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# The Effect of Rhetoric on Progressive Health Care Reform Policies' Public Perception

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by

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Abstract

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Health care is one of the most contentious issues in United States politics today, and there are a variety of reform plans on the table. In order for these reform plans to be politically feasible, it is fundamental that the rhetorical framing strategies utilized are done so with caution. In this paper, I seek to understand to what extent rhetorical framing plays a role in how Americans perceive progressive health care reform plans. While there are many factors that go into public support of policies, rhetoric is one factor that cannot be ignored, as it has shown to have significant effects on the support that policies receive, such as in terms of the failure of the Clinton Health Reform Initiative, and the success of Obamacare. I set out to explore this question of the impact of rhetoric through comparing these two plans with one another and the differences in the framings used, as well as conducting an experiment to see modern day implications. I compared six different rhetorical labels against one another to see which people viewed the most favorably, and which people perceived with the most negative connotations. Ultimately, it seems as though Americans view "universal health care" as the most positive label that I used as one of the six conditions. Further, while rhetoric certainly does play a small role in how much people support policies, and should not be overlooked, these small significant differences are not enough to ignore the other factors that go into how much Americans support various reform plans.

Signature Page for Leadership Studies Honors Thesis

**The Effect of Rhetoric on the Public Progressive Health Care Plans**

Thesis presented

by

Megan Geher

This is to certify that the thesis prepared by Megan Geher has been approved by his/her committee as satisfactory completion of the thesis requirement to earn honors in leadership studies.

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### Relevance of Health Care in Recent Elections

Health care reform has been a critical issue in many recent presidential elections. During candidate debates, this has been one of the hot-button issues that many people look at to assess candidates. Many candidates as of late have even created platforms which entirely revolve around health care. One's stance on health care reform is representative of much more than just that to the public, and this notion has impacted the political arena for recent decades.

Health care is an issue which some have more stake in than others, but does affect every single person who reaps the benefits or feels the consequences of the system. Thus, it makes sense that this is an issue that some feel very strongly about and look to when deciding who to vote for. Whether voters firmly believe that health care is a right and that all potential expenses should be covered by the government through taxation, or that health care is a privilege and should be entirely dependent upon who can pay for what, American voters likely have a strong opinion on this issue, as well as this issue holding a lot of weight in their voting decisions due to the sheer nature of how much health care issues impact everyday life.

### Impact of Health Care on the Working Class

One group who is particularly affected by the health care system and who hold a lot of stake in the issue is the American working class. Due to the nature of the insurance system being so closely tied to one's career and its benefits in so many cases, those in lower socioeconomic classes do not always have the same resources as those who have well-paying jobs with exhaustive benefits. Further, for many working class Americans, out-of-pocket costs and costs that their insurance, often with less coverage and therefore more not paid for by their insurance companies, health care is an entirely different issue than for many who are covered by their

insurance company and have fewer additional expenses (Quadagno, 2005). Thus, the health care system has a large impact on working class Americans, in many cases more than other groups.

As the number of uninsured individuals rose throughout the 1980s, the necessity of health care reform became more and more evident (Quadagno, 2005). The connection between the working class's lack of health benefits and their loss of wages in turn if they had to miss work due to illness was still dire as it had been throughout the 20th century (Quadagno, 2005). Organized labor groups began to focus on the crucial nature of health care reform as a large part of their agenda. Further, Lyndon B. Johnson established both Medicare and Medicaid programs in 1965, so these public programs became relevant to the national health care reform stage as well ("History", 2021).

**Diverse Base Rallying Behind the Cause**

By the time Clinton was running for office in 1992, there was a large wave of support for drastic change in the United States health care system. The diverse base included seniors, organized labor groups, working class Americans, and many others who saw health care reform as much needed change. Due to the widespread nature of this desire for reform, it seemed as though Clinton was coming into office at a perfect time to fight for universal coverage. The mass mobilization efforts by various groups throughout the entire 20th century created the impression that the potential for real tangible reform on a national level in the United States health care system seemed truly possible at this point (Quadagno, 2005). Thus, the Clinton campaign took this potential and centered its platform around this issue which had been building relevancy and support for decades at this point.

The Clinton platform was heavily centered around the working and middle classes. One of Clinton's campaign promises was to "cut taxes for the middle class and make the rich pay

their fair share" ("Bill", 2009). It is evident that the Clinton campaign team was trying to appeal to these working class Americans and bolster support around making the United States a more equitable place for all, not just the wealthy (Johnson, 1996). As aforementioned, the issue of national health care reform had become incredibly closely linked to issues of the working class, and Clinton clearly knew about this connection. On his campaign brochure, one of the first sections Clinton details is his new health care plan which will "cover everybody," along with many other demands which had been discussed throughout the broader discussion of health care reform ("Bill", 2009). The potential for this issue to really go somewhere at this time made this an obvious choice for the Clinton campaign to cling on to as a real way to make change for the working classes that they care so much about helping.

**Clinton Platform: Based on Health Care**

Clinton utilized the prevalence of the issue to his advantage by ensuring that his campaign was heavily associated with health care in particular. The Clinton campaign focused significantly on issues which were specifically relevant to the middle class, such as housing, education, and most importantly health care reform (Johnson, 1996). The focus on working class Americans has always been a progressive one and the Clinton campaign tried to play up this progressive nature of fighting for the forgotten classes who have no one to stand up for them. In 1992, Clinton and his platform were incredibly progressive, and the idea of a president standing up for the middle class as his main priority was very captivating to many who truly did feel forgotten and seen. This angle has been played up much more in recent elections, but at the time in 1992, Clinton campaigning so specifically to those who felt so underrepresented made those working class Americans feel seen and heard.

One of the most significant issues to those who were "forgotten," as Clinton called them, was health care reform ("Bill", 2009). These people the Clinton campaign was trying to reach were those who lost wages over missing work due to sickness, who could not afford to get the care that they needed, were uninsured or underinsured, and would really feel the benefits of health care reform (Johnson, 1996). Health care is an issue which many feel extremely connected to due to how the system can affect them. It affects people on a daily basis as well as in extreme cases, and this leads to every single American holding a lot of stake in this issue, more than other policies may impact them personally. Thus, Clinton ensuring that it was known that this was hugely on the forefront of his campaign was crucial to his success in getting elected ("Bill", 2009). Showing that he was prioritizing health care reform and attempting to make significant steps that the working class had been asking for for decades represented how he was looking out for these Americans more than other potential policy issues that he could have prioritized would have. Speaking so directly to Americans in need about health care reform was definitely a huge factor in his success and what made him an attractive candidate to so many across such a widespread base.

**Clinton's Health Care Reform Initiative**

Clinton's campaign revolved almost exclusively around his Health Care Reform Initiative. The campaign was aware of how important this issue was in terms of this particular election, and how desperately needed change was in the American health care system, especially for those in the working class. At the creation of the Clinton Health Care Reform Initiative, Clinton was looking to ensure that his plan was the most comprehensive and inclusive plan possible, even looking for the plan to be considered a form of universal health care which would be able to reach everyone.

In terms of the specifics of the plan, during its campaign stage, the basic tenets of the plan were to "cover everybody, control costs, improve quality, expand preventative and long-term care, maintain consumers' choice of doctors, take on the insurance companies and the medical bureaucracy, and demand reform" ("Health", 2020). This plan was clearly catered towards the middle class and those who felt their voices were not being heard in terms of their own health, and addressed a wide range of issues that those in the working class had to deal with regarding the health care system (Johnson, 1996). Most importantly, the plan would be some sort of universal coverage plan, as it would cover everyone on a national level ("Bill", 2009). This universal coverage would finally be meeting the needs of those who have been calling for a plan which covered every single American citizen for decades, and have been fighting for this in many different ways with many different voices asking for this coverage to ensure no American was left uninsured or underinsured.

It is crucial to consider what Clinton meant when he initially referred to "universal coverage" ("Health", 2020). This specific term has had so many different definitions throughout the years and could refer to many different health care systems with very differing components. According to Clinton during his campaign, it appears as though he was referring to this coverage in terms of "universal, comprehensive health care" for all, along with ensuring that this coverage was affordable and high quality ("Bill", 2009). The plan that Clinton did officially put forth would have involved a requirement of all American citizens to enroll in it ("Health", 2020). Ultimately, this was a fundamental factor of any health care reform to Clinton, as he eventually threatened to veto any bill which did not promote universal coverage (Johnson, 1996).

In terms of other details of Clinton's initial Health Care Reform Initiative, another component of the plan was that employers would be required to pay 80% of the average cost of

their employee's health plans ("Health", 2020). This would be a significant change as holding employers to a standard for how much they had to pay would be novel to the United States health care system. Additionally, the government under this plan would subsidize "small businesses, the unemployed, underemployed, and self-employed individuals" ("Health", 2020). This would be a shift to more government involvement in the American health care system than ever seen before. Finally, as aforementioned, the plan would seek to control costs such as out-of-pocket costs or prescription costs, as well as expanding long-term and preventative care ("Health", 2020). These are all reform ideas that had been discussed for the past few decades as the call for health care reform became more and more clear. Clinton was truly appealing to those who needed the help most and proposing the changes that Americans had been asking for for decades.

Clinton viewed this plan as a historic moment for all Americans who had been calling for reform:

> "*Our history and our heritage tell us that we can meet this challenge. Everything about America's past tells us we will do it. So I say to you, let us write that new chapter in the American story, let us guarantee every American comprehensive health benefits that can never be taken away. Answering Call of History.*
> *In spite of all the work we've done together and all the progress we've made, there are still a lot of people who say it would be an outright miracle if we pass health care reform. But, my fellow Americans, in a time of change, you have to have miracles. And miracles do happen*" ("Clinton's," 1993).

**Backlash and Shift in Priorities**

Over time as this plan evolved from the Clinton administration's actual election to office and the backlash regarding this proposal, even at its inception, the specifics of this initiative drastically changed. While there were evidently some clear elements of Clinton's health care reform plan that he discussed during his campaign, the plan was ultimately unclear and not incredibly detailed (Johnson, 1996). Thus, there was a lot of room for change, as the proposal

was pretty much only based on hypotheticals and ideals instead of actual policy or specific plans (Johnson, 1996).

When the Clinton administration began to receive a lot of backlash regarding this plan, it began to shift in nature even more. The intense opposition to this plan was very indicative of the failure that it was about to endure, and it became clear to the Clinton administration that the original comprehensive, full coverage plan would never be favorable enough to pass (Johnson, 1996). There were a few major stakeholders who were aggressively opposed to this plan, such as the pharmaceutical and insurance industries, who campaigned hard to ensure that such a progressive plan would never pass (Johnson, 1996). Further, the Republican party at the time, led strongly by Newt Gingrinch who was hoping to become Speaker of the House soon, made certain that this plan would be shut down (Johnson, 1996). Thus, in order to make any potential progress, the once strong-willed, set on universal coverage Clinton had to back down and create a more moderate plan which appealed to conservative Democrats and moderate Republicans (Johnson, 1996).

There were many different forms of this potential Clinton health care reform plan that were discussed after it became clear that the initial plan had absolutely no shot of actually passing. Some of these included the Moynihan and Dole plan which could not reach a consensus, the Stark plan which would just expand Medicare, the Mitchell bill which was a more stripped-down compromising plan due to the worry that Clinton could not turn around public opinion on the issue of universal coverage enough to pass, as well as additional plans which were variants of the original (Johnson, 1996).

**The Downfall of the Plan**

Ultimately, the divisions within the Democratic Party at the time led to ample opportunity for Gingrinch and the right-wing Republicans to shut down the plan (Johnson, 1996). Clinton's vision and the support of the masses seemingly disappeared as deadlines had passed, other issues took priority, and backlash ensured that the original plan would never have the potential to pass that Clinton initially saw (Johnson, 1996).

Eventually, the Clinton plan was so battered that the administration believed that there were only three options left: counting on Mitchell to strike a bill with a Mainstream group, urging Congress to go home without voting on any bill and attempting to make a better proposal by the following year, or to propose a minimalist bill and try again to fight for universal coverage in 1995 (Johnson, 1996). Clinton was well aware of the defeat of the bill before it was even officially defeated, and the question became whether or not to pull the plug entirely. Ultimately, the plug was pulled and the Clinton plan, which hardly even resembled the initial proposal, was shut down (Johnson, 1996).

**Rhetoric's Impact on the Downfall**

Rhetorical framing strategies play a large role in politics and can often determine the success of a politician or of a proposal (Sik Ha, 2016). The language that a politician chooses to use has to be very calculated and well thought out, or they could risk accidentally conveying the wrong message or creating an idea which could be misinterpreted or misconstrued. Thus, the words that are utilized in politics must be very intentional in order to ensure that the message is clear and that the language chosen is not accidentally giving the wrong impression or could be used as a weapon in the future. The rhetoric around health care reform is very complex; there are so many terms and phrases which refer to the same concepts in different ways and have very

different connotations. In terms of universal health care plans, there are a wide variety of different terminologies which are referring to universal plans which are very similar, and most likely are not aware of the nuances or distinctions between these different names for plans which encapsulate universal coverage (Robinson, 2014).

In terms of Clinton, as aforementioned, he was very focused on ensuring that whatever plan he ultimately passed included coverage for all, which he commonly referred to as "universal coverage" throughout his campaign ("Bill", 2009). This is a more neutral term for this sort of progressive plan than other phrases, such as socialized medicine, or Medicare for All (Robinson, 2014). Still, there are connotations associated with universal coverage that could be negative to some. Clinton's insistence on utilizing the phrase "universal health care," which has ties to progressivism for many, definitely played a role in opening up for the downfall of the plan (Johnson, 1996).

As described in his address to Congress, Clinton promoted his Health Care Reform Initiative with the sentiment that "for the first time in this century leaders of both political parties have joined together around the principle of providing universal, comprehensive health care" ("Clinton's", 1993). He then claimed that this "[was] a magic moment, and [the Clinton administration] must seize it" ("Clinton's", 1993). The Clinton administration was not afraid to utilize the framing strategies which included "universal," as this type of plan was exactly what Clinton was fighting for.

While there was initially a large and diverse base at the time of Clinton's election who seemed to all be in immense support of a plan which fell under the umbrella of "universal coverage," this base was not strong enough to defend against the backlash from the right who saw this language as an opportunity to call Clinton a "socialist" and utilize that angle to make

this plan seem less popular to many who still have strong negative associations with socialism (Johnson, 1996). It seemed as though throughout the shifts in this plan and what it entailed, Clinton tried to back away from his use of phrases such as "universal coverage," and "universal health care," but it was too late (Johnson, 1996). Many Republicans and more moderate Democrats already associated this rhetoric with Clinton and the plan, and the door was open for backlash from the angle of this rhetoric.

If Clinton had not utilized rhetoric that was so progressive for 1992 and had strong ties to socialism for so many, this plan and its fate could have played out very differently. If the plan was presented with more neutral and less "extreme" language, there would have been less material for those in opposition to the plan to use to ensure that this plan would never pass. However, at the same time, the rhetorical strategies that Clinton utilized are less controversial and overt than other similar terms that refer to similar ideas, so it does seem as though Clinton and his team were being intentional about utilizing more neutral phrasing (Johnson, 1996). Rhetoric definitely played a role in how this plan had such an extreme failure and quick downfall, and there are definitely lessons to be learned from using such language in 1992, when the political climate was wildly different and these phrases that Clinton utilized were considered much more extreme than they are now.

## Chapter 2: Obama Health Care Reform Plan of 2009

### Comparisons Between ClintonCare and Obamacare

To contrast from the Clintoncare plan which I discussed in the last chapter, this chapter will be an analysis of the Obamacare plan. The significance of the choice to compare these particular two plans is due to the fact that the Obamacare plan succeeded, while as aforementioned, the Clinton plan never did. This chapter will explore the role of public opinion, the relevance of health care as an issue during the Obama election, the historical context as well as the social context, and other factors that differentiate the two plans.

First, it is crucial to set the political stage by looking at the breakdown of Congress in 2009. During the beginning of the Obama administration, there were majorities in both houses of Congress, with a total of 257 Democrats and 178 Republicans in the House of Representatives ("Congress", 2011), and 57 Democrats and 41 Republicans, in addition to 1 Independent, and 1 Independent Democrat, who both caucused with the Democrats despite identifying as Independents, in the Senate ("Party", 2022). This is similar to the split of Congress in 1993 with 258 Democrats, 176 Republicans ("Congress", 2011), and 1 Independent in the House of Representatives, and 56 Democrats and 44 Republicans in the Senate ("Party", 2022). The sheer number of Democrats in Congress during this time clearly contributed to the ability of the Obama administration to be able to have success with their plan, as these majorities played a significant role in bolstering the support for Obamacare.

Beyond the sheer number of Democrats in Congress at the time of the Obama administration, there were also significant nuances that allowed Obama to have the success that he had passing Obamacare. First, Obama was the first Democratic president since Clinton, with a significant number of Republican presidents preceding Clinton as well. This made his plan more

appealing to all Democrats who were seeking for leadership that aligned with their values. Further, as discussed in the first chapter, those who sought significant health care reform had been fighting for this reform for decades, which made them more supportive of any plan which could potentially make progress. After the Clinton administration's failure to pass its plan, those who wanted health care reform were even more willing to accept any plan which could make a difference.

While the Clinton plan had a lot of public support through the diverse base discussed in the first chapter, and public opinion was very important to Congress and its decisions, things had shifted by the time that Congress was voting on Obamacare. Rather than a focus on public support of the plan, there was more of a concern for voting along partisan lines no matter what ("Transcript", 2009). This is a significant change from 1993 where public opinion seemed to have the power to sway votes on both sides of the aisle and was a significant factor in garnering support for the Clinton plan in the first place (Johnson, 1996). Instead, it appeared in 2009 as if public opinion had almost no impact on how Congress would vote, rather partisan discipline was what mattered to Congress.

Looking at how Americans felt about the various plans leading up to when they were voted upon, it is interesting to see that in 1992, 25% of Americans said that they would strongly favor implementing a national health care plan, 54% said that they would favor this plan, while only 14% said that they would oppose it, with only 4% strongly opposed ("Gallup", 2022). Considering how quickly this shifted for Clinton, it is interesting to think that so many were in such strong support of this plan. By the time 1994 rolled around, the favorability of Clinton's plan was down to 40%, with 46% in opposition to the plan, according to Gallup ("Gallup", 2022).

In contrast to this, right before the Obama administration was bringing forth Obamacare to be voted on, 41% of Americans agreed that this plan should be passed by the end of 2009, 30% thought that it should pass but not necessarily in 2009, and only 24% believed that it should not pass at all ("Gallup", 2022). This is similar to the support of the Clinton administration's plan in 1992, but not during its downfall in 1994 (Johnson, 1996). Those two years were crucial to the failure of the Clinton plan, and the way that the Obama administration handled that time frame for its plan ultimately holds a lot of stake in the fact that this plan ended up succeeding.

In terms of specific approval ratings, in 1993, only 49% of Americans polled considered themselves "very satisfied" with their health care coverage ("Gallup", 2022). 34% considered themselves to be "somewhat satisfied," while 9% claimed to be "somewhat dissatisfied," and only 4% claimed to be "very dissatisfied" ("Gallup", 2022). While this may not seem like many who were actively expressing their dissatisfaction with their health care coverage, ultimately these numbers show that less than half of Americans actually felt that their coverage at the time was truly adequate to their health needs.

The Obama administration placed a significant weight on ensuring that at the very least, its health care plan would have the support of all Democrats in Congress ("Transcript", 2009). This is a very different sentiment than the Clinton administration, who seemed to express the notion that it would fight for universal coverage regardless of whether this was consistent with all Democrats in Congress at the time. This difference is significant as it shows how much more the Obama administration was concerned about getting the votes, as opposed to the actual principle of its plan. In his words, Obama was "not the first President to take up this cause, but [was] determined to be the last ("Transcript", 2009).

To contrast how Americans were feeling about their own health care coverage at the time of Obama's presidency as opposed to Clinton's, in 2009 29% of Americans stated that their health care coverage was "excellent," 40% asserted that their health care coverage was "good," 17% claimed that their coverage was "only fair," and 10% said that their health care coverage was "poor" ("Gallup", 2022). While the wording of the poll is different, it is interesting to look at the fact that the percentage of those voting for the lowest ranked category more than doubled for the 2009 poll. While many were still ranking their health care coverage highly, the dissatisfaction had definitely grown significantly by Obama's presidency, leading for there to be a higher percentage of Americans who were open to reform ("Gallup", 2022).

One other significant distinction to look at is how Americans believed President Obama was handling the role of president compared to how they thought President Clinton was handling the same job. In 2009, according to Gallup, 50% of Americans approved of how President Obama was doing as president, and 44% disapproved. As for President Clinton, in 1994, only 43% of Americans claimed to approve of how Clinton was handling the role of president, and 48% disapproved of his handling, according to Gallup as well. This is a pretty significant difference, which is telling of how much more favorably the Obama administration was viewed in comparison to the Clinton administration as a whole. It makes sense that people would be more likely to support an Obama administration-backed plan than Clinton's merely due to how much more positively they viewed Obama.

An additional advantage that Obama had when presenting his plan was the fact that he came after Clinton and had the opportunity to learn from the downfall of the Clinton plan. Many aspects of the presentation of this plan, such as the rhetorical labels that Clinton used, the need to include certain aspects, such as universal coverage, which were dealbreakers for some, and how

Clinton presented himself and his ideals as well. Obama and his administration definitely came across as more moderate and willing to compromise and were careful not to use labels which could be associated with progressivism or radicalism which is a mistake that the Clinton administration definitely suffered the consequences of.

**Discussion of the Base for Clinton care versus Obamacare**

While the Clinton plan had a diverse base of all sorts of different groups who had been fighting for health care reform for decades, the Obama plan's base was more strictly along party lines. This plan seemed to appeal to exactly who the Obama administration intended it to appeal to: Democrats. Since there was such a significant majority of Democrats in Congress in 2009 and voting with partisan discipline in mind was so important, the only base that the Obama administration had to reach with its health care plan was the Democrats who would be voting to pass it. This is significantly different than the merging of so many different organizations and cohorts who came together to support the Clinton administration's plan.

**Outline of the Plan as Detailed During the 2008 Campaign**

The Affordable Care Act completely changed the game of the United States health care system when introduced in 2009 by President Obama. The plan had three primary goals: to make affordable care available to more Americans through subsidies, expand the Medicaid program to cover all adults below a certain threshold of the Federal Poverty Line, and to support medical care delivery methods which will lower costs in a general sense. The Obama administration was determined to pass this plan and made this known through the 2008 campaign. The law initially required all individuals to have health insurance one way or another through the individual mandate and also required most employers to offer insurance to their employees as well. This

was very different from the Clinton plan as the goals were more clear cut and arguably less ambitious.

Obama was very concerned with resolving the issues beyond just the amount of Americans who were uninsured at the time, but further addressing the lack of "security and stability" within the health care system at the time that led to many being constantly worried about the health insurance that they do have ("Transcript", 2009). He referenced those on the left who wanted to pass a "single-payer" plan, and those on the right who wanted a more individualized system, and presents Obamacare as a middle ground between these two ("Transcript", 2009). Further, he was clear in making sure that people did not think his plan had too heavy government involvement, and reassured Americans that his plan was not a "government takeover" ("Transcript", 2009). He was very focused on making sure that the plan appealed to Democrats and Republicans alike, as well as everyone in between, and used the most neutral possible language while claiming this plan was ideal for all across the political aisle. ("Transcript", 2009).

Obama made sure to make the neutral and bi-partisan nature of his plan incredibly clear:

> *"It will provide more security and stability to those who have health insurance. It will provide insurance to those who don't. And it will slow the growth of health care costs for our families, our businesses, and our government. It's a plan that asks everyone to take responsibility for meeting this challenge – not just government and insurance companies, but employers and individuals. And it's a plan that incorporates ideas from Senators and Congressmen; from Democrats and Republicans – and yes, from some of my opponents in both the primary and general election"* ("Transcript," 2009).

By the time Obama was able to run and put forth his health care plan, he was able to watch the failure of Clinton and his plan and learn from what went wrong. Additionally by this point, people were desperate for some sort of change in the health care system as so many were struggling. President Obama and his administration seemed to be less concerned with achieving

the ultimate goal of universal care through a single-payer system even if that was what they fundamentally wanted, and more concerned with putting forth anything that would pass. This is a huge difference, as Clinton seemed determined to stay true to the idea of universal health care and refused to compromise even when it was clear this was not politically feasible (Johnson, 1996). The Obama administration was much more willing to be flexible with making changes to the plan.

One example of Obama's willingness to shift the tenets of his health care reform plan in order for it to have a more bi-partisan approach is his stance on the public option element of the plan. There was significant confusion regarding how much President Obama supported a public option as part of his Obamacare plan, as many criticized the plan due to the fact that it did not include "the type of government-run insurance plan that Obama pushed for repeatedly in 2009" (Good, 2009). However, Obama responded to this argument claiming that he did include the public option in his plan, despite the fact that it was mentioned very subtly (Good, 2009). He denies using the public option as a focal point of his campaign, which can be backed up by the fact that a "Lexis-Nexis search for "Barack Obama" and "public option" yields only 46 results between Jan. 1, 2008 and Oct. 31, 2008" (Good, 2009). However, to those who found this to be a significant element of his plan during the few times that he did mention it throughout his campaign, this push to the backburner was very disappointing. When the government-run option idea was viewed negatively by those right-leaning Congresspeople who would ultimately be the ones voting on the plan, it appears that Obama quickly deprioritized this facet of the plan, despite how important it was to many individuals in his base.

In terms of the backlash of Obamacare, the negative opinions seemed to pretty much fall along party lines, as Republicans mainly opposed the plan. Another important factor in backlash

seemed to be how Obama was viewed himself. Those who did not like President Obama for some reason, whether it be racist reasons, or fear of progressivism, etc., did not favor the plan for those biased reasons alone. President Clinton did not have the same types of backlash, especially the racism that President Obama had to endure throughout his presidency, so this played less of a factor into the backlash of the Clinton plan. Personal opinions about Obama certainly played an unfair role in forming opinions about his legislation.

Obamacare ultimately was signed into law on March 23, 2010, which was very efficient after Obama came into office ("Obamacare"). The plan still exists today, a decade later, which is telling of its success. It is still fairly well-favored by the same base who supported it in 2009. The passage of this particular law was monumental as it was the biggest shift in the American health care system in decades, and the most significant one that there has been since.

To this day, there are many debates over the rhetoric of Obamacare. Those who opposed the plan were quick to refer to it by names with more negative associations, such as "universal access," "health care for all," and more extreme labels such as "Deathcare" or "socialized medicine" (Ross, 2017). While the Affordable Care Act can be viewed as a type of universal care, as it makes care more accessible, especially when the individual mandate was in place and all were required to have some sort of care, this law is certainly not what is typically considered to be universal coverage, such as a single-payer system ("Obamacare"). This label was assigned to this law mostly by its opponents such as Republican congresspeople as a negative attack. Most of the more extreme and radical rhetoric such as calling this law a "police state" or "Deathcare" likely would be attached by extreme opponents to any sort of progressive plan regardless of the actual content of the law (Ross, 2017). For example, the Affordable Care Act gives many options and is by definition not a form of socialized medicine ("Obamacare"). These sort of rhetorical

attacks are to be expected while the United States health care system is so polarized. Between 1993 and 2009 the political climate definitely became more polarized and this explained why these sort of extremely negative rhetorical strategies were not really surprising during this time.

**Most Significant Differences Between the Two Plans**

Looking at the rhetorical differences between Clintoncare and Obamacare, it is crucial to understand that a lot of the rhetorical strategies that were used to negatively discuss Obamacare, such as by its opponents, were strategies that Clinton and his administration intentionally utilized to introduce the Clinton plan, such as "universal" care ("Bill", 2009). To the Clinton administration, this terminology was perceived as an asset, but to the Obama administration, it was detrimental and used as an attack (Ross, 2017). A lot of this change had to do with the difference in political climate and how much more polarized it had become and how much more important partisan discipline became. The other component of the significance of this was the difference in what each administration wanted their plan to represent, and their goals of implementing it. For the Obama administration, since it was focused on passing its plan no matter what and was not as concerned with ensuring its progressivism, the rhetoric used had to be sure to play it safe and not give opponents any ammunition to use this to disadvantage the Affordable Care Act ("Transcript", 2009).

It is significant to note that the Obama administration did not only stray away from utilizing rhetorical labels which were considered more extreme at the time, such as universal care, but it went further to use strategies which show that the plan appeals all across the political aisle. In his speech to Congress, Obama claimed that his plan was one that "incorporates ideas from many of the people in this room tonight -- Democrats and Republicans" ("Transcript", 2009). He went further to let the joint session of Congress know that he "will continue to seek

common ground in the weeks ahead ("Transcript", 2009). He even offered members of Congress that if they "come to [him] with a serious set of proposals, [he] will be there to listen" ("Transcript", 2009). This neutral rhetoric that appeals to both parties and everyone in between was a crucial factor of Obama's health care reform plan, and ultimately its success.

This quote is a testament to Obama's collaborative approach to passing his health care reform plan, as he sought to work with anyone who was willing to ensure that this plan was the most appealing to all different types of people. Obama referred to the plight of the American health care reform as a "collective failure," and listed all different types of groups which were vulnerable to the flaws of the current health care system who collectively struggled as a result ("Transcript", 2009). He was open to ideas and willing to listen and work with others, even if they were his opponents at one point ("Transcript", 2009). Clinton, however, was considered to be too secretive with his health care reform plan, and did not have the same cooperative strategy as Obama did (Johnson, 1996). This made people distrust his plan, and feel as though it was exclusive, while Obama's plan was inclusive, and was welcoming to all.

Obama was willing to appeal to Americans all across the aisle if it meant that Obamacare would be able to be passed with enough support. On the other hand, the Clinton administration was more concerned with passing a plan which it truly believed would achieve all of the goals that it wanted to, such as achieving a single payer plan with true universal coverage for all (Johnson, 1996).

Additionally, Obama's hindsight bias was very helpful to his administration in choosing what rhetorical strategies would be viewed positively, and which labels would make this plan more easily labeled with negatively associated labels. The shift in climate additionally helped him to more carefully choose his rhetorical strategies when discussing the plan as well. With

such harsh political lines, it was clear that he had to utilize certain moderate labels and avoid any "extreme" ones to avoid creating a certain narrative that the plan was too radical, such as how some viewed Clinton's.

## Chapter 3: Experiment and Results

### Relevance of Health Care Reform Today

While examining the Clinton and Obama plans was significant to this research as health care reform was crucial when those plans were presented, health care reform is still needed today in 2022. According to the CDC in 2021, an estimated 9.6% of Americans, or around 31.1 million individuals, lacked health insurance ("CDC", 2021). Additionally, many Americans who do have some health insurance are underinsured, with the underinsured rate going up from 23% of Americans in 2014 to 29% of Americans in 2019 (Collins, 2019). There are also clear racial and other demographic disparities within the current system amongst many vulnerable populations; these groups experience a "lower quality of health care" and are disproportionately represented among those with public health insurance or who are uninsured or underinsured ("Reducing", 2022). These are evident issues even after Obamacare was passed, and it is evident that more reform is necessary as too many Americans are being treated unfairly by the current system.

Further, I believe that opinions on certain framing strategies have significantly shifted in recent years, such as a novel want for universal coverage. In May 2020, 63% of Americans polled said that they favored "federal action to achieve 'universal health coverage'" (Rosenbloom, 2020). This majority is significant, as it is telling of how much the political climate has changed since Bill Clinton discussed universal care in 1993. Even without the explicit framing strategy of "universal health care," 56% of Americans believe that "providing access to affordable health care…is the responsibility of the federal government" (Backus, 2019). This shift shown by these majorities is extremely telling of how much more open to national health care plans Americans are today.

I found it important to study the effects of rhetorical framing on current health care reform support as well as analyzing the Clinton plan and the Obama plan as I believe that a new health care reform plan needs to be passed in the near future, so people's opinions of the issue of health care are still relevant and need to be examined in order to know what reform is realistic for leaders.

**Set Up of the Experiment**

In order to test current attitudes about rhetorical framing strategies commonly used to discuss health care policies, I created a survey where I utilized different labels which have been used frequently in recent health care media and debates. I found it crucial to look into how people perceive these labels today after looking at how the public reacted to the health care reform plan that Bill Clinton put forward as well as Obamacare presented by the Obama administration. I think that how these reform plans are presented plays a very significant role in to what extent the public are willing to support these plans, and I think that switching out the treatments within the same question is the most effective manner of seeing how people actually view these treatments differently. Rhetoric is very influential in the political sphere and can have immense effects with regards to how to have political success. Thus, looking into the effects of rhetorical strategies could be potentially very beneficial in terms of what tactics should be used to promote health care reform, and which will likely hinder progress.

**Method**

This experiment is designed as a quick survey of about 15 questions that are a combination of demographic questions, and questions about how the participants feel about the state of the health care system. I will be using six treatments of different rhetorical labels which I have narrowed down as being most significant to the current political sphere for the issue of

health care. I will propose a fictional hypothetical bill that will affect the national health care system and interchange these treatments to describe the bill. I am using Qualtrics to randomize these six treatments so that everyone could get one of the six and will be primed by this treatment to answer follow-up questions as well.

The question which has the six different treatments is as follows:

*The congressional representative of your district is on a committee which is proposing a new national health care reform bill. Health care is a very prevalent issue in today's political climate, with millions of Americans who are uninsured or underinsured. Medical debt is a significant problem with more than 1 in 3 U.S. citizens carrying debt. Many households are struggling to pay their medical bills, and this is not a new problem. Because of these facts, many people believe that there is a need for legislation passed to ensure that health care is accessible to all Americans.*

*Supporters of the bill seek to bring _____ to the national healthcare system. These immense changes would affect coverage, quality of care, and costs for all American citizens. On a scale of 1-10, how supportive would you be of your representative voting in favor of this bill? 1 (not at all supportive) 2 3 4 5 6 7 8 9 10 (fully supportive)*

The six different conditions were each inserted into the blank depending on which version of the survey the individual randomly got.

**Participants**

The experiment had 605 participants in total of various ages, locations, political orientations, etc. Each participant remained anonymous as the survey included many personal

demographic questions that the results should not be associated with specific people. In the results section following this, there is a breakdown of all of the demographics of the participants.

Each participant was randomly assigned to one of the 6 conditions with the 6 different rhetorical labels embedded within each question and these ended up with a pretty even distribution amongst the total participants.

**Procedure**

In order to investigate my main question of how participants perceive the 6 different framings that I am using, I embedded them into a question asking participants about a hypothetical bill that their respective representatives would be voting on and asked on a 1-10 scale how supportive they would be of their representative voting for this bill, with 1 being not at all supportive and 10 being fully supportive. The question is written in a broad fashion and just discusses the fact that health care is commonly thought of as a prevalent issue today before asking if the participant would support the hypothetically proposed reform plan. The only thing that changes in the question for the 6 different conditions is the rhetorical label that is used to discuss the plan.

**Limitations**

Before I discuss my hypotheses and results, it is important to address the limitations of my experiment. First, since the study was conducted through MTurk, this already limits who will potentially participate. Those who take surveys for MTurk likely are of similar demographics, and many demographics are likely missing from MTurk data as a whole. Additionally, people on MTurk have to agree to take the survey that they are offered, so this data only accounts for those who chose to participate. Another limitation to this study is the fact that it can only compare those who identify themselves as the same demographic groups; for example one person who

identifies as a liberal is not the same as another person who identifies as a liberal, and they could choose to rate the six conditions entirely differently from one another, despite the fact that they both identify themselves as liberals. A way to potentially solve this problem if it were a possibility to get a larger sample would be to show one person two different conditions and see how the same person rates the two conditions to see if there are still differences.

**Hypotheses**

This experiment looks at many different factors so there are many different concepts to hypothesize about. The most important hypotheses to draw have to do with which labels I expect people will perceive the most positively, and therefore will answer that they would support their representative in voting for the most. Out of the six rhetorical labels that I have chosen to examine, my initial hypothesis would be that "universal health care" will be viewed the most favorably and have the highest score of support, while I expect that the conditions with "socialized medicine" and "single-payer" will be viewed the least favorably and will have lower scores of support.

I think that "universal health care" is a relatively vague term in comparison to the other terms that has less potential negative connotations than the others as well. People may be inclined to rate this label more highly as it sounds fairly neutral and is not really making any claims about how the system would change, besides making sure access to care was universal. Even those who do not want the government to pay for people's care who cannot afford it may still believe that everyone should be able to have access to care in some capacity. Thus, I believe that the condition that contains universal health care will have the most positive responses in terms of support due to its neutrality.

As for "socialized medicine," I think that this label will be perceived with very negative connotations and rated very low on the scale of support as a result. With the extremely adverse opinions that many Americans have regarding socialism and communism and policies which are reflective of these types of systems, I expect that many will read socialized medicine and automatically view this policy as one that they do not want their representative to vote in favor of. I have discussed America's negative view of socialism in previous chapters and it is a very-deep rooted dislike which I believe would translate to how people perceive socialized medicine.

Lastly, I believe that many could view "single-payer" through a negative perspective especially due to its connections with European health care systems. I think many Americans alienate European political policies and systems and may see single-payer as too closely related to European policies which may lead them to view such policies as too progressive or socialist. Another reason why some could view this label in a negative way is because of the implied government involvement and resulting potential effects on taxes. I feel as though many Americans do not want the government to be too involved in many policies, especially health care ones, as this can potentially feel like individuals are getting "handouts" from the government or that the government is unfairly subsidizing resources.

As for hypotheses of how demographic factors may potentially affect people's perceptions of these various conditions, I believe that the strongest correlations will be between how people who identify on the liberal side of the scale and rating all 6 conditions higher on the scale of support than those who identify on the conservative side of the scale. I feel as though those who identify as liberal are more inclined to want health care reform than those who identify as conservatives as a whole.

**Results**

A total number of 605 participants were surveyed using MTurk. The sample was a diverse group of American adults. The average age of the sample was 41.21 (SD = 12.73) with 343 males (56.69%), 259 females (42.81%), and 4 who preferred not to say (.66%). As of 2020, the percentage of females in the United States was 50.52%, while the percentage of males was 49.48% ("Gender"). Thus, this data skews more male than on the national level. Of the 605 total participants, 52 people, (8.6%) identified as Black, 45 people, (7.4%), identified as Asian or Pacific Islander, 4 people, (.7%), identified as Indigenous American, 27 people, (4.5%), identified as Latino or Latina, 487 people, (80.5%), identified as Caucasian, 15 people, (2.5%), identified as Multiracial or Biracial, and 3 people, (.5%), identified as a race or ethnicity not listed. In terms of how this compares to the national scale, in the United States, roughly 76.3% of Americans identify as Caucasian, 13.4% identify as Black, 1.3% identify as Indigenous American, 5.9% identify as Asian, 2.8% identify as biracial or multiracial, and 18.5% identify as Latino or Latina ("United"). This data skews more towards Caucasians than in the U.S., but all of the various groups are fairly representative of the national level race breakdowns in the United States. People were primarily from suburbs (289, 47.77%), followed by urban (205, 33.88%) and rural residents (111, 18.3%). As reflected in Table 1, the income levels of the respondents was also quite varied.

**Table 1: Household Income**

| | Frequency | Percent |
|---|---|---|
| Less than $25,000 | 89 | 14.7 |
| $25,000-49,999 | 185 | 30.6 |
| $50,000-74,999 | 157 | 26.0 |

| | | |
|---|---|---|
| $75,000 - 99,999 | 99 | 16.4 |
| $100,000-149,999 | 56 | 9.3 |
| More than $150,000 | 19 | 3.1 |
| Total | 605 | 100.0 |

Participants come from a wide range of religions, with Protestantism being the most prevalent (see Table 2).

**Table 2: Religion**

| | Frequency | Percent |
|---|---|---|
| Protestantism | 123 | 20.3 |
| Catholicism | 122 | 20.2 |
| Evangelicalism | 19 | 3.1 |
| Judaism | 11 | 1.8 |
| Muslim | 3 | .5 |
| Atheism | 106 | 17.5 |
| Agnosticism | 120 | 19.8 |
| None | 58 | 9.6 |
| Other | 43 | 7.1 |
| Total | 605 | 100.0 |

Finally, in terms of participants' education level, the majority of participants are college graduates (see Table 3).

**Table 3: Education Level**

| | Frequency | Percent |
|---|---|---|
| Some high school | 3 | .5 |
| High school graduate | 72 | 11.9 |
| Some college | 136 | 22.5 |
| College graduate | 298 | 49.3 |
| Graduate degree | 96 | 15.9 |
| Total | 605 | 100.0 |

Participants identify as a variety of political orientations and are affiliated with a variety of political parties. Most participants identify as liberal (see Table 4).

**Table 4: Political Orientation**

| | Frequency | Percent |
|---|---|---|
| Strongly Liberal | 102 | 16.9 |
| Liberal | 215 | 35.5 |
| Moderate/Mixed Views | 140 | 23.1 |
| Conservative | 118 | 19.5 |
| Strongly Conservative | 30 | 5.0 |
| Total | 605 | 100.0 |

In terms of party affiliations, most participants are Democrats, as shown in Table 5.

**Table 5: Political Party Affiliation**

| | Frequency | Percent |
|---|---|---|
| Democrat | 305 | 50.4 |
| Republican | 126 | 20.8 |
| Independent | 144 | 23.8 |

| | | |
|---|---|---|
| Green | 6 | 1.0 |
| Libertarian | 11 | 1.8 |
| Other | 3 | .5 |
| None | 10 | 1.7 |
| Total | 605 | 100.0 |

Most of the people surveyed voted in the last presidential election (see Table 6).

**Table 6: Voted in Last Election?**

| | Frequency | Percent |
|---|---|---|
| Yes | 525 | 86.8 |
| No | 55 | 9.1 |
| Usually | 16 | 2.6 |
| Considered | 9 | 1.5 |
| Total | 605 | 100.0 |

With regards to how satisfied participants currently are with their health care, people were generally "somewhat satisfied" with their current health care access, with a mean of 2.08 (SD = .97) on a 4-point scale ranging from "1 = satisfied" to "4 = dissatisfied." In terms of how high of a priority the sample considers health care to be as an issue on a scale of 1-10 (1 being not at all a priority and 10 being the highest priority), the mean was 7.76 (SD = 2.14). When asked how important it is that people who cannot afford to pay very much have access to health care, on a scale of 1-10 (1 being not at all important and 10 being very important), people mostly find this issue relatively important, with a mean of 8.51 (SD = 2.09). Finally, as for how likely

participants would be to still support the hypothetical bill if it were to raise their taxes, on a scale of 1-10 (1 being not at all likely and 10 being very likely), participants were generally moderately likely to still support the bill with a mean of 6.37 (SD =3.12).

When looking at the hypotheses that I made prior to running the experiment, I had predicted that "universal health care" would be viewed the most favorably and have the highest score of support, while I expected that the conditions with "socialized medicine" and "single-payer" would be viewed the least favorably and would have lower scores of support. An analysis of variance comparing level of support for the hypothetical policy that was presented was conducted across all six experimental conditions (see Table 7). The one-way ANOVA revealed that support scores did not differ significantly as a function of the six conditions ($F(5, 599) = .853$, $p = .512$). However, "universal health care" was rated the highest in terms of support, and "single-payer" was rated the lowest, as expected.

Using t-tests comparing each condition with support for the hypothetical policy as the dependent variable, I was able to find that support for the plan with the condition "universal health care" was rated significantly higher (M = 7.56, SD = 2.76) than the condition "single-payer" (M = 6.89, SD = 2.86; t(199) = 1.70, p = .045). The other groups were not significantly different from each other.

**Table 7: Overall Support of Hypothetical Proposals**

| | N | Mean | Std. Deviation |
|---|---|---|---|
| Universal Health Care | 101 | 7.56 | 2.76 |
| Medicare for All | 102 | 7.50 | 2.79 |
| Socialized Medicine | 100 | 7.25 | 3.36 |
| Free-Choice | 101 | 7.06 | 2.86 |

| | | | |
|---|---|---|---|
| Obamacare | 101 | 7.04 | 2.97 |
| Single-Payer | 100 | 6.89 | 2.86 |
| Total | 605 | 7.22 | 2.94 |

Even though there was no overall significant difference in support of the different proposals, there was a significant difference based on political orientation. It was found that there were significant differences based on political orientation; all of the five groups (strongly liberal, liberal, moderate/mixed views, conservative, and strongly conservative) were significantly different except the two conservative groups. Furthermore, support ranged from a high of 9.32 (SD = 1.61) for the strongly liberal group, to a low of 4.80 (SD = 2.98), for the conservative group, $F(29, 575) = 11.09$, $p = .001$, based on a 6 x 5 factorial ANOVA, shown in Table 8. These results show that support does differ significantly as a function of political orientation, thereby supporting the hypothesis that those who identify as liberal are more inclined to want health care reform than those who identify as conservatives as a whole.

**Table 8: Ratings of Hypothetical Proposals based upon Political Orientation**

| | Mean | Std. Deviation | N |
|---|---|---|---|
| Strongly Liberal | 9.32a | 1.61 | 102 |
| Liberal | 8.30b | 1.96 | 215 |
| Moderate/Mixed Views | 6.58c | 2.77 | 140 |
| Conservative | 4.80d | 2.98 | 118 |
| Strongly Conservative | 4.83d | 3.73 | 30 |
| Total | 7.22 | 2.94 | 605 |

Note: Different subscripts indicate that means are significantly different at a $p < .01$ level.

While there was an overall difference across all 6 conditions in terms of support dependent on political orientation, there were also differences based on specific hypothetical proposals as well. The results are shown below in Tables 9 through 14. In general, strongly liberal individuals were most supportive of each plan and conservatives and strongly conservatives tended to rate the proposals in the same way.

**Table 9: Universal Health Care**

| | N | Mean | Std. Deviation |
|---|---|---|---|
| Strongly Liberal | 19 | 9.89a | .32 |
| Liberal | 33 | 8.33ab | 2.01 |
| Moderate/Mixed Views | 25 | 7.36b | 2.08 |
| Conservative | 15 | 4.80c | 2.76 |
| Strongly Conservative | 9 | 5.00c | 3.94 |
| Total | 101 | 7.56 | 2.76 |

Note: Different subscripts indicate that means are significantly different at a $p < .01$ level.

**Table 10: Single-Payer**

| | N | Mean | Std. Deviation |
|---|---|---|---|
| Strongly Liberal | 12 | 9.83a | .39 |
| Liberal | 41 | 7.83ab | 2.45 |
| Moderate/Mixed Views | 24 | 6.25b | 2.51 |
| Conservative | 20 | 4.60c | 2.42 |

| | | | |
|---|---|---|---|
| Strongly Conservative | 3 | 2.67c | 1.53 |
| Total | 100 | 6.89 | 2.86 |

Note: Different subscripts indicate that means are significantly different at a $p < .01$ level.

**Table 11: Medicare for All**

| | N | Mean | Std. Deviation |
|---|---|---|---|
| Strongly Liberal | 14 | 9.64a | .93 |
| Liberal | 46 | 8.48a | 1.78 |
| Moderate/Mixed Views | 18 | 5.78b | 3.04 |
| Conservative | 20 | 5.40b | 3.33 |
| Strongly Conservative | 4 | 7.00ab | 2.16 |
| Total | 102 | 7.50 | 2.79 |

Note: Different subscripts indicate that means are significantly different at a $p < .01$ level.

**Table 12: Free-Choice**

| | N | Mean | Std. Deviation |
|---|---|---|---|
| Strongly Liberal | 20 | 8.40a | 2.44 |
| Liberal | 34 | 8.06a | 2.03 |
| Moderate/Mixed Views | 24 | 6.63ab | 2.70 |
| Conservative | 19 | 5.11b | 2.98 |
| Strongly Conservative | 4 | 3.75b | 4.19 |
| Total | 101 | 7.06 | 2.86 |

Note: Different subscripts indicate that means are significantly different at a $p < .01$ level.

**Table 13: Socialized Medicine**

| | N | Mean | Std. Deviation |
|---|---|---|---|
| Strongly Liberal | 16 | 9.56a | 1.21 |
| Liberal | 34 | 8.68a | 1.57 |
| Moderate/Mixed Views | 22 | 7.27a | 3.14 |
| Conservative | 21 | 4.62b | 3.85 |
| Strongly Conservative | 7 | 2.86b | 3.49 |
| Total | 100 | 7.25 | 3.37 |

Note: Different subscripts indicate that means are significantly different at a $p < .01$ level.

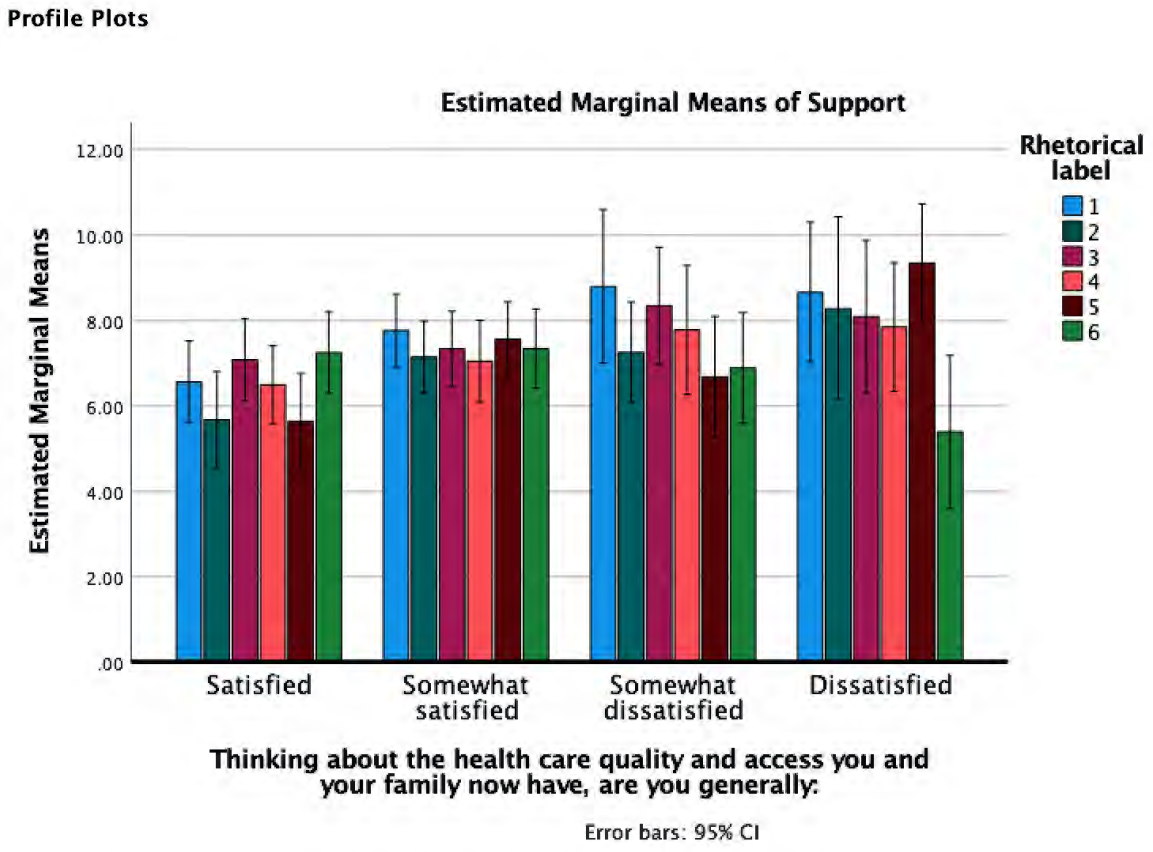
**Table 14: Obamacare**

| | N | Mean | Std. Deviation |
|---|---|---|---|
| Strongly Liberal | 21 | 9.00a | 2.00 |
| Liberal | 27 | 8.48a | 1.63 |
| Moderate/Mixed Views | 27 | 6.07b | 3.04 |
| Conservative | 23 | 4.35b | 2.53 |
| Strongly Conservative | 3 | 9.67a | .58 |
| Total | 101 | 7.04 | 2.97 |

Note: Different subscripts indicate that means are significantly different at a $p < .01$ level.

Additionally, I examined the effects of satisfaction with one's current health care on support for the 6 conditions (see Graph 1). People who are dissatisfied with their current health care tended to rate "Obamacare" lower and "socialized medicine" higher. Satisfied individuals had much less disparity in their ratings of the 6 conditions.

**Graph 1: Estimated Marginal Means of Support based on Satisfaction**




Finally, I asked participants about which factors influenced their decision to rate the proposed plan condition that they got with the rating that they chose. I created a few example fixed options, which include "cost," "distrust of government," "smaller budget for other government programs," "do not see a need for health care reform," and "other," where

participants had the option to write in their own factors. The majority of participants identified "cost" as an influential factor in their decision when rating their level of support for their respective condition (see Table 15).

**Table 15: Support Level Decision Factors**

| | N | Percent |
|---|---|---|
| Cost | 391 | 64.6 |
| Distrust | 168 | 27.8 |
| Smaller Budget | 69 | 11.4 |
| Do Not See a Need for Reform | 23 | 3.8 |

107 of the participants wrote in their own response for this question, and these responses varied significantly. Many of the common themes focused on factors such as "access to health care," "better coverage for all," "health care should be a right," "it's necessary," and similar ideas. Others wanted more context of the hypothetical bill to be able to make fully formed opinions, which aligns with the question being intentionally broad.

Then, through a cross tabulation, I looked at the relationship between political ideology and which of these factors participants said played a role in their rating of the condition that they looked at (See Table 16). People who identify with all political ideologies seemed to look to cost as an important factor, while those who identify as moderate or conservative seemed to be much more likely to consider their distrust in government, or to not see a need for reform.

**Table 16: Political Orientation and Influential Factors in Rating of Support Level**

| | Cost | Distrust | Smaller Budget | Do not See Need |
|---|---|---|---|---|

| | | | | for Reform |
|---|---|---|---|---|
| Strongly liberal | 55 | 12 | 10 | 1 |
| Liberal | 141 | 27 | 21 | 1 |
| Moderate/Mixed Views | 102 | 42 | 20 | 8 |
| Conservative | 71 | 71 | 15 | 10 |
| Strongly Conservative | 22 | 16 | 3 | 3 |
| Total | 391 | 168 | 69 | 23 |

It was predicted that political orientation, education level, and satisfaction with current health care would be associated with people's level of support for the various hypothetical policies. Overall, these three variables explained about 31% of the variability in support levels, $F(3, 601) = 88.96$, $p = <.001$, $R^2 = .31$ (see Table 17). However, education level was not a significant predictor. Based on the correlations, more liberal people ($r(603) = -.55$, $p < .001$) in addition to people who were generally less satisfied with their current health care ($r(603) = .16$, $p < .001$) were significantly more supportive of all six conditions.

**Table 17: Predictors of Support Levels**

| | B | Std. Error | Beta | t | Sig. |
|---|---|---|---|---|---|
| (Constant) | 10.22 | .58 | | 17.62 | <.001 |
| Political Orientation | -1.39 | .09 | -.53 | -15.59 | <.001 |
| Education Level | .01 | .11 | .00 | .04 | .965 |
| Satisfaction Level | .29 | .11 | .10 | 2.79 | .006 |

Dependent Variable: Support

## Chapter 4: Discussion and Conclusion

### Discussion

There are various components of these results which are noteworthy. First, it is important to say that the sample of 600 is relatively well-representative of the United States, so these findings are significant in terms of how Americans could potentially view health care reform. Ultimately, the most significant findings are:

- The significantly different rated two conditions "universal health care" and "single-payer," with universal health care being favored significantly compared to single-payer.
- The significant differences based upon political orientation; liberal groups rated all six conditions with much higher levels of support than conservative groups.
- The role of moderates, as the swing vote group is important to analyze, and they rated some plans significantly different from the liberal groups, and others significantly different from the conservative groups.
- The effect of how satisfied people feel about their current health care coverage on how favorably they rated the conditions; those who were more satisfied with their current plans were less likely to rate the conditions highly favorably.
- The effect of three key independent variables (education level, satisfaction level, and political orientation) on levels of support, two of which are predictors of levels of support, and one which is not at all indicative of how favorably people ended up rating the conditions.

**Analyzing Hypotheses**

In terms of which labels were rated the most favorably, which is what I was focused on examining, I correctly hypothesized that "universal health care" would be voted the most favorably. I still believe that this is because this is the most neutral and vague term that many can agree with regardless of their opinions on government involvement in health care or the vulnerable population's access to health care.

As for which labels were rated the least favorably, I expected "socialized medicine" and "single-payer" to be rated the lowest as I discussed in the hypotheses section earlier. I was correct that "single-payer" was not rated favorably as this was rated the lowest, but "socialized medicine" was actually rated relatively high. I am quite surprised at this result as so many Americans view socialism or associated policies and ideas through an extremely negative lens, and I predicted that this bias would be reflected in the results. This could have been rated as more favorable because there is less of a bias against socialism/socialist policies now and the political climate. Further, people could not be associating this label with socialistic ideals as much as I assumed them to. Another explanation could be that this sounds familiar due to the Canadian health care system and similar models, so people may see that as favorable due to the familiarity aspect of it alone. The sample of people who got the question with that label may have just not been big enough to get an accurate representation of how people perceive it.

In terms of my hypothesis that those who identify as liberal or strongly liberal would rate these six conditions very differently than those who identify as conservative or strongly conservative with regards to political orientation. Ultimately, this hypothesis proved to be true and there are significant differences between the various groups of political orientation in how

favorably they rated the various proposals. For the most part, there were significant differences between the "conservatives" and the "liberals," and those groups tended to rate the proposals relatively similarly amongst themselves. For some of the proposals this was not the case; some of the conditions were rated highly by "strongly conservatives" as well as the liberal groups. This is likely due to the fact that there were very few participants who identified themselves as "strongly conservative," so these few people's opinions were not representative of the conservative group as a whole.

**Interesting Role of Moderates**

Another interesting element of the relationship between political ideology and support is how those who identified as "Moderate/Mixed Views" rated the various conditions. The means of how these individuals rated the six conditions had a wide range, from a low of 5.78 for "Medicare for All" to a high of 7.36 for "universal health care." These groups are going to be the ones who make the most difference in the political system as these are the swing voters who frequently influence elections, so it is especially interesting to look at which conditions these groups favored. It seems that there are discrepancies between how these groups rated the various plans, so this could be important for leaders who are trying to get the support of the moderate groups who can have the most influence on votes.

This group additionally had interesting results as when examining the significant differences amongst how various political ideological groups rated the plans, "liberals" and "strongly liberals" rated the conditions the same as each other and "conservatives" and "strongly conservatives" also rated the conditions without significant differences from one another, but those who identified as "moderate/mixed views" differed significantly from either the liberal group or the conservative group, depending on the condition. For "Medicare for All" and

"Obamacare," the moderate group's rating varied significantly from the liberal groups' ratings and was not significantly different from the conservative groups' ratings. This is telling, as this implies that depending on the rhetoric used, moderates can either align their opinions with conservatives or with liberals, and as aforementioned, these votes can oftentimes make the difference in such a highly polarized political climate. As for why moderates may have rated these two particular conditions lower to have statistically similar results to the conservative groups because these two conditions are closely tied to specific politicians, Medicare for All being tied to Senator Bernie Sanders, and Obamacare being tied to former President Barack Obama, respectively, which moderates may feel that they should feel more negatively about due to their political party affiliation if they do not identify as Democrats. This would especially make sense for why this group would not rate Obamacare favorably, if they have negative associations with Obama as a president since they may not align with his party affiliation.

**Effect of Satisfaction with Current Health Care Plan**

I also looked at how people viewed the various conditions based on how satisfied they claimed to be with their current health care for themselves and their families. Most people who identified themselves as satisfied with their current access to health care rated all six conditions relatively similarly, with these people rating "Obamacare" and "socialized medicine" the lowest out of the six, without much discrepancy.

Those who claimed to be dissatisfied with their health care, however, rated the conditions with much more disparities in their responses. The dissatisfied individuals rated the "socialized medicine" condition much higher than the rest of the conditions. This could be due to the fact they want a significant change in their health care, and view socialized medicine as that change that they are looking for, while those who are already satisfied with their health care also view

socialized medicine as a significant shift, but do not want to shift their health care significantly, as it is already working well enough for them.

Further, those dissatisfied individuals rated "Obamacare" much lower than the rest of the conditions, which is likely as a result of Obamacare being a relatively recent policy to be enacted that is still very much affecting people's health care. Those who are not satisfied with their health care can easily blame this dissatisfaction on Obamacare, as this is still significantly impacting the health care system as a whole.

**Effects of Key Independent Variables on Levels of Support**

Finally, looking at predictors of level of support which I analyzed through a regression with three key independent variables, education level, satisfaction with current health care level, and political orientation, it was interesting to see that only two of these three factors were predictors of participants' level of support. Satisfaction and political orientation were clear indicators, as those who are less satisfied with their current health care want reform to make their plans better, and those who are generally more liberal also want progressive reform than generally conservative individuals. As for education level, I expected that this would be a clear predictor as well, as typically in American politics those who are more educated oftentimes are more progressive voters. However, as shown in the regression, this variable was not a predictor for how favorably people rated the six hypothetical conditions. Many who had very high levels of education rated the conditions the same as those who had very low levels of education, and those in between the two rated the plans very differently than both extremes. This is interesting as typically, education is a fairly accurate indicator of how people will feel about political issues. This could be a result of my limited sample where most people fell into the higher educated categories, and there were few who were of lower education levels. Another explanation could

be that more highly educated people can usually go one of two ways politically, and either are very progressive or very conservative.

**Conclusion**

Ultimately, my experiment did come up with some significant findings, but at the end of the day there is a lot more that goes into public support of a policy as well as getting the political support to pass than just rhetoric alone. I still believe that rhetoric plays a significant role in policymaking and definitely can have detrimental effects or immense benefits on how supportive the public is in addition to those involved in the policy process. While I do not believe that the Clinton plan would have passed if the rhetorical strategies used were changed, I certainly believe that the Clinton administration would have had better odds in passing the plan if the rhetorical strategies that they chose to use were less controversial. I also think that rhetoric impacted the success of the Obama administration's ability to pass its plan, as this administration took a much safer route with regards to rhetoric and was very intentional in its use of language when discussing Obamacare.

Furthermore, while passing Obamacare was a significant step in terms of United States health care reform, I do not believe that the Obama administration should have had to turn away from promoting universal coverage in the way that it did. While the Obama administration was clearly playing it safe when bringing this plan to Congress, and this strategy ultimately did work, I believe that Obama could have pushed for a more progressive plan if he had wanted to, and still been able to pass it. As discussed, the majority of Americans want universal health care coverage, and Obama could have had the chance to be the one to pass this for those who need it if he had not turned away from promoting a more progressive plan in order to ensure that it passed.

Additionally, I think that the results of my experiment are telling, especially with regards to the label: "universal health care." The majority of Americans are on board with this type of health care reform, and this was backed up by this condition being rated most favorably across the board, as well as many participants writing in their explanations of their support rating that it is crucial that all Americans have access to health care. While this framing was viewed as excessively negative when the Clinton administration utilized it in the early 1990s, it is not viewed in the same way in 2022, as shown by my results as well as other sources that show many Americans favor this type of plan. I think that this label could be a useful tool in the health care reform sphere, and might be worth utilizing.

Even the smaller significant differences that I did find can play a larger role in perception of policies in such a polarized political climate, where every vote truly matters. In specific contexts, the misuse of a rhetorical label could be the difference between a policy passing or not passing. It is certainly important for politicians to consider all of these factors when presenting any proposals, but especially significant for health care specifically as this issue is arguably one of the most contentious in the political arena today.

Ultimately, there are many more factors going into what will make some plans fail and some plans succeed than the use of rhetorical strategies alone, but that was to be expected. This does not mean that rhetoric is not an important factor to consider as well. Politicians definitely need to be more conscious of what language they use to discuss their ideas and proposals to ensure that they are accurately representing what they are trying to promote, and that they do not accidentally utilize rhetoric that people may view as polarizing or with a negative connotation.

It is fundamental to the United States that there is some sort of health care reform soon, as so many are struggling as a result of our current system that is not fit to work for all types of

Americans. This needs to be a priority in the political sphere due to the sheer number of people who are being unfairly affected, especially when it comes to their health and the fact that many people are not able to pay for life-saving health care. This reform cannot be held back by something like rhetoric which people view with negative biases, as it is so important for so many. At the very least, politicians should look into what will help them to promote their reform plans in the most positive way possible so that the most people will be in support of this reform.

As I have discussed throughout, health care is an extremely polarizing issue and requires that extra care be taken when addressing it, as it is so easy for such a contentious issue to create negative biases based on insignificant factors, such as the language used, and not the content of the proposals. It is vital that the next health care reform plan is effective and progressive in terms of providing high-quality care to all Americans in an affordable and otherwise accessible manner, and this requires the politicians working on promoting these plans to ensure that all of the details are the most accurate and least polarizing that they possibly can be.

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**Appendix A:**

**Questionnaire:**

1. Which age range are you in?

   Younger than 18 18-29 30-39 40-49 50-59 60-69 Over 70

2. How would you classify yourself politically?

   Strongly Liberal Liberal Moderate/Mixed Views Conservative Strongly Conservative

3. Which of the following political parties do you identify with, if any?

   Democrat Republican Independent Green Libertarian Other None

4. Which gender do you identify with?

   Male Female Non-binary Prefer not to share

5. Which of the following categories does your estimated household income per year fall into?

   Less than $25,000, $25,000-49,999, $50,000-74,999, $75,000- $99,999, $100,000-$149,999 More than $150,000

6. Which of the following religious groups or beliefs, if any, do you identify with?

   Mainline Protestantism Catholicism Evangelicalism Judaism Muslim Atheism Agnosticism None Other _____

7. Which of the following races/ethnicities do you identify with?

   Black Asian or Pacific Islander Indigineous American Caucasian Latino/Latina Multiracial/Biracial A race/ethnicity not listed here _____

8. Did you vote in the last presidential election?

Yes No I usually do, but not in this election, I thought about voting in this election but did not

9. What is your highest level of education?

   Some high school, high school graduate, some college, college degree, graduate college degree

10. What state do you live in?
11. Would you consider the area you live in to be a city, a suburb, or a rural area?
12. Thinking about the health care quality and access you and your family now have, are you generally:

    Satisfied Partly Satisfied Partly Dissatisfied Dissatisfied

The congressional representative of your district is on a committee which is proposing a new national health care reform bill. Health care is a very prevalent issue in today's political climate, with millions of Americans who are uninsured or underinsured. Medical debt is a significant problem with more than 1 in 3 U.S. citizens carrying debt. Many households are struggling to pay their medical bills, and this is not a new problem. Because of these facts, many people believe that there is a need for legislation passed to ensure that health care is accessible to all Americans.

Supporters of the bill seek to bring _____ to the national healthcare system. These immense changes would affect coverage, quality of care, and costs for all American citizens. On a scale of 1-10, how supportive would you be of your representative voting in favor of this bill?

1 (not at all supportive) 2 3 4 5 6 7 8 9 10 (fully supportive)

Conditions Included:

- Universal healthcare
- Single-payer system
- Medicare for all
- Socialized Medicine
- Obamacare
- Free choice health care

Which, if any, of the following factors influenced your decision in how much you would support the proposed bill?

Cost Distrust of government Smaller budget for other government programs Do not see a need for health care reform Other _____

How high of a priority would you consider health care to be as an issue?

1 (not at all a priority) 2 3 4 5 6 7 8 9 10 (the most important priority)

How important is it to you that people who cannot afford to pay very much have access to health care?

1 (not at all important) 2 3 4 5 6 7 8 9 10 (very important)

How likely would you be to support this bill if it were to raise your taxes?

1 (not at all likely to support) 2 3 4 5 6 7 8 9 10 (very likely to support)