obama shared some of their thoughts in his closing remarks. Obama also held a roundtable discussion with business leaders on May 12, and in his closing remarks was sure to mention the leaders with whom he had met. In addition to meeting with business leaders in general, President Obama also met with business leaders in the health care industry. The President’s meeting on May 11 included “groups that represent everyone from union members to insurance companies, from doctors and hospitals to pharmaceutical companies” (2009j, para. 1). On July 20, Obama also met with employees and administrators at Children’s Hospital in Washington, D.C. to discuss “some of the strains on our health care system” (2009u, para. 2) and health care’s effects on health care workers. After his meeting, the President made formal remarks about it and gave those remarks from the hospital. These meetings with business leaders helped the President to demonstrate that he had personally witnessed health care’s effects on businesses. These discussions—and the President’s strategy of publicizing them—made it all the more powerful when Obama spoke of health care’s effects on business.

Obama personalized health care’s effects on business when he told the American people that health care had led to a situation were “there are too many businesses that will be forced to

shed workers” (2009u, para. 12). This idea of shedding workers is what makes effects on businesses an example of a personal impact rather than an economic one. The President connected businesses with individuals through his argument that “if we don’t act, that means that...more people are going to lose their jobs because those businesses are not going to be competitive” (2009s, para. 13). In this way, health care’s effects on business were not restricted to those at higher levels, but trickled down to the average employee. Rather than being a management issue, Obama presented health care as a threat to the average American’s livelihood, since it could cost him his job.

*Impacts on families.* The second category of personal impacts dealt with families. President Obama explained, “spiraling health care costs are crushing families and businesses alike” (2009a, para. 30). As he had done with the government, the economy and businesses, Obama described how health care had affected American families. According to the President, health care was “breaking America’s families” (2009u, para. 11) and “dragging down family finances” (2009s, para. 38). The President repeatedly referenced the extreme in terms of family finances, speaking of how health care was “bankrupting families” (2009g, para. 12; 2009r, para. 28) and referencing “families who...are going bankrupt...are at risk of losing their homes” (2009p, para. 62). To cement this point, in his June 23 press conference, President Obama shared the story of a woman from Green Bay, Wisconsin:

36 years old, double mastectomy; breast cancer has now moved to her bones and she’s got two little kids, a husband with a job. They had health insurance, but they’re still \$50,000 in debt, and she’s thinking, my main legacy, if I don’t survive this thing, is going to be leaving \$100,000 worth of debt. (2009p, para. 63)

The President repeated this story, among others, in several of his town hall meetings. The use of personal stories such as this one allowed President Obama to argue that the effects he was describing were real and that they were affecting Americans. These stories also allowed Obama

to give concrete examples of how health care “threatens the financial stability of families” (2009j, para. 2). In sharing stories of individual families that were negatively affected by health care, President Obama was able to make the claim that “everybody’s families I think have experienced this in one way or another. That’s the reason we need reform right now” (2009r, para. 97).

President Obama further magnified the issue of health care by making it increasingly personal when he described negative impacts on families. In his description of how health care was “a crisis punishing families” (2009c, para. 4), Obama was more able to strongly present health care as a serious crisis that was personally affecting the American people. Describing effects on families personalized the crisis by making it more applicable to the average American. In this way, Obama increased the perceived threat of health care by tying it specifically to citizens’ personal lives.

*Impacts on individuals.* The third category of personal impacts involved individual Americans. The President presented health care as a clear and present danger to the average American citizen. President Obama described health care as “a growing crisis for the American people” (2009j, para. 5) where “more and more Americans are forced to worry about not just getting well, but whether they can afford to get well” (2009n, para. 6). Obama made great use of stories to prove his point that health care had negatively affected many individual Americans. The President consistently referenced the letters he received every day from average Americans. He noted that each day he read some of the letters he receives and that many of them “relate to somebody who’s having a health care crisis” (2009e, para. 70). These individuals were “embarrassed about their situation; they would rather not have to ask for help” (2009d, para. 20). The letter-writers are average, hard-working Americans—and the President insisted that health

care had put their “lives and livelihoods at stake” (2009u, para. 12). Many of these individuals of whom the President speaks are uninsured, and “they are just vulnerable. If something happens, they go bankrupt, or they don’t get the care they need” (2009ab, para. 15). This idea of being uninsured was made even more serious with the President’s claim that “14,000 people lose their health insurance every day” (2009z, para. 42)—a figure that Obama repeated in several of his remarks. The President also noted that “millions more Americans are expected to go without health insurance if we don’t initiate reform right now” (2009m, para. 5), and that lack of health care or insufficient coverage could lead to financial ruin since “half of all personal bankruptcies stem from medical expenses” (2009j, para. 4). To cement this point, President Obama shared stories as he did in depicting effects on families:

One man from Illinois lost his coverage in the middle of chemotherapy because his insurer discovered he hadn’t reported gall stones he didn’t know about. True story. Because his treatment was delayed, he died. A woman from Texas was diagnosed with an aggressive form of breast cancer, was scheduled for a double mastectomy. Three days before surgery, the insurance company canceled the policy, in part because she forgot to declare a case of acne. True story. By the time she had her insurance reinstated, the cancer had more than doubled in size. (2009ac, para. 25)

Obama repeated the same or similar stories at many of his events. Such stories depicted extreme examples of problems with health care, but he was careful to reinforce that the stories were real. This helped to prove his point that health care was negatively affecting individual Americans.

Through his depiction of the negative effects of health care on average Americans, President Obama magnified the issue of health care even further. Even more personal than the effects on families he had outlined, Obama argued that health care was causing problems for anywhere from thousands to millions of Americans—and the problems that the President depicted were quite severe, which further enhanced his magnification of the issue. By portraying

average Americans as being negatively affected by—indeed in crisis from—health care, the President sought to convince the American people that they too were threatened by the issue.

*Impacts on you.* The fourth category of personal impacts further enhanced this sense of threat by detailing how health care could potentially personally affect individual Americans listening to his remarks—the “you” in his audience. Beyond detailing how health care had personally affected average Americans, President Obama was also careful to describe how the health care crisis could affect even individuals who had insurance. In early June, the President began his attempt to make the health care threat tangible to every American. He did this with a rather slight shift in his presentation of individual stories. While the stories that the President told did not change, his explanations of them began to include the idea of “that will be you” (2009ac, para. 34) or “There but for the grace of God go I” (2009ac, para. 8; 2009ad, para. 9). This subtle change made the stories not about caring for the plight of others, but rather about how others’ misfortune could befall anyone, or, in the President’s words, “if you think this has nothing to do with you, think again” (2009ad, para. 34).

Obama argued that without reform, the health care of all Americans would be “in jeopardy” (2009p, para. 19; 2009s, para. 44) and made many references to what would happen to “you,” the average American: “Your premiums will continue to skyrocket” (2009ab, para. 32) and “out-of-pocket costs will continue to skyrocket” (2009w, para. 8), he insisted. Obama also argued that health care “is taking money out of your pocket” (2009x, para. 85) and that the extant health care system was “projected to double your health care costs over the next decade, make millions more Americans uninsured” (2009aa, para. 46). The central argument here was targeted mainly at those Americans who had health insurance and thus could not see the threat that

Obama had developed on the other levels. The President's overall message to these Americans was:

So don't think that somehow just by standing still, just because you're doing okay now, that you're going to be doing good five years from now. We've got to catch the problem now before it overwhelms our entire economy. (2009n, para. 87)

This message is important because it was targeted at a group of holdouts—those who might not have seen the threat even given all the other aspects that the President had developed. By slightly shifting his presentation of health care's effects on individuals, Obama was able to further magnify the issue of health care in such a way that the vast majority of Americans should see a threat and agree with the President that action was necessary.

### *Summary*

In his discourse on health care, President Obama magnified the issue in four ways: establishing the crisis, outlining economic impacts, outlining personal impacts and demonstrating that the crisis affected all Americans. The President's magnification of the issue of health care built from large-scale, general effects to personal effects that could (and would according to the President) have an impact on every American.

Throughout the time under examination, Obama presented health care as a crisis through the language he used, by making resolution of the issue time sensitive and in demonstrating that change was necessary. In order to further magnify the issue, the President demonstrated that health care was negatively affecting the American economy. He outlined the effects of cost on government, the effects of health care on government deficits and the effects of health care on the economy as a whole. The President's presentation of health care became closer to the average American as he outlined effects on businesses, families and specific individuals. Finally, Obama brought the issue into individual Americans' lives through his description of how anyone could

find himself in a situation similar to the individuals he had presented. The President's magnification of health care thus built from large-scale, systemic effects down to very individual, personal effects. This should effectively magnify the issue for nearly all Americans.

### *Polarization*

Throughout his rhetoric surrounding health care reform, President Obama polarized by carefully constructing a dichotomy between “us,” the average American, and “them,” a collection of actors he referred to as the “status quo” (2009d, para. 18). Through his words and descriptions, President Obama presented himself as fighting with and for the American people against this “other,” which he also constructed within his remarks.

### *Us – The Average American*

Within the discourse surrounding health care reform, President Obama spoke of “ordinary Americans” (2009h, para. 21; 2009s, para. 46), and “ordinary families” (2009r, para. 41). He carefully detailed how the health care system had affected these average citizens, and repeatedly gave specific examples of individuals who had been negatively affected by the state of health care in America. Obama made repeated references to the letters that he received at the White House every day. Early in his discourse, Obama described the letter writers as “not asking for much...[not looking] for a handout...embarrassed....Some end by apologizing,” and he noted that these individuals had “nowhere else to turn” (2009d, para. 20). The ordinary Americans President Obama spoke of were hardworking, decent people who had found themselves in a bad situation due to the state of health care in America. These individuals, the President told us, were “counting on us” to reform health care because their situation was “not a game” (2009w, para. 19). According to Obama, “the American people...are being broken” by health care in America

(2009x, para. 36) and he was very careful to demonstrate that any American could find himself in a situation similar to that of the individual letter-writers.

While Obama clearly laid out this “us” side of the dichotomy, it became further refined as the discourse progressed over time. Over the summer, as Obama was travelling through towns across America talking directly to the people, references to “middle-class folks” (2009aa, para. 120), “middle-class families” (2009af, para. 101), and “middle-class Americans” (2009ag, para. 7) became common as did references to those “who make \$250,000 a year or less” (2009ab, para. 123). In this way, President Obama shifted his definition of ordinary Americans to clearly exclude the wealthy. His repeated references to the middle class also seemed to leave out the most needy. This becomes important to how Obama presented those in opposition to the average American and also aimed to unite the President with those middle class Americans.

In addition to clearly defining who the average American was, President Obama put a premium on the knowledge and practicality of that average American. Repeatedly, Obama spoke of what everyone knew or understood—a kind of common-sense knowledge. When presenting health care in America as in crisis, he noted, “This is not news to the American people” (2009j, para. 3). Similarly, he stated, “as all Americans know, our health care system is broken” (2009i, para. 4), and of the letters he received daily, he said, “these stories, everybody knows them” (2009x, para. 83). While he used facts, figures and statistics, they were tailored to average Americans and made applicable to their lives—and to the lives of their loved ones. Unlike those opposed to health reform, the average American “know[s] this isn’t about politics. This is about people’s lives” (2009aa, para. 51).

In respecting the average citizen—and indeed putting a premium on Americans’ life experiences—President Obama was able to present the American people as smarter than those

opposed to his plan. Obama's appeals to this sense of common knowledge helped to connect his audience to what could have been, for many, an issue where they would be lacking in expertise. Quite to the contrary, though, President Obama argued that the average American was more expert in the area of health care than many of those in higher positions. When he argued that, in terms of the failures of health insurance, "everybody's families...have experienced this in one way or another" (2009r, para. 97), he made the claim that every American had a better understanding of what was wrong with health insurance than those in control. In short, President Obama presented the average middle class American as the most knowledgeable about the state of health care in America and called on these middle class Americans to unify against those invested in the current system.

Having clearly defined and empowered the average American to whom he was speaking, President Obama also needed to unite himself with the people. He did this by presenting himself as sent to Washington to work for the American people and by demonstrating empathy and understanding. Throughout his discourse, Obama reiterated, "this isn't about me" (2009g, para. 2; 2009u, para. 11; 2009w, para. 18; 2009y, paras. 35 & 36). In repeating this phrase, Obama not only aimed to separate himself from the politics of health care, but to align himself with the interests of the American people. In discussing the stories of average Americans and "how it works for you" (2009f, para. 28), Obama strove to demonstrate that it was the American people whom he was "working for every single day in the White House" (2009h, para. 14). He further positioned himself on the side of the American people by noting his personal experience with health care in America as "something that touched on [him] personally" (2009g, para. 145). This personal aspect was the story of his mother's battle with cancer—and with the insurance industry. Due to his mother's experience, Obama was able to tell the American people that he

“know[s] what it’s like to see a loved one who is suffering...that pain is shared by millions of Americans all across this country” (2009j, para. 18). He repeated this personal story in a large portion of his speeches with a general audience. Combined with his use of others’ stories to demonstrate Americans’ knowledge of problems with health care, Obama’s use of this personal story helped to unify him with the American people and to demonstrate empathy.

### *Them – The Status Quo*

In his discourse, President Obama made it clear with whom he was unified and for whom he was working, but in order to create a dichotomy he also made the opposition very clear. The opposition—the “them” in this dichotomy—was termed by Obama as the “status quo” (2009d, para. 18). The status quo consisted of four groups of enemies to the American people: the system, insurance companies, special interests/lobbyists, and “Washington politics.”

*The system.* The first enemy presented was the system as a whole. Obama consistently referred to the American health care “system” (e.g. 2009g, para. 41; 2009h, paras. 27 & 85; 2009m, para. 7; 2009n, paras. 70 & 85; 2009p, para. 18; 2009r, paras. 186 & 187; 2009s, para. 26; 2009u, para. 5; 2009v, para. 8). In using the term system, the President was able to take the focus off individual actors and place it on a faceless entity. The term “system” also served to dehumanize since it called to mind images of machinery and industry rather than people. According to the President, America had a “broken system that doesn’t work” (2009m, para. 7). The system that Obama described was in need of “reform” (2009g, para. 41; 2009s, para. 21) was not of the “21<sup>st</sup> century” and needed to be altered so that it “makes sense” (2009h, para. 27). The extant system was “incentivizing” doctors due to a “business mentality” (2009n, para. 70) and this had led to a situation where “we throw good money after bad habits” (2009p, para. 18). Several times, Obama made use of the terms “incentive” and “incentivizing” when referring to

the health care system. He called these incentives “warped” (2009n, para. 18; 2009s, para. 28) and noted that they restricted the freedom of doctors and nurses (2009n, para. 70; 2009w, para. 14) who were forced to make decisions based on these incentives rather than patient care. These doctors and nurses were described as “forced to fight” (2009u, para. 5) through the system.

Repeatedly, Obama presented a consistent vision of a failed health care system. Not only did he describe what he saw as broken in this system, but he also tied the system’s failures to the American people with stories of individuals who had been adversely affected by the problems he outlined. In describing failures of the system rather than of its human elements, President Obama was able to avoid personal attacks. The public understands that, due to the interconnected nature of systems, the failure of pieces can cause problems throughout. Within the discourse, Obama was very careful to separate the human actors of doctors and nurses from the failed pieces of the health care system. He presented these doctors and nurses as unwillingly forced to do things that were counter to patients’ interests. He argued that the failure of the system had led to a failure in patient care, which was not the fault of health care workers. In using the term system, Obama was able to argue that problems could be solved by fixing small pieces of that system, which was what Obama was proposing, rather than discarding everything.

*Insurance companies.* The second enemy presented was the insurance companies. While Obama spent much time describing the failed system, he also placed responsibility for this failure, though that responsibility was placed on dehumanized groups rather than specific individuals. The first of these responsible groups was the insurance companies. Though Obama described the health care system as broken, he noted that the system “works for the insurance and drug companies” (2009v, para. 8). Within Obama’s health care discourse, the insurance (and sometimes drug) companies were presented as dishonest and as working against the public

interest. The companies' dishonesty was connected to how they make money. Insurance companies, Obama argued, had created an "insurance-driven bureaucracy" (2009u, para. 3). This bureaucracy was the result of the "broken system," from which "insurance companies and their executives have reaped windfall profits" (2009u, para. 6). The broken system had "allow[ed] insurance companies to run roughshod over consumers" (2009aa, para. 46). These companies were presented as holding Americans "hostage" (2009ac, para. 8; 2009ad, para. 9) and as "charg[ing] exorbitant rates and then mistreat[ing]...customers" (2009af, para. 111).

Obama argued that, due to their insidious nature, insurance companies needed to be controlled. Repeatedly, Obama noted that reform was necessary to keep the "private sector," "insurers," or "insurance companies honest" (2009e, para. 58; 2009n, para. 51; 2009s, para. 59; 2009w, para. 101; 2009ab, paras. 48 & 91; 2009af, paras. 25 & 28; 2009ag, para. 37). In addition to the repeated notion that regulation was required to ensure honesty, Obama noted that he would "put everybody on notice," and that he was responsible for "whipping folks back into shape" (2009t, paras. 9 & 11). In his repeated claims that insurance companies needed to be kept honest through regulation—indeed that they needed to be whipped into shape—Obama implied that the companies were inherently dishonest.

The dishonesty of insurance companies related to how they conducted their business. The status quo for insurance companies, Obama argued, was that they were "discriminating against" (2009n, para. 47) or "eliminat[ing] people" (2009n, para. 41) for pre-existing conditions. Insurance companies were also portrayed as "playing games with people because of preexisting conditions" (2009s, para. 59). These companies had created "boondoggles and inefficiencies" (2009u, para. 8) and had developed practices of "waste and inefficiencies that may pad the

bottom line of the insurance industry, but add nothing to the health of our nation” (2009o, para. 7).

Throughout his discourse, President Obama presented insurance companies as greedy profit-driven corporations that were impersonal and unconcerned with the well-being of Americans. This was starkly in contrast to the President, who had gone out of his way to show how connected he was to the average American. Obama connected the insurance companies to the broken system by presenting them as taking advantage of the system’s failures. Within his remarks, the President portrayed insurance companies as cold and unfeeling entities that had no concern for Americans but only for the bottom line. He repeatedly told the story of his mother who, while dying of cancer, was forced to be “on the phone arguing with insurance companies” (2009g, para. 149). Not only were these companies presented as greedy and profit-driven—they would even fight a dying woman over claims. What was perhaps most interesting about this portrayal was that it was not the people of the insurance industry who were vilified—in fact, the President was quite clear that the people working in the health care industry “are wonderful people who are doing great work” (2009r, para. 186). He even separated “insurance executives” from their companies, saying that they “don’t do this because they’re bad people; they do it because it’s profitable” (2009ag, para. 36). In a similar manner as he did by referring to the health care “system,” Obama took the blame off *people* and placed it on an impersonal faceless entity—the *companies*. Even in placing blame on the companies, the President was careful not to blame the companies in general, but their drive for profits over the well-being of patients.

*Special interests and lobbyists.* The third enemy presented was another group presented as responsible for the failure of America’s health care system. This group took on two names: special interests and lobbyists. Obama used these two terms throughout his discourse to represent

those who strove to maintain the status quo. The President presented these faceless beings as “entrenched” and “invested in the status quo” (2009c, para. 13). The special interests were “powerful” (2009u, para. 10; 2009af, para. 135) and were not concerned with the American people, but rather their opinion was that “the status quo is working for me a little bit better” (2009w, para. 41). Given the President’s negative portrayal of the status quo, his careful tying of special interests to this idea was powerful. Separating the special interests from the American people even further, Obama argued that they “have had their way, and the public interest has fallen by the wayside” (2009d, para. 10). Obama presented these special interests as the reason that “efforts at reform have fallen apart” (2009l, para. 9)—and the reason they so desired to kill reform was so that they might “continue to benefit even more” (2009t, para. 5). In order to maintain their profitable position, Obama argued, the special interests would “fight back with everything they’ve got....scare and mislead the American people” (2009ab, para. 31). This idea of special interests trying to “scare” the American people repeated itself within several of Obama’s later addresses (e.g. 2009ac, para. 34; 2009ad, para. 39). The President portrayed special interests as maintaining the status quo by using “the same old tactics” (2009ag, para. 53).

Within his health care discourse, Obama used the keywords of special interests and lobbyists to represent the actors who were perpetuating the status quo despite its negative implications for the American people. These actors were not concerned with anyone’s well-being, but only with the monetary benefits they received under the extant system. This made them similar to the insurance companies, which the President also presented as profit-driven rather than concerned with people. The negative presentation of profit as it related to both insurance companies and special interests put the focus on a mindset or a “business mentality” (2009n, para. 70) rather than on the qualities of any particular individuals. In presenting the

situation in this manner, President Obama was able to portray the enemy as an idea, which could be defeated through legislation. The President's portrayal of special interests not only gave another group against which he could unify the American people but also helped him to make his case that "the status quo is unacceptable" (2009p, para. 60).

*Washington politics.* The fourth enemy presented was, in the President's own words, "Washington politics" (2009d, para. 4). Obama repeatedly used this term along with the more general "politics" to refer to the state of legislative inaction on health care reform that had ensured the maintenance of the status quo. President Obama presented himself as one "who stand[s] on the side of the American people; who push[es] politics aside in favor of proven science; who eschew[s] stale ideology for sound ideas and a focus on what works" (2009c, para. 12). In presenting himself in this fashion, the President inferred an "other" who did *not* do these things. That other was the faceless concept of Washington politics. Throughout his discourse, Obama refined his definition of this idea. The President noted that "politics all too often is treated like a game" (2009g, para. 2) and that it is "petty" (2009l, para. 9). This idea of politics as a "game" (2009w, para. 17; 2009w, para. 32), as something to be "played" (2009v, para. 16) or as a place for "point-scoring" (2009j, para. 8; 2009v, para. 18) served to portray those engaged in politics as out of touch and unrealistic.

In addition to being out of touch, the President argued that those engaged in politics would try their best to maintain their status. He told the American people that those embroiled in politics "go out there creating this bogeyman" (2009n, para. 133) and that they did so to "scare the heck out of folks" (2009ab, para. 28) in order to maintain the status quo. The President's repeated use of the word "bogeyman" was important not only because it symbolized something that everyone knows is not real, but because it also implied childishness. When tied with the

portrayal of politics as a game, it painted a picture of politics as irrational and childish. Due to this, it only made sense that the President would distance himself from politics. When considered along with his presentation of the American people as knowledgeable, it became clear that the President had defined those playing the game of politics as distinct from—and in fact in opposition to—the American people. He noted, “what matters to you and your families, and what people here in Washington are focused on, aren’t always one and the same thing” (2009g, para. 1) and that because of politics, there had been “a failure on all sides to come together on behalf of the American people” (2009j, para. 8). Thus, unlike the President, those in Washington were concerned only with themselves and not with the people.

Not only did Obama present Washington politics as opposed to the American people, he also connected politics with the special interests. He commented that in Congress, “They have hearings, they write white papers, and then suddenly the lobbyists and the special interests start going at it, and the next thing you know, another 10 years has gone by and we still haven’t done anything” (2009s, para. 114). Obama also argued that politicians would “delay action until the special interests can kill [legislation]” (2009v, para. 18) and that “the special interests and the lobbyists are all scurrying around” (2009x, para. 112). The President presented the state of politics as a game where politicians simply delayed difficult action until special interests could find a way to keep things as they were.

Through his depiction of Washington politics, Obama was able to align politics with the special interests and place both under the umbrella of the status quo. Through his portrayal of politics as a game where points are scored, the President presented politicians as benefiting from the status quo and as being more concerned with their own well-being than with the well-being of the American people. Perhaps the central point of the President’s argument against

Washington politics was most clearly put at his North Carolina town hall meeting: “With all the noise and the fussing and the fighting that goes on [in Washington], it’s pretty easy for the voices of everyday people to get lost and for folks to forget why they’re there” (2009aa, para. 7). The President consistently made the case that politicians in Washington, unlike the President himself, had lost touch with their constituents. The Washington politicians against whom the President was fighting were concerned only with maintaining what was good for them—regardless of the ramifications for the American people. This was an important description, since it not only put these politicians in opposition to the American people, but also allowed the President to demonstrate how he was working *for* the American people.

### *Summary*

Within his health care discourse, President Obama crafted a multi-faceted enemy “other,” which he termed the “status quo.” In his use of the term “system” to describe what had failed within the status quo, the President was able to take focus off individuals—off people at all for that matter—and place it on ideas, which were pieces of the overall system. Even when speaking of the failed pieces of the system, the President depicted faceless groups. These three faceless groups were insurance companies, special interests and Washington politics, and the President was careful when describing all three groups to avoid discussing individual actors. On several occasions, Obama went so far as to specifically mention that individuals within these groups were not responsible for their actions—they were merely trapped in a mindset that had developed within the status quo. In his careful description of the status quo, the President was able to create an enemy “other” against which the American people could unify.

President Obama took great care to establish the status quo and all of its elements as his polar opposite. He consistently referenced how closely connected and aligned with the American

people he was while those invested in the status quo could not even hear the voices of average Americans. The President described how these “other” groups had been fighting against the common man for years and would continue to do so unless someone stepped in to stop them. Obama offered up himself as that person, as the figurative white knight to ride in and save the people from the enemy he had defined. In describing this other, presenting himself as its polar opposite and unifying himself with the American people, President Obama attempted to unite Americans with himself against the nameless, faceless and inhuman “status quo.”

### *Symbolic Actions*

While President Kennedy’s symbolic actions during the U.S. Steel crisis were largely coercive in nature, President Obama made use of symbolic actions that were largely ceremonial in nature and took advantage of the powers inherent in the office of the President. President Obama made use of three major categories of symbolic actions: the creation of a new office, major speeches and events.

#### *Creation of a New Office*

One major symbolic action taken by President Obama during the health care crisis was to create the “White House Office for Health Reform” (2009c, para. 5), which was announced on March 2, 2009. In his announcement of the creation of this office and appointment of its director, Nancy-Ann DeParle, President Obama noted that the office would be the Department of Health and Human Service’s “partner at the White House” (2009c, para. 14). This office was created as an advisory-level position within the Obama White House and was positioned as part of the President’s Domestic Policy Council, which is a division of the larger Office of White House Policy. Given that the Domestic Policy Council “supervises the execution of domestic policy and represents the President’s priorities to Congress” (Executive Office of the President, 2011), the

creation of an office within this council that dealt solely with health care reform was a major symbolic action. In creating this office, President Obama declared health care reform an issue so serious that it required its own department within the White House.

The creation of this office also demonstrated that Obama was serious about enacting health care reform. Since all offices under the Domestic Policy Council are charged to represent the President's interests to the legislature, the creation of an office solely concerned with health care legislation demonstrated that Obama intended to have his position on health care reform clearly articulated to Congress. Indeed, upon his announcement of the office, Obama noted that it was tasked to "lead the public and legislative effort to ensure quality, affordable health care for every American" (2009c, para. 14). Thus, President Obama intended this office not only to advise him on health care reform, but to be the President's voice on the matter to Congress and the American people at-large.

### *Speeches and Remarks*

A second group of symbolic actions taken by President Obama within the health care crisis consisted of several noteworthy addresses. The President has unparalleled access to the American media, and President Obama made wide use of this access in public speeches on the subject of health care. The speeches fell into two groups: general remarks and addresses to Congress.

On three occasions, Obama spoke specifically on the subject of health care reform. While the act of addressing the subject publicly was a symbolic action in its own right, the settings of these speeches also served symbolic purposes. The first of these took place in the State Dining Room on May 11, 2009. This was one of only two times that Obama spoke from the State Dining Room during the timeframe under study and represented one of the texts exhibiting the greatest

use of magnification. Given that the State Dining Room is the location for the most formal of White House functions, its use for an address is noteworthy and speaks to the importance President Obama wanted to impart to the health care crisis. Remarks such as those given by the President on this occasion could have been given from the press briefing room or from the East Room. In choosing the State Dining Room, President Obama signified that his remarks were of higher importance than had he chosen a more common setting. In this way, the President's choice of setting served a distinctly symbolic purpose.

The second occasion where Obama spoke specifically on health care reform was his July 20, 2009 remarks from Children's Hospital in Washington, D.C. In this case, the setting of the remarks was again symbolic in that it reiterated his message that, while the health care system had failed, doctors and nurses were not at fault. Within these remarks, the President addressed the meeting he had just attended with "doctors, nurses, physician's assistants, and administrators" (2009u, para. 2). The President's meeting with these front-line members of the health care system was also symbolic in that it helped to demonstrate that they were part of the "us" he had identified through polarization. Obama's meeting with hospital workers helped him to argue that health care workers were "being forced to fight through [the] system" (2009u, para. 5) and allowed him to present statistics specific to a particular hospital, thus personalizing his argument that the health care system was broken. Once again, the President took a symbolic action in choosing a unique and meaningful setting for his remarks and also in meeting with health care workers.

The third occasion where Obama specifically remarked about health care occurred just a day after his appearance at Children's Hospital. On July 21, President Obama took to the Rose Garden to address "the progress we're making on health insurance reform" (2009v, para. 1). In

this instance as well, the choice of setting was symbolic. In addressing the nation from the Rose Garden, Obama presented health care reform as a serious issue. The Rose Garden is a distinctly presidential setting that imparts even more power to the President's words. While the Rose Garden is by no means the most formal setting, it is where Americans have seen past presidents give addresses on important domestic and foreign issues. The Rose Garden is where, in recent times, President Reagan addressed the air traffic controller strike, where President Clinton apologized for his misdeeds, and where President Bush outlined plans for the Middle East. Thus, the symbolism of speaking on health care in the Rose Garden is yet another action taken by President Obama.

In all three instances of public remarks, President Obama symbolically chose settings to help enhance his argument for health care reform. In each case, the setting of the remarks could have been anywhere—indeed, all could have taken place in the press briefing room or the East Room where so many presidential remarks are given—but in deciding on settings with specific symbolic meaning, Obama lent greater credence to his words and helped to impart a greater sense of crisis. Anytime the President speaks, it gives greater importance to an issue. President Obama took this one step further. Not only did he speak on the issue, but he did so in carefully chosen and symbolic settings.

In addition to his general remarks, President Obama gave two speeches on health care reform to joint sessions of Congress, and these serve as bookends in terms of Obama's handling of health care. The first of these took place on February 24, 2009 and the second took place September 9, 2009. In both cases, the speeches served major symbolic purposes. The President seldom addresses a joint session, and when he does, it is only for major issues. In giving speeches within this setting, President Obama made full use of the powers of his office. Not only

was he addressing the nation—he was doing it in front of the entire legislature. Addresses before a joint session are major media events, and are broadcast to the nation live. Both of these addresses were broadcast on ten networks: ABC, NBC, CBS, FOX, CNN, CNBC, MSNBC, Telemundo, Univision, and, for the September address, BET (Nielsen, 2009). Each address was roughly an hour long, and each took place mid-week and during prime time, the first beginning shortly after 9:00 pm on a Tuesday, the second shortly after 8:00 pm on a Wednesday, which would ensure that the President’s message reached the largest possible number of Americans. Indeed, Nielsen (2009) estimates that the February address reached over 52 million Americans and the September address reached over 32 million.

Obama’s address to Congress on February 24 was the first such address of his administration. This address was the typical first term version of the President’s State of the Union. The topic of the address was the economy, but within it, Obama carefully connected his health care crisis to the economic issues that the nation was facing. Within his address, Obama defined health care reform as the second of “three areas that are absolutely critical to our economic future” (2009b, para. 35). This connection is important and is a symbolic action all its own. Since the purpose of this address was ostensibly to discuss the economy and the President’s budget, tying health care reform to the nation’s economic woes in such a major address served to establish health care as one of the roots of these problems. This connection becomes even more important given the number of viewers of this speech.

While the February speech was a traditional one for an incoming President, the September speech was a symbolic action in its own right given that it was not a traditional speech occasion. An address before Congress broadcast live to the nation during prime-time calls to mind events such as the State of the Union and presidents asking for declarations of war. In

Obama's case, he gave a State of the Union-like address that was focused solely on health care. Devoting an hour to the issue in such a special setting was hugely symbolic. Not only did this speech symbolize how important President Obama deemed the issue, it also imparted a special sense of urgency and called on Congress to act.

In addition to the symbolic act of giving this second speech, Obama also committed acts in making declarations. Within this speech, Obama declared that he "will make sure that no government bureaucrat or insurance company bureaucrat gets between you and the care that you need" (2009ag, para. 42) and that he "will not sign a plan that adds one dime to our deficits either now or in the future" (2009ag, para. 43). Finally, Obama declared, "we cannot fail" in the fight for health care reform (2009ag, para. 55). These declarations were not binding in any way, but were symbolic acts in that they verbally committed President Obama to live up to his promises. The nature of the address increased the importance of these commissive acts, since they were so publicly broadcast.

### *Special Events*

In addition to his public speeches and remarks, President Obama also committed many symbolic acts through his creation of special events. These events included two special health care forums, 12 town hall meetings, four meetings with different groups of leaders and a live radio broadcast from the White House.

On two separate occasions, President Obama convened forums addressing health care reform. The first of these took place in the White House on March 5, 2009. The second took place at the Democratic National Committee (DNC) headquarters on August 20, 2009. Each of these forums represented a significant symbolic act in that the President convened opinion leaders from the health care field and from among his supporters. In organizing a forum,

President Obama signified that he did not have the only ideas on health care—and that he was open to listening to the ideas of others. Within the first forum, Obama laid out the purpose: “This time, there is no debate about whether all Americans should have quality, affordable health care—the only question is, how? And the purpose of this forum is to start answering that question” (2009d, paras. 11-12). His declaration that he needed the input of others to solve the problem was a symbolic act that helped make his claim that he was unlike the Washington politicians, from whom he worked to separate himself throughout his discourse.

In addition to the convening of the forums being symbolic actions, President Obama again committed himself within his discourse announcing the forums. In the first forum, Obama declared a goal “to enact comprehensive health care reform by the end of this year. That is our commitment. That is our goal” (2009d, para. 12). He also announced that he would “be convening a series of meetings with senior administration officials here at the White House” (2009e, para. 2). These serve as commissive acts, that is, they committed the President to future actions and gave something to which the President could be held. In publicly setting a definite time for when he wanted reform to be completed and in promising meetings, President Obama committed himself to act.

Forums were not the only special events convened by the President as symbolic actions. Obama also convened a series of town hall meetings across the country between March and August of 2009. Beginning on March 19 in Los Angeles, the President also led town hall meetings in the East Room of the White House; Arnold, Missouri; Green Bay, Wisconsin; Shaker Heights, Ohio; Raleigh, North Carolina; Portsmouth, New Hampshire; Belgrade, Montana; and Grand Junction, Colorado. In addition to these town hall meetings, Obama participated in a nationally televised town hall meeting, “Prescription for America,” that aired on

ABC (2009r), in an online town hall and in a tele-town hall (a town hall with individuals listening on the telephone and able to ask questions) sponsored by the American Association of Retired Persons (AARP). The President's convening of town hall meetings represented symbolic actions in that they were actual events signifying that Obama stood with the American people. By declaring a town hall rather than merely giving a speech, President Obama declared that he wanted to hear the voices of the people. The town hall meetings thus symbolized the President's commitment to work for the people.

The first three town hall meetings were largely focused on the economy, though the President did tie health care to economic problems. By June, the focus of the town hall meetings had shifted to health care reform and President Obama's town hall meetings, with the exception of the mediated versions, followed a consistent format. First, a local individual would share a story about his personal struggles with the health care system. The President would then greet the crowd, thank the individual, and move into remarks "to frame the discussion" (2009n, para. 4). Following these remarks, the President took questions from the audience and provided explanation of his vision for health care reform. Throughout the meeting, the President often would refer back to the story of the individual who had opened the meeting.

Within the town hall meetings, opening with an individual's story was another symbolic action. By putting a local person before him, President Obama connected the health care crisis to localized audiences. The President's use of local stories demonstrated that people just like those in the audience could be affected by the health care crisis. As an example, a woman named Katie introduced the Montana town hall with her story, and the President later remarked, "we're no different than Katie and other ordinary Americans, no different than anybody else" (2009ac, para. 8). He made similar comments about those who introduced the town halls in Wisconsin,

Ohio, North Carolina, New Hampshire and Colorado. The President's use of these "everyman" stories was a powerful symbolic action that served to reinforce his professed connection with and compassion for the American people.

President Obama also held meetings with groups of leaders, which make up another group of symbolic actions. On four occasions, President Obama met with different groups and offered public comments either before or after the meetings. On May 12, 2009, President Obama met with the leaders of companies including Microsoft, Johnson & Johnson, Pitney Bowes, and the Hotel Employees Union (2009k) in order to gather the business perspective on health care. The following day, President Obama met with Democrat leaders in the House and publicly commented on his meeting (2009l). He did the same with Senate Democrat leaders on June 2 (2009m), and met with five governors on June 24 (2009q). While it is not uncommon for the President to hold meetings, what made these meetings symbolic is that they pertained solely to health care and that Obama publicly commented either on the purpose of the meetings or on their outcome. In this way, President Obama was again signifying that he was open to the ideas of others. Such actions further demonstrated that, unlike the "dug-in" politicians he referenced throughout his discourse, the President wanted to hear all the options and decide based on the best information. Convening these meetings was thus another important symbolic action used by the President.

The final symbolic action used by the President during his promotion of the health care crisis was a radio interview. While a radio interview may seem relatively minor, President Obama's interview on August 20 was highly symbolic. The President invited nationally-syndicated conservative talk radio host Michael Smerconish of Philadelphia to conduct a live interview from the White House. According to the *Washington Post* this was the first such

broadcast from within President Obama's White House (Franke-Ruta, 2009). Unlike presidents of administrations prior to his, President Obama engages in weekly video addresses rather than radio addresses. A radio address was therefore a break from the norm. That the interview was nationally-syndicated nature also made this particular broadcast more accessible to the average American. In addition, this interview was hugely symbolic in that the radio host was conservative, and he had been invited in for a personal interview with the President. This lent even greater support to Obama's claim that he did not stand for politics as usual.

Beyond the interview's capability of representing the President as open to any ideas, the setting and medium of the interview also were symbolic. This particular interview was not broadcast from a neutral radio studio or the press briefing room. Rather, the radio interview was broadcast from the Diplomatic Reception Room in the White House. From this very same room, President Roosevelt broadcast his Fireside Chats to the nation. The interviewer for this broadcast led up to his actual interview by making note of the setting, referencing President Roosevelt. While the radio can not indicate where an interview is taking place, the fact that the interviewer himself noted the location to his audience reinforces the symbolism behind choosing it. That President Obama was talking to the nation over radio from this room was highly symbolic. In addressing the nation as Roosevelt did, President Obama was signifying the gravity of the health care crisis. The location of the broadcast and its break from the President's standard operations make this special interview a noteworthy event for President Obama's health care crisis. This single radio interview was thus an important symbolic action within President Obama's promotion of the health care crisis.

*Summary*

Over the course of seven months of promoting the health care crisis, President Obama committed many symbolic actions. These symbolic actions indicated that the President truly found health care to be a serious issue worthy of his attention, and that he intended that health care reform be completed. These actions took several forms. The President created a new office within his White House, gave several major speeches and organized special public events.

Early on, the President created a new office within his White House, which was tasked solely with steering health care reform through Congress and explicating the President's positions on the subject to Congress and the American people. This was a powerful symbolic action in that it gave the issue of health care a single powerful voice while simultaneously amplifying the severity of the issue.

Throughout the time-period under study, the President spoke specifically on the subject of health care reform several times. Three speeches were general remarks in symbolic locations in order to further amplify the importance of the issue. The President addressed health care from the State Dining Room, Children's Hospital in Washington and from the White House Rose Garden. Each of these locations served a symbolic purpose within the President's discourse. Two of the President's speeches were prime-time addresses to joint sessions of Congress, which were broadcast live to the entire nation. While the first of these was a normally scheduled address, the second was called by President Obama specifically to address the issue of health care. Speaking to the American people and all of Congress gave more credence to the President's claim that health care was a serious threat to Americans that required action.

Finally, President Obama committed symbolic actions through his creation of special events including forums, town hall meetings, meetings with leaders and a highly symbolic radio

interview. By staging events, the President demonstrated how important he viewed the issue of health care reform. The President has many things to do. In focusing so much attention on this one issue, President Obama showed the American people that he truly viewed health care in America as a crisis.

The President made great use of the symbolic powers of his office and of his access to the media. While none of the President's actions was coercive in any way and none led directly to the passage of legislation, they all served to demonstrate that President Obama was serious about achieving health care reform and served to reinforce his message that he was open to hear anyone's ideas on the subject. President Obama's symbolic actions thus helped the President firmly to establish health care as a crisis deserving of attention and action.

#### *Value Dissociation*

In the case of health care, President Obama found himself in a difficult position in terms of American values. One of the key values of Americans is freedom—freedom as it applies to free choice and as it applies to the market. Obama was proposing new legislation that many viewed as the government taking over health care and therefore depriving individuals of free choice and impeding the free market. The President argued that health care reform was about responsibility to others. To quell the fear that his health care plan would deprive Americans of their freedom, President Obama used the tactic of value dissociation: He attempted to make freedom subservient to, rather than in opposition to, responsibility. Through dissociation the President attempted to modify traditional ways of thinking to fit his argument for health care reform.

While present in some ways throughout the President's discourse, this tactic surfaced significantly over the summer as President Obama took his case directly to the American people

in town hall meetings, and much of it was, according to the President, in response to negative media reports and claimed misrepresentations of his plans. The President's use of value dissociation culminated in his discourse at the end of August.

### *Freedom*

Freedom was seen as threatened in the health care debate. President Obama was advocating for legislation that would certainly restrict the freedom of insurance companies and other health-related companies, and that could potentially restrict the freedom of average Americans in terms of their health care choice. Given the centrality of the value of freedom to Americans, it was important that President Obama addressed this perceived threat, and he did this by explaining his respect for freedom and by arguing that his plans for health care reform did not stand opposed to—but rather ensured—freedom.

First, President Obama demonstrated his respect for freedom. One of the President's talking points served to reinforce his respect for freedom, “if somebody has insurance they like, they should be able to keep that insurance. If they have a doctor that they like, they should be able to keep their doctor” (2009d, para. 15). The President's repetition of this idea served to show that he respected Americans' freedom to choose their doctors and insurance plans and did not want to take that freedom away. Obama also noted that “innovation...is introduced in part with a free market system” (2009s, para. 58), which indicated that he respected the values of freedom in the marketplace—an important point for the President to make given the charge that he wanted to institute “socialized medicine” (2009n, para. 36).

While Obama sprinkled in references to appreciation for freedom throughout his discourse, such appreciation was most clearly demonstrated in his remarks beginning in late August. Toward the end of August, Obama began to reference Americans' “long tradition of

being suspicious of government” (2009ae, para. 63) and noted, “the majority of Americans understand we don’t want government in all our business” (2009af, para. 84). The President also referenced American history, noting, “our predecessors understood that government could not, and should not, solve every problem” (2009ag, para. 64). The President flatly declared that he did not “want government bureaucrats meddling in your health care” (2009ad, para. 35). In statements such as these, President Obama acknowledged Americans’ distrust of government and the value that Americans place on freedom and independence from their government. The President’s statements indicated that, like all Americans, he valued freedom and did not want to limit it unnecessarily. Obama acknowledged the value of both individual freedom and the freedom of the market. Essentially, the President defined freedom as freedom *from* government interference, which was an important point to make given many Americans’ concerns about what exactly health care reform would do.

Since President Obama had indicated his support of freedom, it made it easier for him to claim that health care reform would not overly restrict freedom. In fact, one of the President’s key points was that the government needed to step in to ensure competition:

I also strongly believe that one of the options in the [health care] Exchange should be a public insurance option. And the reason is not because we want a government takeover of health care...But we want some competition. (2009n, para. 21)

Similarly, a key point by the President was that the government needed to step in to “keep the private sector honest” (2009e, para. 58). Obama repeated this same idea in many of his remarks. While this point was important in establishing insurance companies as not working for the American people, it also helped the President make his point that health care reform was not about taking over anything, but rather, it was about helping the system to work better within its existing constraints. Obama repeatedly made his argument that “nobody is talking about a

government takeover of health care” (2009af, para. 54). “Nobody” was key in this aspect of Obama’s discourse. According to the President, “nobody would be obligated to choose the public option” (2009ae, para. 35), “nobody is talking about the government administering all of health care” (2009ae, para. 80), and “nobody is talking about you having to be in the public option” (2009af, para. 26). This use of “nobody” was important in the President’s argument that his plan would not intrude on freedom since, “There are some folks who say, ‘socialized medicine,’ ... I don’t know anybody in Washington who is proposing that, certainly not me” (2009n, paras. 36-37). The President’s use of “nobody” here was thus interesting since the very fact that Obama had to reference these issues meant that *somebody* was talking about them. While the President did dismiss some claims contrary to his own as “bogus claims” and “lie[s], plain and simple” (2009ag, para. 30), his overall strategy was a bit broader. Rather than argue over many individual points, President Obama attempted to minimize the perception that his plan would eliminate individuals’ freedom in the area of health care by speaking more broadly.

Within his health care discourse, President Obama had to be mindful of the views of many that his plan placed individual freedom and the freedom of the market under attack. The President attempted to quell these fears by presenting himself as respecting of freedom and by describing his plan as less restricting of freedom than it may have appeared. Further, Obama went so far as to repeatedly present his plan for reform of health care as necessary to ensure that the free market would continue to work properly. Essentially, the President portrayed health care reform as legislation to ensure, rather than take away, freedom.

### *Responsibility*

While the President worked to limit the view that his plan would eliminate freedom—and indeed advanced the claim that his plan was intended to ensure freedom—any legislation

necessarily limits freedom in some way, and Obama needed to justify these limits and quell remaining fears of government restrictions on freedom. Having established his respect for freedom, the President noted that in the area of health care, “the free market has not worked perfectly” (2009n, para. 85) and thus, freedom in the area of health care needed to be tempered. When a particular value must be limited, this limitation can be buffered by presenting another value as of increased importance. In such a case, the value under perceived threat is made secondary to the new primary value. The President needed to demonstrate what value would be placed above freedom and take the dominant position. While others argued that health care reform was nothing more than a restriction on freedom, the President attempted to alter Americans’ views of the plan by presenting it as for the greater good. In this way, President Obama made freedom subservient to responsibility—specifically responsibility for the well-being of others.

In a declaration similar to that of President Kennedy in his inaugural address, Obama, in an address in Chicago, called on his audience to “Not think about ‘I,’ not think about ‘what’s in it for me.’ Let’s figure out how to move this country forward” (2009w, para. 38). Moving the nation forward on health care, the President claimed, would “require all of us coming together” (2009j, para. 14) and would not succeed unless “everybody does their part” (2009ag, para. 26). The President called on the American people to sacrifice a little freedom in exchange for the greater good. The President, in his September speech, described this self-sacrifice:

large-heartedness—that concern and regard for the plight of others—is not a partisan feeling. It’s not a Republican or a Democratic feeling. It, too, is part of the American character—our ability to stand in other people’s shoes; a recognition that we are all in this together. (2009ag, para. 62)

Reading this description, it is clear that the President sought to present responsibility toward others a value central to the American character. This idea of “large-heartedness” was in

reference to the late Senator from Massachusetts, Ted Kennedy. Before describing this concept, President Obama noted that, “For some of Ted Kennedy’s critics, his brand of liberalism represented an affront to American liberty. In their minds, his passion for universal health care was nothing more than a passion for big government” (2009ag, para. 59). According to the President, though, Senator Kennedy’s passion was due to his sense of responsibility to others—his “large-heartedness.” This pairing most clearly displayed what President Obama was attempting to do within his health care discourse. While freedom and responsibility could be seen as mutually exclusive, Obama presented both as “part of the American character.” Since both were part of what it means to be an American, the President argued, both were important. In the case of health care reform, the value of responsibility took precedence.

Within his health care discourse, President Obama depicted responsibility toward others to be a key piece of what it meant to be an American. This sense of responsibility, argued the President, was necessary to the betterment of the nation and did not function in opposition to, but in conjunction with, freedom.

### *Dissociation*

Throughout his discourse surrounding health care reform, President Obama noted that a lot of false information was being spread and that, “sometimes we can’t sort out the myth from the reality” (2009z, para. 87). While many of the myths that the President referenced were specific instances of news stories or the twisting of facts—for example, the infamous “death panels” (2009ag, para. 30)—the key myth the President found himself fighting was that freedom and responsibility were at odds. To dispel this myth, Obama took care to present both freedom and responsibility as important. He also attempted to limit the argument that his plans for health care reform would unnecessarily intrude on the freedom of Americans. Even this was not

enough. The President needed to utilize value dissociation in order to demonstrate to the American people that, while it would appear that freedom was being sacrificed, health care reform was actually furthering the American value of responsibility. What the President presented, then, was a *responsible freedom*.

The President's depiction of responsible freedom is an example of what Perelman (as cited in Bostdorff & O'Rourke, 1997) in *The Realm of Rhetoric* calls the "dissociation of paradoxism" (p. 352). This concept is similar to the literary strategy of the oxymoron, where two contradictory terms put together take on a symbolic meaning and require the reader to decipher that meaning in part by making one term subordinate to the other—for example a deafening silence is only sensible if the noun, silence, becomes the dominant term in the expression. In the same way, by combining "responsible" with "freedom," a kind of paradox is created and one of the two values must become the dominant and the other subordinate. Through his rhetoric, President Obama argued that, in the case of health care, responsibility was the dominant value in order to resolve the paradox in a way suitable to his goal of reforming the American health care system and encourage the support of the American people. During the U.S. Steel crisis, President Kennedy found himself confronting the same clash of values and handled it in much the same way as did President Obama during the health care crisis, which suggests not only that value dissociation is an important aspect of domestic crisis rhetoric, but that these two values may be central to such discourse.

### *Summary*

During the health care crisis, President Obama found himself confronting a difficult situation. His plans for health care reform threatened the freedom of individuals, companies and the market. Cries of socialism came from those opposed to the President's plan. It was thus

important that the President, as much as possible, limit the perception that his plan would unnecessarily restrict the freedom of Americans. Obama did this by first reinforcing his respect for and appreciation freedom—both for individuals and in the market. The President also sought to present his plan as less restricting of freedom than many had argued. Finally, the President outlined the value of responsibility, which, he argued, took precedence over freedom in order to create the responsible freedom that Americans enjoyed. Such a combination creates a type of paradox, and through his rhetoric, the President explained how his audience should resolve such a paradox. The President argued that in the case of health care, responsibility was the dominant value, which took precedence over the (still important) value of freedom. Such an explanation helped Obama not only to alter the perception that his plan would restrict freedom, but to justify such a restriction.

#### *Expectations Based on American Ideals*

A fifth strategy used by President Obama in his discourse surrounding health care reform was appeals to expectations of Americans. These expectations were rooted in cultural beliefs about the American character, the American spirit of progress and American Exceptionalism. Within his rhetoric, Obama lauded the quality of the American character, Americans' historical longing for progress and a better future, and the belief that America is unique and special among nations. While this strategy was not noted in Bostdorff and O'Rourke's original study of President Kennedy's crisis, it was an important piece of President Obama's health care discourse and represents a potential fifth characteristic of domestic promoted crisis.

#### *American Character*

Within his health care rhetoric, President Obama called on the American people to work toward health care reform with repeated references to the quality of their character. To do this,

the President praised Americans' work ethic and ability to accomplish anything to which they set their minds. Such praise created expectations of the American people to accomplish health care reform in order to prove the strength of their resolve.

President Obama made it very clear that reforming health care would not be easy but called on the American people to live up to expectations, and to choose “the harder right over the easier wrong” (2009u, para. 15), because “this is America. We don't do what's easy. We do what is necessary to move this country forward” (2009b, para. 41). Obama presented health care as a major challenge, but noted that “America has always been up to these big challenges” (2009r, para. 124) because so long as “the American people decide that something needs to happen, nothing can stop us” (2009s, para. 46). The President's appeals to what “we” Americans do was important for a few reasons. First, it served to further unify Obama with the American people. Second, it gave Americans an ideal for which they could strive—it challenged them. The President presented Americans as a people who “don't shirk from” (2009x, para. 39) and “ultimately rise up and meet” any challenge (2009r, para. 123). Essentially, the President was issuing a challenge to the American people. He presented health care not as a Democrat issue or as a social justice issue, but as an American issue, “a challenge to our long-term well-being” (2009r, para. 123). Since he was presenting health care as one such challenge, Obama was essentially calling on the people to do their duty as Americans.

Although Obama admitted the difficulty of passing health care reform, he appealed to Americans' can-do spirit, thereby reaffirming their ability:

I'm a big believer in the idea of persistence—the idea that when the American people put their mind [sic] to something and keep at it, without giving up, without turning back, no obstacle can stand in our way, and no dream is beyond our reach. (2009g, para. 12)

The President pushed this idea of achieving dreams throughout his discourse. He presented health care reform as one of those dreams—as something that “generations of Americans have fought for” (2009d, para. 22) and something that the current generation could finally achieve. The President called on the American people to work toward a solution to the health care crisis he had outlined by comparing his challenge of health care reform with President Kennedy’s challenge to put a man on the moon:

You know, America doesn’t shirk from a challenge. We were reminded of that earlier this week, when Americans and people all over the world marked the 40<sup>th</sup> anniversary of the moment that the astronauts of the Apollo 11 walked on the surface of the moon. It was the realization of a goal President Kennedy had set nearly a decade earlier. Ten years earlier he’d said we’re going to the moon. And there were times where people said, oh, this is foolish, this is impossible. But President Kennedy understood and the American people set about proving what this nation is capable of doing when we set out minds to doing it. (2009x, para. 40)

Comments such as this served to demonstrate that the President believed that, in America, anything is possible because the American people are capable of meeting any challenge.

Within his comments, President Obama presented health care reform as difficult to attain but challenged the American people to work toward it in order to ensure “a brighter future” (2009ad, para. 44). He presented a case that the American people are capable of anything to which they put their minds. Such a case builds on the American ideal of the Protestant work ethic, where one works to his ability in order to better self and society. This was an important strategy for the President given that he worked to establish health care as a crisis and also acknowledged the difficulty of the crisis’s resolution. Since resolution was difficult, it was vital that President Obama encourage the people to rise up to the challenge. To do this, the President set goals by appealing to the strength of the American character. The President used this idealistic American character to set expectations for the American people and to empower the American people to achieve his health care goals.

*American Spirit of Progress*

In addition to developing expectations based on Americans' work ethic, President Obama appealed to the American spirit of progress in promoting the health care crisis. Within his health care discourse, the President harkened to Americans' duty to look toward the future. To do this, he established that the current state of health care in America ran counter to the American spirit of progress, reinforced this value and called on Americans to uphold it.

Within his discourse, the first aspect of appeals to progress was that Obama established that health care in America was not keeping up with the times and was holding back the nation's progress. According to the President, health care was not staying current as it had not gone digital. While Obama referenced digitization of medical records many times, it was presented most clearly in his AARP tele-town hall on July 28: "Health care is the only area where you still have to fill out five different forms...if for some reason you want health care, you fill out pencil and paper" (2009z, para. 44). Here, not only did the President note the increased time and effort required by the American health care system, but he contrasted the use of "pencil and paper" in health care with the computerized systems of banks and credit cards. This made an important point about how health care, unlike other businesses, had not kept up with the times. In America, a nation where newer is almost always equated with better, the President presented health care as backward and counter to the American way. The lack of progress in American health care had monetary costs, which the President attended to, but it also had costs in terms of holding back the progress of individual Americans. The President argued, "we'll never know the full cost of the dreams put on hold, the entrepreneurial ideas that are allowed to languish, the small businesses never founded—because of the fear of being without insurance, or having to pay for a policy on your own" (2009x, para. 33). Related to this, Obama also noted that health care was placing

America in a situation where “the chances for our children and grandchildren are fewer than the opportunities that were given to us” (2009s, para. 10). Health care, the President argued, was keeping Americans from realizing their full potential and thus restricting the progress of America as a whole.

In addition to explaining how health care was not progressing, President Obama appealed to Americans’ drive to “move into the future” (2009s, para. 45). Obama noted in an address in Chicago that the health care situation he outlined was part of “the America of yesterday...but that doesn’t have to be the America of tomorrow” (2009w, para. 10). Throughout his discourse, the President explained why the “America of tomorrow” could be better and why Americans could choose a “better day ahead” (2009i, para. 15).

The President argued that Americans always had been:

a forward-looking people—a people who have always faced the future not with fear, but with determination; not with doubt, but with hope. We’ve always taken great chances, we’ve reached for new horizons, and remade the world around us. (2009w, para. 13)

Due to this fact, the President argued, when it came to health care reform, Americans should not “be scared about the future,” but should “embrace” and “go after the future” (2009s, para. 157). This embrace of change and drive to “shape” (2009ag, para. 66) the future was presented as a key component of the American spirit. The President’s presentation of this aspect of the American spirit demonstrated that he respected—indeed admired—Americans’ forward-looking nature. As with his expectations based on the American work ethic, President Obama set expectations for the American people based on the American spirit. In this case, the expectation was that “America does not settle—we always march forward” (2009i, para. 15). The President said that, unlike other people, he believed that Americans were still capable of great things when they set their minds to it and thought not about the present, but about how they were effecting a

change on the future. Obama called on the people to live up to his vision and “have the courage to reach out for a future that’s going to be better for our children and our grandchildren” (2009s, para. 45).

President Obama’s appeals to progress and change echoed his campaign message, but more importantly, they reminded Americans of their “duty to generations yet to come” (2009ad, para. 19). Lack of progress in health care had placed Americans in a situation where “the chances for our children and grandchildren are fewer than the opportunities that were given to us” (2009s, para. 10). The President argued that this was “contrary to the history of America” because “One of our core values has always been that we leave the next generation better off than us” (2009s, para. 10). Leaving things as they were would have been the easy way out, but Obama appealed to Americans’ pursuit of progress because, “this is America. We don’t do what’s easy. We do what is necessary to move this country forward” (2009b, para. 41). In this way, Obama made health care reform not only an important aspect of America’s progress as a nation, but part of the duty of Americans to future generations.

Progress was an important element of the President’s health care rhetoric. Within his remarks, he established that health care in America was not progressing at the same rate as everything else in America. This failure to progress was presented as a problem since the President indicated that progress, or “mov[ing] into the future” (2009s, para. 45), was an important aspect of the American spirit—the aspect that had allowed Americans in the past to do “controversial” things such as passing Social Security and going to the moon (2009x, para. 66). By demonstrating a lack of progress in the area of health care and arguing that striving for the future was a cherished part of being American, the President was able to argue that lack of

progress in health care was indicative of a failure on the part of Americans to live up to their expectations and duties as citizens.

### *American Exceptionalism*

The third type of expectations developed by the President were rooted in the idea of American exceptionalism is the belief that America is a “chosen nation” (Edwards, 2009, p. 268). The concept has been defined by McCrisken (2003) as having three aspects: That America is special in its purpose in the world, that it is unique from the nations of the Old World, and that America will not fall victim to the problems of other nations. Exceptionalism runs through much of presidential discourse and, while Obama did not go so far as to quote John Winthrop at any point, the idea of America as the “city on a hill” was implied in much of the President’s discourse. In addition to the President’s appeals to the American character and American spirit, both of which were closely related to President Lincoln’s ideal of America as Earth’s “last, best hope,” many of President Obama’s statements had implied within them this belief that America is an exceptional nation, which should serve as exemplar to the world.

Within his discourse, President Obama referenced the idea that America is unique among nations. One point that ran throughout much of the President’s health care discourse was the idea of “a uniquely American solution to this problem” (2009s, para. 58). The President argued that in dealing with health care, he wanted to find a solution that did not copy the health care systems of other nations, but rather one that was distinctly better. Perhaps the clearest instance of this came on August 14 in a town hall meeting in Montana:

what we need to do is come up with a uniquely American way of providing care. So I’m not in favor of a Canadian system, I’m not in favor of a British system, I’m not in favor of a French system...let’s find a uniquely American solution. (2009ac, para. 48)

The unstated idea behind this is that America is better than these other nations, and thus Americans should be able to develop a system that is not a copy of anyone else's, but an improvement upon them. Earlier, in his July 1 online town hall meeting, the President more clearly stated his vision of the “American solution”:

Every nation on Earth that is as wealthy as ours is able to do that [ensure health care]. And they don't do it perfectly—that's why I say we've got to find a uniquely American solution—but don't tell me that we can't get this done. (2009s, para. 114)

Here, the reference to the fact that other nations did not address health care “perfectly” was important. Calling on the idea of America as exceptional, the President issued a challenge to make America's health care system not on par with every other nation but an exemplar to be modeled by others.

In addition to this idea of a unique solution to health care, President Obama placed America in comparison to other nations. The President's comparisons were an interesting use of how America was unique in that they made America's uniqueness a bad thing. The President noted that, in the case of the uninsured and underinsured, “We are the only democracy—the only advanced democracy on Earth—the only wealthy nation—that allows such hardship for millions of its people” (2009ag, para. 8). Obama referenced this idea of America as “the wealthiest nation on Earth” (2009ab, para. 15), which calls upon America's uniqueness, but he coupled it with how America's uniqueness in this case was a negative thing since, unlike other nations, America did not guarantee medical care to its citizens. Similarly, the President noted that Americans “spend more per capita than any nation on Earth” (2009e, para. 107) on health care, and that “We're paying \$6,000 more than any other advanced country and we're not healthier for it” (2009ab, para. 141). Again, the President turns uniqueness into a negative. In this case, America is unique in spending more money on health care than any other nation—but this uniqueness is

not benefitting Americans. Once again, the President’s references to America as unique leave unstated the idea that America is special among the nations of the world. Indeed, in this case, the President took exceptionalism and made use of it to demonstrate that, in the area of health care, America was unique in a *negative* way.

Nearly every time the President referenced the “American solution,” he paired it with “uniquely.” While other nations had nationalized health care, the American version would be unique in that it would be better than these nations’ programs. This was important because it called to mind the idea that America is unique and special among nations, and therefore anything Americans do should be unique. Taking this idea of uniqueness even further, the President presented an implicit argument that America should be so unique as to be an example to other nations. This concept of America as example is central to American Exceptionalism, which traces its roots to Governor John Winthrop’s sermon, “A Model of Christian Charity.” In his sermon aboard the *Arbella* to the soon-to-be Massachusetts colonists, Winthrop famously cited the Gospel according to Matthew in referring to the fledgling Massachusetts Bay colony and its people:

Ye are the light of the world. A city that is set on a hill cannot be hid. Neither do men light a candle, and put it under a bushel, but on a candlestick; and it giveth light unto all that are in the house. Let your light so shine before men, that they may see your good works, and glorify your Father which is in heaven. (Mt 5:14-16, AV)

Governor Winthrop’s call for the colonists to be a light to the world has been a mainstay of American political discourse, and this same idea was present in President Obama’s discourse on health care. The President called on Americans to work toward a health care system that the entire world could look to as a model.

President Obama’s appeals to America as unique among nations required his audience—the American people—to call upon the idea of America as an exceptional nation. While the

President did not directly reference this belief in exceptionalism, in order for his arguments to make sense, the American people needed to reference such a belief. Without the concept of America as special, as the “city that is set on a hill,” the President’s comparisons to other nations would not have been as powerful. With this concept, the President’s statements served to make health care not only a crisis for Americans but for America itself. The President presented America’s failure in the area of health care as a failure of America to live up to its exceptional status—a failure that caused America to stand out among nations not for its successes but for its failures.

### *Summary*

Within his health care discourse, President referenced the ideals of the American character, the American spirit of progress and American exceptionalism. The President made use of these concepts in order to develop expectations and duties for the American people—expectations that were intended to encourage them to support and work toward health care reform. These expectations were important because they gave Americans the responsibility to get behind the President. Perhaps more importantly, though, the President’s explanation of these expectations served to expand the health care crisis from something affecting individuals, families, businesses and the economy to affecting something much larger and more sacred—the ideal of America. The President made a case that, while Americans were capable of dealing with it, health care in America ran counter to the expectations of America. Essentially, the President argued that failure to address health care constituted a crisis of identity for the American people. Such a crisis threatened not just individuals and organizations, but the American way.

## CHAPTER 4

### Discussion & Conclusions

During the months of February to September of 2009, President Obama spoke on the subject of health care reform 35 times. While a correlation can not be proven, according to Gallup polling of Americans, only five per cent identified health care as the nation's top problem in December of 2008. By March of 2009, this number had grown to 12 per cent and reached 14 per cent by June (Morales, 2009a). By the second week of August, fully a quarter of Americans reported that health care was the most important problem in the nation (Morales, 2009b). Such an increase in concern over health care indicates that something changed among the American people. It is notable that these changes occurred exactly as the President was going public with his plan for health care reform.

The President's method of promoting the health care crisis relied on his use of five strategies: magnification, polarization, symbolic actions, value dissociation and expectations based on American values. The President's use of these strategies served to establish health care as a crisis for the American people and to encourage reform based on the President's plans.

#### *Strategies*

##### *Magnification*

The first strategy used by President Obama was that of magnification. Through his word choice, presentation of health care as time sensitive and demonstration that change was necessary, President Obama declared that health care in America in 2009 was in crisis. Having established the crisis, Obama further magnified the issue by demonstrating how health care was negatively affecting the American economy. He outlined health care's costs for the government, the effects that health care had and would continue to have on government deficits and health

care's effects on the economy as a whole. In depicting the impacts of the extant health care system, the President's presentation became increasingly personally relevant to the average American as he outlined effects on businesses, families and specific individuals. Finally, Obama sought to make the health care crisis real for every American through his description of how anyone could find himself in a situation similar to the individuals he presented throughout his discourse. In short, the President's magnification of the health care crisis built from large-scale, systemic effects down to very individual, personal effects, which served to establish the crisis for as many Americans as possible.

### *Polarization*

The second strategy used by the President was polarization. Within his health care discourse, Obama developed a multi-faceted "other," which he termed the "status quo." In describing the status quo, the President made use of the term "system" to describe that which had failed. Through his use of the word system, the President was able to focus not on people but on ideas, which were the failed pieces of the system he depicted. While the failed pieces were faceless, they were not nameless. The President defined the groups as insurance companies, special interests and Washington politics. Within his presentation of these groups, Obama was careful not to reference specific individual actors. Indeed, on several occasions, Obama went so far as to note specifically that it was not individuals within these groups who were responsible for the actions, but the profit-driven mindset in which these individuals had become trapped. Through a careful description of the status quo, the President was able to create an other against which the American people could unify.

In addition to clearly establishing this other, the status quo, Obama presented it as his polar opposite. Throughout his remarks, the President aligned himself with the American people

in clear opposition to the members of his “status quo,” who did not even listen to the average American. Obama presented himself as the one to save the people from the enemy he had defined. Through his definition of a clear other, which was defined as the President’s antithesis, Obama sought to unify himself with Americans against the inhuman “status quo.”

### *Symbolic Actions*

The third strategy used by the President was his commission of symbolic actions related to health care. Such actions indicated that health care was an issue so serious that it warranted the President’s attention and consideration. Within his health care discourse, President Obama committed three types of symbolic actions. First, the President created a new office within his White House, which was tasked solely with steering health care reform through Congress and explicating the President’s positions on the subject to Congress and the American people. Second, the President gave three sets of remarks, which were specifically about health care, in symbolic locations; the President also gave two nationally televised addresses before Congress, one of which dealt only with health care. Third, the President created special events—including forums, town hall meetings, meetings with leaders and a highly symbolic radio interview—that served to demonstrate how seriously he felt about the issue of health care reform. Such actions made great use of the symbolic powers of the office of the President as well as the President’s unique level of access to the media.

### *Value Dissociation*

The fourth strategy used by the President during the health care crisis was value dissociation. In the case of health care reform, Obama found the values of freedom and responsibility potentially at odds. In order to overcome this difficulty, the President first reinforced his respect and appreciation for the freedom provided to both individuals and the

market in America. Secondly, Obama presented his plan as less restricting of freedom than others had argued. Thirdly, the President outlined the value of responsibility as another important aspect of the American character, which took precedence in the case of health care.

#### *Expectations Based on American Ideals*

The fifth strategy used by the President was the development of expectations based on the ideals of the American character, the American spirit and American Exceptionalism. President Obama's expectations of the American people were intended to encourage them to support and work toward health care reform. These expectations were important not only because they gave Americans the responsibility to get behind the President, but they also expanded the health care crisis's effects to encompass a tarnishing of America's image. The President made a case that the extant status of health care in America ran counter to the exceptional nature of America and its people. In this way, the President argued that failure to address health care constituted a crisis of identity for the American people—a crisis that threatened not just individuals and organizations, but the American way.

#### *Characteristics of Domestic Crisis*

Within their work, Bostdorff and O'Rourke (1997) argued that the four characteristics they had noted within President Kennedy's U.S. Steel crisis (magnification, polarization, symbolic actions and value dissociation) may be indicative of a specific genre within American presidential rhetoric. While a single case study can neither prove nor deny the existence of such a genre, the presence of the four characteristics within President Obama's health care rhetoric certainly lends support to Bostdorff and O'Rourke's assertion. Further examination of other promoted domestic crises is necessary in order to determine the existence of this potential genre.

This examination of President Obama's health care rhetoric also offers some potential refinements to Bostdorff and O'Rourke's original four characteristics. The first of these is a potential fifth characteristic rooted in American exceptionalism. Presidential rhetoric in general often contains such references, so their mere presence is not as important as how President Obama used them. Within his health care rhetoric, President Obama used appeals to American exceptionalism as well as appeals to the American character and American spirit of progress in order to expand the health care crisis into a crisis of character for the American people and the nation. Through Obama's demonstration that Americans were capable of solving the health care problems he had outlined, the President modified the crisis and presented it as an example of Americans not living up to the world's expectations. This was an important strategy for the President. The four other strategies served to promote the crisis and present it as in need of resolution. These strategies established the crisis and demonstrated how it was hurting many Americans. It was through his use of appeals to expectations, though, that Obama made the health care crisis personally relevant to every American. Such a strategy is powerful because it serves to make a crisis applicable to every American, whether or not the actual crisis is evident. By appealing to American ideals, President Obama was able to demonstrate that America was not shining brightly for the world to see. This created a crisis all its own, which encouraged Americans to act. Future studies should examine whether other Presidents dealing with such crises make similar use of this strategy or if this is unique to President Obama's rhetoric.

The second potential refinement deals with the characteristic of value dissociation. Like President Kennedy, President Obama had to deal with the perceived incompatibility of responsibility and freedom, and developed a very similar sense of "responsible freedom" within his discourse. It is possible that these values commonly come up against each other in domestic

crises. Unlike foreign crises, where action or legislation have limited effects on the average American (even wars of recent times do not have a major impact on the majority of citizens), domestic crises—especially the type that would be promoted—often call for legislation or actions that can be seen as imposing on individual freedoms. We can see evidence of the same value paradox within the discourse of other administrations. Presidents Truman, Eisenhower, Kennedy and Johnson all presented such a paradox in their speeches on civil rights, where individual freedom came up against the responsibility to uphold the law and the responsibility to ensure freedom for every American. In their speeches dealing with the economy, both Presidents Nixon and Carter argued that restrictions on freedom in the form of sacrifices were necessary due to Americans’ responsibility to ensure the common good. President Carter’s “Crisis of Confidence” speech in 1979 similarly called for such sacrifices of freedom from Americans due to their sense of responsibility to ensure the common good. Further studies of domestic crisis promotion should examine whether value dissociation in such a context can exhibit clashes of other values or whether this idea of responsible freedom is central to such discourse.

Given the similarities between Kennedy’s and Obama’s promotion of their distinct domestic crises, it is possible that such rhetoric constitutes a genre, though further research is necessary to prove this. The extensions noted within this study—expectations based on American exceptionalism and modification of the value dissociation strategy—similarly need further exploration to determine if they are also part of presidential discourse on domestic promoted crisis.

### *Promoted Crisis*

The office of the President of the United States grants great power to its holder. Among the president’s powers is a unique ability to address the American people directly by going

public. We have come to call this presidential power the bully pulpit. Since Roosevelt's administration, American presidents have consistently relied on this power, and the rise of mass media during the mid-twentieth century increased a president's reach dramatically. Rottinghaus (2010) notes that, increasingly, "presidents are constantly 'going public'" (p. 198). Bostdorff and O'Rourke (1997) argued that the presidential promotion of domestic crises was a specific means of going public, and that the Kennedy administration was the first to fully exercise the power of the bully pulpit using the mass media. A president goes public in order to bypass Congress and directly address the American people. The purpose of such an approach is to encourage legislation within Congress by building support among the citizens. Promoting a crisis is one such way to build support. Bostdorff (1994) and Bostdorff and O'Rourke (1997) explain their use of the term "promote" similarly: "'To promote' means to advance a claim and bring it to the attention of others" (Bostdorff, 1994, p. 1). The president's promotion of a crisis thus defines the crisis and brings it to the attention of the American people.

The idea of presidential promotion of crisis brings up the now more than 40-year-old debate on situational rhetoric. Lloyd Bitzer (1968) argued that "rhetorical discourse is called into existence by situation" (p. 9) and that, "While the existence of a rhetorical address is a reliable sign of the existence of situation, it does not follow that a situation exists only when the discourse exists" (p. 2). In essence, Bitzer argued that a rhetorical situation had a clear, predetermined meaning and called for a particular response. Richard Vatz (1973) countered Bitzer's argument, stating plainly that, "meaning is not discovered in situations but *created* by rhetors" (p. 157, emphasis in original). According to Vatz, meaning does not exist in situations but in the words that rhetors use to describe those situations. In the health care debate, President Obama took the state of health care in America and presented it as a crisis for the American

people. Clearly, there was a problem for the uninsured in America—perhaps some would have called it a crisis—but even using the President’s figure of 46 million uninsured, this accounts for just under 15 per cent of Americans. The remaining 85 per cent of Americans had health insurance and thus, many would not have perceived a health care crisis. In fact, a Gallup poll from December 2008 shows that only 14 per cent of Americans saw health care in America as in a “state of crisis” (Saad, 2008). It was President Obama’s promotion of the issue of health care that made it a crisis for the American people. The question becomes: Was the health care crisis merely “found” and taken advantage of by the president, as Bitzer noted Churchill was wont to do when he “went around looking for ‘finest hours’” (p. 2), or was the situation given its meaning of crisis through Obama’s rhetoric? The answer to this question has implications for the presidential crisis rhetoric in general and specifically for domestic promoted crisis.

A health care problem existed for some in America, but not as a *crisis* for most Americans until the President defined it as such. In this way, the situation as a national “crisis” was created by the President’s rhetoric. The situation existed. There was an exigence—an “imperfection marked by urgency” (Bitzer, 1968, p. 6)—for some Americans. We can see this in the President’s means of promoting the crisis. There was obviously a problem for some people when it came to health care in America. The economic problems noted by the President also existed, though many would not have been aware of them without the President’s explication. The President shared these things with the American people at-large, and in doing so called their attention to them. Given the position of esteem that the president holds, his speaking publicly on an issue automatically gives it importance.

The President gave even greater urgency to the matter of health care through his use of the five strategies outlined in this study. In the way he spoke about health care, the strategy of

magnification, Obama went from merely presenting facts to presenting interpretations of those facts. Through his creation of clear adversaries, the President used polarization to put the argument into war-like terms with two clear sides, which helped to further his claim of crisis. By taking specific symbolic actions to demonstrate the situation's severity, the President gave the issue a significant amount of publicized (Presidential) attention. Obama used value dissociation to limit perceived conflicts of values, and in so doing sought to quell fears of government domination and encourage Americans to help one another. The President also demonstrated his expectations of the American people based on the ideals of the American character, American spirit of progress and American exceptionalism, which promoted the health care crisis even further by presenting it as a crisis of character for the nation. Through his use of these strategies, the President created an exigence for the whole of America. No longer were these disparate facts without meaning—the President of the United States had defined them as indicative of a crisis, and in doing so had, in effect, created that crisis.

Through his promotion of the crisis, President Obama sought to modify the American people's view of the reality of health care—to alter their terministic screens. Burke (1966) tells us that terministic screens serve the same function as a filter on a camera lens: they determine how we see reality. Due to his view of health care as a crisis, President Obama reflected his view of reality to the American people through his selection of words, and at the same time, deflected alternate interpretations of the situation.<sup>1</sup> By presenting the state of American health care as a crisis, President Obama sought to modify the reality seen by the American people so that they, too, would see the crisis. This idea is central to the concept of promoting a crisis. Facts exist. How those facts are presented change how individuals view them. The power of the presidency

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<sup>1</sup> For an explanation of Burke's theory of language as symbolic action, see Burke, 1966.

gives greater importance to the president's presentation of facts, and this power gives a president the power to promote an issue to crisis status for the American people. Indeed, Vatz (1973) makes this exact argument when he states of the Cuban Missile Crisis, "acts of rhetorical creation took place which created a political crisis as well" (p. 159).

In summary, President Obama was able, through the five strategies outlined in this study, to take the issue of health care and promote it to the level of crisis. These strategies serve, then, as means of altering terministic screens and thus as a means of creating the reality of a *situation* of crisis. A "crisis" can not be happened upon. One does not "see" a crisis coming down the pike. A crisis is not a thing, but an *idea*, and it is through words that a president is able to establish one for the American people.

### *Trends*

There are some noticeable trends within President Obama's health care discourse. The strategies of magnification and polarization were present throughout the time period under study, while the other strategies (symbolic actions, value dissociation and appeals to expectations) largely surfaced beginning in the early summer as the President took his case directly to the people.

That magnification and polarization were the major strategies used by the President and that they were present in nearly every instance that Obama spoke on the subject of health care demonstrates how important it was for the President to establish health care as a crisis and for him to establish the responsible parties. From February until September, the President devoted much of his health care remarks to these two strategies. Although health care had been an issue during the 2008 campaign, it still was necessary for the President to firmly establish this crisis

within the minds of the American people. Thus, the President's use of magnification and polarization were vital to his presentation of the crisis.

The strategies of value dissociation and expectations based on American ideals were much less consistently present within the discourse. These strategies were visible at times during the President's early discourse but became more prominent beginning in the early summer as the President took his case directly to the American people. It is sensible that the President's presentation of responsibility subsuming freedom would come later, as it needed to come in response to a perceived threat to individual freedom. This threat came from the media, which was "completely distorting what's taken place" (2009ab, para. 152) as well as the special interests and those enmeshed in the Washington political machine, who were "finding every excuse and scare tactic in the book" (2009s, para. 42). Once there was a perception of a threat to freedom, the President set to work to minimize and counter this threat by presenting it as a myth. The value dissociation strategy thus seems to be a responsive strategy on the part of the President. Obama's repeated claims to the contrary notwithstanding, *somebody* was talking about socialized medicine and a government takeover. He responded to these claims through his presentation of responsible freedom.

The reason for appeals to expectations is less clear. Perhaps the President was responding to summer polling indicating that more Americans (50%) disapproved of his handling of health care reform than those who did (44%) (Jones, 2009). Or perhaps it was the fact that, as of the end of July, only 41% of Americans saw health care reform as so urgent that it needed to be addressed within the year (Newport, 2009). The increased presence of these appeals over the summer months also could be indicative of the fact that the majority of the President's summer addresses were directly to the American people in town halls and televised speeches. Regardless

of the exact reasons, President Obama's appeals to expectations helped to further establish a crisis applicable to the majority of Americans.

A final important shift was the President's movement from "health care reform" in his early remarks to "health insurance reform" beginning in June. While both terms remained throughout the summer, the latter became dominant. Interestingly, around the same time as this shift, polling of Americans indicated that 73% trusted doctors on health care reform, 58% trusted the President and only 35% trusted insurance companies (Saad, 2009). Perhaps the President's shift was to more closely identify with his audience's perceptions. The shift toward "health insurance reform" rather than "health care reform" also could be part of the President's strategy of keeping blame off doctors, nurses and other health care providers. Since the President had identified insurance companies as part of the problem, it makes more sense to vilify them than health care in general.

### *Implications*

Given the limited amount of research in the area of crisis, every additional case study of a president's use of his ability to promote domestic crises is valuable in terms of building a body of research that can help to determine if this is, in fact, a distinct genre of presidential rhetoric. In addition, each additional case that is examined helps us to further understand the characteristics of the rhetoric of promoted crisis. Research on instances of the promotion of domestic crisis is thus important in understanding both past cases and in examining how such an exercise of presidential power could succeed or fail. In addition to its value to this specific aspect of the field, understanding how the president is able to promote crises helps build a broader understanding of the presidential power to lead public opinion through the use of the bully pulpit. While the president's power to lead public opinion is not spelled-out anywhere in the

Constitution, the office lends a special level of credibility to a president's words. As such, research of this type is valuable to scholars of presidential rhetoric.

In addition to its value to scholars, an understanding of the president's promotion of domestic crises is valuable to those involved in presidential politics. This power of the presidency is quite valuable to the president—but it is also quite complex. The more research done on past cases, the better our understanding of how the process works, and the more we will be able to understand the means a president can use to sway public opinion.

Domestic crises in general are challenging for a president. Unlike wars and foreign crises, a crisis occurring on domestic soil is much more difficult for a president to present in his own way. Domestic crises pit the president against other groups within the nation. The president's control over media information is also limited in a domestic crisis since national media have more open access to information during domestic situations than they do in foreign crises. Due to these facts, the president's presentation of such a crisis is of great importance. Unlike a foreign crisis, where the president's word is often considered the best source of information, a domestic crisis requires the president to *prove* that his presentation of the facts is the best one. In the case of a promoted crisis, the president's presentation of the facts serves to establish—and indeed create—the crisis for the American people. President Obama, in his health care discourse, created the health care crisis through his presentation of the state of the American health care system. The President's presentation of the health care crisis ultimately resulted in the Patient Protection and Affordable Care Act, which was signed into law by President Obama on March 23, 2010. While other factors certainly played a part in getting this legislation passed, President Obama's promotion of the crisis played a central role in enacting health care reform in America.

Not only does an analysis of this particular case contribute to our understanding of domestic promoted crisis, it also helps us to understand this potential genre in the modern presidency. The original crisis examined for this type of research—Kennedy’s U.S. Steel crisis—took place in a very different time and dealt with a very different subject. It is noteworthy and bodes well for the potential definition of a genre that the four characteristics outlined by Bostdorff and O’Rourke (1997) also were present within President Obama’s health care rhetoric nearly half a century later. Not only did the health care crisis take place in a very different time, but the issue central to the crisis was very different. Where President Kennedy presented a price increase initiated by a distinct actor as a crisis for America, President Obama dealt with many individual problems within the American health care system and worked to piece them together to present a crisis. Where Kennedy had a distinct enemy, Obama needed to create one. Unlike price increases on steel, which had a direct personal impact on very few Americans, changes in health care stood to personally affect every American—many of whom were happy with the status of their health care. In addition to these differences, it is also important to note that while Kennedy’s crisis lasted days, Obama’s lasted months. Despite these major differences between the two cases, the characteristics held up. While this study did not look at past administrations’ dealings with health care reform, such analysis would further add to our understanding of why President Obama’s crisis promotion led to health care reform where so many past presidents failed.

### *Conclusion*

Over the course of seven months, President Obama promoted health care as a crisis in America. To accomplish his goal of health care reform legislation, the President used the strategies of magnification, polarization, symbolic actions, value dissociation and appeals to

expectations based on American ideals. The President used these strategies in order to rhetorically create a crisis. Through his health care discourse, President Obama sought to alter Americans' view of the American health care system in order to create an exigence that could be resolved through his proposed legislation. Such a case is a clear example of a president successfully using his power to go public and gain passage of legislation. The president's power to take such actions is not laid-out anywhere in the Constitution, but comes with the title of "President." Due to the informal—yet highly influential—nature of this power, it is important for scholars to study instances of its use to determine how presidents use it.

Domestic crises present a distinct challenge for presidents due to a lesser ability to control the messages being transmitted to the American people. Within a domestic crisis, a president's presentation through messages to the public influences whether or not a particular resolution will be adopted. The president's presentation of a domestic crisis becomes even more important in the case of a non-evident, or promoted, crisis. Promoted crises, such as President Obama's health care crisis, provide a challenge for a president because they not only require that he present his solution as the best, but that he also establish that there is a crisis. Examining instances of such crises, both successes and failures, can help us to see what makes for effective crisis promotion and what does not.

This examination of President Obama's health care rhetoric gives us insight into a power unique to the president. It provides an additional case to support the development of a genre neglected in communication research, and it helps us to understand a specific type of presidential discourse. While this type of research remains preliminary, it, along with future analyses, can help us begin to develop a clearer picture of this powerful and important aspect of what it means to be president in the media age.

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