Socialized Medicine in Letters to the Editor:

An Analysis of Liberal and Conservative Moral Frames

A dissertation presented to

the faculty of

the Scripps College of Communication of Ohio University

In partial fulfillment

of the requirements for the degree

Doctor of Philosophy

Margaret A. Romoser

May 2014

© 2014 Margaret A. Romoser. All Rights Reserved.
This dissertation titled

Socialized Medicine in Letters to the Editor:

An Analysis of Liberal and Conservative Moral Frames

by

MARGARET A. ROMOSER

has been approved for

the School of Communication Studies

and the Scripps College of Communication by

Jerry L. Miller

Associate Professor of Communication Studies

Scott Titsworth

Dean, Scripps College of Communication
ABSTRACT

ROMOSER, MARGARET A., Ph.D., May 2014, Communication Studies

Socialized Medicine in Letters to the Editor: An Analysis of Liberal and Conservative Moral Frames

Director of Dissertation: Jerry L. Miller

In an attempt to unravel the reasons behind the political contentiousness and persistence of the term socialized medicine in discussions of health care reforms, I explored the term’s origins and history, frequency in news items, and meanings in contexts. In the following, I present frequency distributions that illustrate the initial emergence of the term socialized medicine in a newspaper article in 1917 and document its continued presence through 2010. I also present the results of a content analysis pilot study of the term in a sample of newspaper articles from 1993 through 2008, which guided my decision to select letters to the editor as the text for analysis in the framing study that follows. I selected letters to the editor written by ordinary citizens from 1993-2010 that include the term socialized medicine in the headline or lead paragraph, and since attitudes about socialized medicine appear to break along political party lines, I evaluated the letters through the lens of George Lakoff’s model of conservative and liberal worldviews as described in his book, Moral Politics: How Liberals and Conservatives Think, first published in 1996 and again in 2001. My analysis reveals common liberal and conservative frames that emerged in 1993 and 1994, during the Clinton presidency, and which continued through 2010. My analysis also indicates an increase in the occurrence of pragmatist frames regarding health care reforms, especially
during and following the 2008 presidential campaign. This study provides support for Lakoff’s theory, and illustrates its potential heuristic value for communication research, particularly in the area of political communication.
DEDICATION

This work is dedicated to my husband, William, our daughters and sons-in-law, my mother, sisters and nieces, and many loving friends for inspiration, cooperation, support, and encouragement throughout this process.
ACKNOWLEDGMENTS

I would like to express my sincere gratitude to my advisor, Dr. Jerry L. Miller, for his unwavering support and encouragement throughout this project. I would also like to thank the members of my doctoral committee, Prof. Austin Babrow, Prof. Judith Yaross Lee, Prof. Raymie McKerrow for their guidance, patience and encouragement, and Prof. Mario Grijalva of the Ohio University Department of Biomedical Science for serving as the Graduate Faculty Representative on my committee.

Additionally I am indebted to husband for his ever-present faith and encouragement as well as years of practical, hands-on support at home that freed my time and mind. I owe a debt of gratitude to my son-in-law, Christopher Lee Vogel, for transforming my data into attractive and informative figures that fit within the boundaries of a single page. Similarly, I owe a debt of gratitude to several colleagues in Communication Studies: Heather Stassen and Anne Gerbensky-Kerber diligently coded hundreds of articles for the content analysis pilot included in this study; Katie Striley and Laura Russell labored with me to interpret the framing pilot. I also want to thank the participants in the framing pilot: William Romoser, Regan E. Welch, Kelley I. Vogel, Frances J. Meeker, Barbara J. Hores, Roberta Ciszewski, Mary Anne and Roland Swardson, Holly Korn, Gilbert Patt, Lindsay Rose and Shannon Lawson.

The vast resources of Ohio University’s Alden Library were made accessible to me through the generous expertise of Communication Librarian, Jessica Hagman.
Lastly, I am indebted to the School of Communication Studies at Ohio University for the welcoming, intellectually stimulating, supportive environment that faculty, staff and students in COMS value, foster and have shared with me during the last seven years.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>iii</td>
</tr>
<tr>
<td>Dedication</td>
<td>v</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>vi</td>
</tr>
<tr>
<td>List of Tables</td>
<td>x</td>
</tr>
<tr>
<td>List of Figures</td>
<td>xi</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Chapter 1: History of Socialized Medicine 1870s - 2008</td>
<td>8</td>
</tr>
<tr>
<td>Chapter 2: Frequency Distributions, Content Analysis Pilot, Text Selection</td>
<td>20</td>
</tr>
<tr>
<td>Chapter 3: Frame Analysis, Framing Pilot, and Metaphorical Analysis</td>
<td>46</td>
</tr>
<tr>
<td>Chapter 4: 1993</td>
<td>8</td>
</tr>
<tr>
<td>Chapter 5: 1994</td>
<td>121</td>
</tr>
<tr>
<td>Chapter 6: 1995-2000</td>
<td>158</td>
</tr>
<tr>
<td>Chapter 7: 2001-2006</td>
<td>203</td>
</tr>
<tr>
<td>Chapter 8: 2007-2008</td>
<td>247</td>
</tr>
<tr>
<td>Chapter 9: 2009-2010</td>
<td>284</td>
</tr>
<tr>
<td>Chapter 10: Framing Socialized Medicine: 1993-2010</td>
<td>340</td>
</tr>
<tr>
<td>Works Cited</td>
<td>376</td>
</tr>
<tr>
<td>Appendix A: Harvard School of Public Health Poll Data</td>
<td>392</td>
</tr>
<tr>
<td>Appendix B: Content Analysis Pilot</td>
<td>398</td>
</tr>
<tr>
<td>Table</td>
<td>Title</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>George Lakoff’s Metaphors of Morality</td>
</tr>
<tr>
<td>2</td>
<td>Political Persuasion in Letters to the Editor in 1993</td>
</tr>
<tr>
<td>3</td>
<td>Political Persuasion in Letters to the Editor in 1994</td>
</tr>
<tr>
<td>4</td>
<td>Political Persuasion in Letters to the Editor in 1995-2000</td>
</tr>
<tr>
<td>5</td>
<td>Political Persuasion in Letters to the Editor in 2001-2006</td>
</tr>
<tr>
<td>6</td>
<td>Political Persuasion in Letters to the Editor in 2007-2008</td>
</tr>
<tr>
<td>7</td>
<td>Political Persuasion in Letters to the Editor in 2009-2010</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

Figure 1: Mentions of Socialized Medicine in American Newspapers 1991-2010 ..........22

Figure 2: Mentions of Socialized Medicine by Presidential Term 1901-2010 ..............24

Figure 3: Health Policy and Program Coverage in Content Analysis Pilot .................30

Figure 4: Issues Related to Health Policy and Program Coverage in Content Analysis Pilot ............................................................................................................................ 32

Figure 5: Values Mentioned in Content Analysis Pilot ...............................................33

Figure 6: Section of the Newspaper in Which Articles Were Published in Content Analysis Pilot ............................................................................................................. 34

Figure 7: Person or Persons Cited in Content Analysis Pilot ......................................36

Figure 8: Documents Cited or Referenced in Content Analysis Pilot .........................38

Figure 9: Argumentation Methods Used in Content Analysis Pilot ............................ 39

Figure 10: Types of Support for Arguments in Content Analysis Pilot .........................40

Figure 11: Audiences Specified, Called to Action, Praised or Blamed in Content Analysis Pilot ............................................................................................................. 41

Figure 12: Paul D’Angelo’s Three-Step Model of Frame Construction ......................55

Figure 13: Illustration of George Lakoff’s Liberal and Conservative Family Models ..76

Figure 14: George Lakoff’s Moral Action Categories ..................................................86

Figure 15a: Conservative Frames in 1993 ................................................................. 118

Figure 15b: Pragmatic Frames in 1993 ...................................................................... 119

Figure 15c: Liberal Frames in 1993 .......................................................................... 119
INTRODUCTION

A notice in our local newspaper read, “If you are interested in learning about how we can provide health care to all Ohioans, join us tonight.” The invitation caught my eye because, as state employees, my husband and I had never worried about health care, but I was surrounded by friends and family who frequently expressed concerns about costs of visits to the doctor, prescription drugs, medical procedures and even acquiring and keeping health care insurance. I did not understand why I paid $2 for most prescriptions, yet they paid hundreds of dollars; or why a friend fretted about the repercussions of a late payment to her health care insurer, or, worst of all; why people in my community held bake sales and begged for donations to pay for needed treatments for their sick children. In sum, I was woefully ignorant of the way health care functioned in the U.S. I was about to get an education.

At the meeting, I met members of a group called Single-Payer Action Network of Ohio (SPAN-OH), whose mission was to educate Ohioans, like me, about the problems with health care and gather support for a state-wide initiative petition for a single-payer system in Ohio. Soon after, I attended a state SPAN-OH meeting and met an informed and energetic group composed physicians, social workers, educators, union representatives, and others who represented every region in Ohio. I joined the organization and for several years participated in a multitude of outreach and legislative lobbying activities. The organization grew slowly but steadily. However, I was often dismayed and confused by many people’s refusal to question, discuss or learn more about problems posed by health care as practiced, and possible solutions to ease others’ pain. I
wanted to understand why so many people, even those who were harmed by the system, would not communicate about it. I needed to learn more about communication.

As a doctoral student in Communication Studies I decided to focus on the most contentious term that I had encountered as a health care reform activist, *socialized medicine*. I had learned that discussions of health care reforms that would provide access to all Ohioans often devolved into controversies in which the term socialized medicine appeared in newspaper articles, editorials and letters to the editor. A recent example of this oft-repeated phenomenon is the controversy surrounding President Barack Obama’s Patient Protection and Affordable Health Care Act which was signed into law on March 23, 2010. The plan survived challenges to its constitutionality following the Supreme Court decision in the case of the National Federation of Independent Business v. Sebelius on June 28, 2012. Other challenges and negotiations continue as the law is contested, repealed or implemented.

Attacks on President Obama’s calls for health care reform began during the 2008 Presidential campaign when Republican candidate Rudy Giuliani criticized Democrat reform plans as “leading to socialized medicine” (Stenhauser). In an interview with *L.A. Times* [CA] reporter Susan Brink, Professor Robert Blendon of the Harvard School of Public Health (HSPH) referred to the term as “a holdover from the 1940s” (Brink). His reference to the 1940s reveals his understanding of the term as it was used pejoratively when President Harry Truman attempted to expand Social Security to include medical care. “We wondered if anyone even knew what it meant anymore,” he added. Blandon’s questions raised others.
Curious about the public’s understanding of the term “socialized medicine,” Blendon and others at the Harvard School of Public Health along with pollsters from Harris Interactive conducted two public opinion surveys in 2008, the results of which can be found in Appendix A. The surveys revealed that among 67% of respondents who said that they understood the term, 45% thought such a system would be better than the current system and 39% thought it would be worse. Respondents were sharply divided along political party lines as 70% of Republicans thought socialized medicine would make the health care system worse and 70% of Democrats thought that socialized medicine would improve it. Of the respondents who self-identified as independents, 45% said socialized medicine would be an improvement, while 39% said it would make the system worse. “It’s still an emotionally charged term for Republicans,” Blendon said. “The phrase itself gets them very angry,” he added. “But Democrats and independents don’t see it as a term that drives them away.” According to Blendon, the term is no longer frightening to most people. “It has sort of morphed in the American mind into making sure everyone has coverage,” he concluded. If the results of those polls accurately indicate that most Americans are warming to some notion of socialized medicine, and if the term has truly lost its power, it is unlikely that it would remain alive in Presidential election campaign speeches, news reports and letters to the editor. Yet, it has.

In an attempt to unravel the reasons behind the persistence of the term socialized medicine in discussion of health care reforms, I began an exploration of the term’s origins and history, frequency in news items and meanings in contexts. In the study that follows I selected letters to the editor written by ordinary citizens from 1993-2010 that
include the term socialized medicine in the headline or lead paragraph as my text. Since
the HSPH surveys indicated that attitudes about socialized medicine appear to break
along political party lines, I evaluated the letters through the lens of George Lakoff’s
model of conservative and liberal worldviews as described in his book Moral Politics:
How Liberals and Conservatives Think, which was first published in 1996 and again in
2001. Research in communication has steadily invoked Lakoff’s work as scholars
examine women’s roles (Foust; Hayden), political labels and symbolism (Jarvis),
immigration reform (Levasseur, Sawyer, and Kopacz), meaning in organizational
communication (Hogler, et al.), and the framing of the war on terrorism (Spielvogtel).
Lakoff’s theory of liberal and conservative worldviews provides a theoretical foundation
and rationale for assumptions about gender roles, communication in organizations, who is
considered family in immigration debates and other areas of communication. This study
will add to that body of literature by examining discussions of health care in letters to the
editor in terms of Lakoff’s model of conservative and liberal moral frames.

Lakoff, a cognitive linguist, was working on metaphors for morality in the United
States during the 1994 elections, when Republicans took control of both houses of
Congress. “Using analytic techniques from cognitive linguistics,” Lakoff claims, “I
could describe the moral systems of both conservatives and liberals in detail, and could
list the metaphors for morality that conservatives and liberals prefer” (11). What Lakoff
discovered was that liberals and conservatives use similar metaphors for morality, but
with different priorities.

Understanding each prioritization of metaphors for morality, according to Lakoff,
“explains why liberals and conservatives seem to be talking about the same thing, but
reach opposite conclusions --- and why they could seem to be talking past each other with little understanding much of the time” (12). Lakoff theorizes that liberals and conservatives ascribe to two different models of the family, the conservative Strict Father and the liberal Nurturant Parent, which, when expanded beyond the family to the nation, establish standards for moral behavior expected by both citizens and political leaders.

According to Lakoff, liberals and conservatives both adopt the metaphor of the Nation as Family, but with oppositional views on the appropriate relationship between citizens and government. Social programs provided by the government occupy a particularly complex point of conceptual conflict, Lakoff contends, because Strict Father conservatives believe that adult citizens have the duty to care for and provide for themselves as much as possible and that needed services should be provided by competitive, private free-markets. In the rare case that someone cannot afford those services, through no fault of their own, Strict Father conservatives expect private and religious charities to meet the need without government involvement. On the other hand, Lakoff’s liberal Nurturant Parents believe that government plays a crucial role in protecting citizens and providing for collective well-being. They believe that the purpose and role of business to make profits is by definition incompatible with functions necessary to ensure many aspects of public health and welfare. There are, of course, variations on these two central models which I will discuss in future chapters.

Using Lakoff’s model as a guide by which to understand more about the impact of the term socialized medicine in public deliberations about health care reform as articulated in letters to the editor, this study will describe, explain and respond to the following questions:
What frames emerge as revealed by conceptual metaphors used in letters to the editor that refer to socialized medicine in 1993-1994? My study begins with President Clinton’s plans to reform health care, when public opinion polls and letters to the editor indicated that reforms were needed, but proposed solutions were contested.

Have those frames changed or new frames emerged between 1993 and 2010? Following the collapse of the Clinton health care reform efforts, Republicans dominated both Houses of Congress and the Presidency until the election of President Barack Obama in 2008. GOP attempts to rein in health care expenditures by government placed additional burdens on consumers, which were reflected in hundreds of letters to the editor before and during the 2008 presidential campaign and beyond.

What are the practical and theoretical implications of this frame analysis for our understanding of public deliberations of health care reform? Health care is a topic of great importance to every sector of American society from individuals to businesses, institutions and governments. Deeper understanding of how and why framing of public deliberations of health care facilitates, mediates or thwarts needed reforms has practical and theoretical value for conflict resolution and political progress.

What is the general heuristic value of Lakoff’s model for communication research? Lakoff’s model and his premise that much of human reasoning is a function of conceptual metaphors, such as the common conceptualization of morality in terms of debts owed or paid, have direct relevance for communication research (5). For example, words, according to Lakoff, are defined according to conceptual frames; correspondingly, words evoke frames, therefore, frames, used strategically, can enhance or limit communication (419-420).
My efforts begin in Chapter 1 with a brief history of the concept and origination of the term socialized medicine. In Chapter 2 I present frequency distributions that illustrate the initial emergence of the term socialized medicine in a newspaper article in 1917 and document its continued presence through 2010 as identified in three database searches. I also present the results of a content analysis pilot study of the term socialized medicine in a sample of newspaper articles from 1993 through 2008, which guided my decision to select letters to the editor as the text for analysis. In Chapter 3 I provide a review of framing research and the results of a framing pilot study, the results of which lead me to consider metaphorical analysis as a methodological tool. Lastly, I describe Lakoff’s model and its relevance for this study. In Chapters 4 – 9 I present the results of my analysis of letters to the editor written by ordinary citizens from 1993-2010 and published in major American metropolitan newspapers. I conclude the study in Chapter 10 with a discussion of how this frame analysis contributes to an understanding of how writers and readers of letters to the editor construct meaning about health care reform in the context of socialized medicine and how this study contributes to framing theory and communication scholarship in general.
CHAPTER 1:

HISTORY OF SOCIALIZED MEDICINE: 1870s to 2008

During the fifty years between 1870 and 1920 scientific, political and social events occurred that continue to evolve in 21st century discourses about health care reform in America. According to Richard Shryock, impressive accomplishments in science and medicine in Europe during that time created unprecedented expectations of and demand for medical services (273). Politically, the growing popularity of the Social Democratic Party in Germany in the late 1800s was perceived as a threat to the monarchy by then-Chancellor Otto von Bismarck (1). Bismarck introduced his programs of compulsory health insurance, accident insurance, disability insurance and retirement pensions as a means to increase economic productivity and redirect German workers’ attention toward support of the monarchy and away from the promises of the German Socialists, according to William H. Dawson (2) and Dürr, Harms and Hayes (9-10). To avoid antagonizing conservatives in the Reichstag, Bismarck framed his program as “practical Christianity” or “Staatssozialismus,” by which government, business and labor could provide general welfare programs and at the same time retain the power and influence of the monarchy (Busch 282). Similar programs were soon adopted in Great Britain and other European countries (Shryock 385). However, the provision of social services in the United States at the time was taking a decidedly different turn.

In the American South the Civil Rights Act of 1875 was struck down by the Supreme Court in 1883 enabling a system of pervasive and strictly enforced racial segregation that included provision of health care (Boychuk 23). Therefore, following
Emancipation and the failure of Reconstruction, four million freedmen, uneducated and in poor health, and with few material resources were abandoned to a segregated system of white capitalist or charitable medical care (Rice, and Jones xii; Savitt 70).

Two decades later in 1906 social progressives in the American Northeast, following trends in Europe, founded the American Association for Labor Legislation (AALL). AALL sought to improve the public health and welfare of American workers by securing legislation to compensate workers for industrial accidents and to combat industrial diseases such as “phossy jaw,” which was caused by exposure to phosphorus in the match industry (Numbers 16). Other early efforts to improve public health emerged from the natural resources conservation movement during the Presidency of Theodore Roosevelt. According to Shyrock, European ideals of sanitary reform and Victorian motives of humanitarianism melded with American motives of conservation and national interest. In the minds of social progressives the role of the government was changing to accommodate the idea that the health of an individual was a matter of social as well as personal concern (404). Although President Theodore Roosevelt had supported public health reforms as part of his overall conservation efforts, Shyrock comments that indifference in the U.S. Congress prevented any significant federal action (405). Later, during the Presidential election campaign of 1912, Theodore Roosevelt abandoned the Republican Party and joined the Progressive Party, which became known as the Bull Moose Party. The Bull Moose Platform was popularly known as “The Square Deal” and for the first time in American politics included a plan for health insurance to be provided to all Americans (Starr 243).
Encouraged by the passage of the British National Insurance Act in 1911, political progressives in the United States, many of whom were physicians, public health workers and labor leaders, organized a year later to promote a program of compulsory health insurance for workers that they believed would help address social problems associated with disease, illness, unemployment and old age (Numbers 1-13). By 1916, progressives had developed a model compulsory health insurance bill to present to legislators in New York, New Jersey and Massachusetts. The anticipated merits of government-sponsored health care, especially in wartime, were also being presented to the public and reported by the press.

In an article in the *New York Times* on July 1, 1917, entitled “World at War Is Facing a Shortage of Doctors,” Dr. Otto P. Greier of Cincinnati, Chairman of the Preventive Medicine Section of the American Medical Association, commented on the crucial importance of disease prevention and preservation of health on the home front, when many of the nation’s physicians were serving the military in WWI. Dr. Greier framed his public health recommendations in the context of changing roles and responsibilities of physicians to their patients and the community at large:

> It is evident that for all time the doctors have passed beyond the stage of the absolutely individual and personal relationship of family physician and patient to one where the community steps in to protect itself against any abuse of the old circumscribed relationship, and demands collective action in matters of health for the benefit of all (62).

He accurately noted that serious public health threats were arising primarily in crowded urban tenements and in industrial settings in which physicians could treat, but not prevent, widespread disease and injury. Public health and safety, Greier argued, could only be achieved by provision of affordable health care provided by “Health
Departments” and by increased emphasis on worker health and safety via improved industrial hygiene. Greier concluded his remarks with the first mention of the term “socialized medicine” in an American newspaper:

This type of socialized medicine will be intensively preventive. It will discover disease in its incipiency; it will prevent loss from illness. It will attack directly such problems as bad housing, venereal diseases, alcoholism, tuberculosis, and thereby make a fundamental contribution to social welfare (62).

Greier’s optimism reflected that of other progressives of the time who anticipated American adoption of European social welfare programs. But the war in Europe diverted public and political attention away from domestic concerns while forces antagonistic to the bill gathered strength.

After WWI the model compulsory health insurance bill faced organized and energetic opposition from many former supporters. According to Numbers, labor leader Samuel Gompers rejected compulsory plans as “paternalistic” threats to workers’ hard-won “emancipation” and argued that what workers needed most was higher wages; physicians railed against the evils of “state medicine” that sought to control their patient load and compensation, and; state boards of health in the rural South were concerned about issues of race and the costs of provision of services to agricultural and domestic workers who were mostly black (Numbers 39, 97-109, 22).

However, “By far the strongest opposition to compulsory health insurance came from the commercial insurance companies, which AALL had deliberately excluded from serving as carriers” (61). To combat AALL, the insurance companies created the Insurance Economics Society of America which subsequently produced over a dozen Bulletins, which included contributions by Frederick L. Hoffman, attacking compulsory
health insurance (62). Hoffman, a statistician for the Prudential Life Insurance Company and the country’s foremost authority on industrial diseases, echoed commercial insurance companies’ portrayals of compulsory health plans as “not in conformity to our American methods of government” (60).

Leading up to and following the war with Germany, public attitudes became increasingly negative and antagonistic to anything of German origin. Opponents of compulsory health care, particularly physicians, were vigorous and successful in building a strongly negative association between social health insurance and its German origins. Physician John J. A. O’Reilly energized the opposition in 1919 with his characterization of compulsory health insurance as “an Un-American, Unsafe, Uneconomic, Unscientific, Unfair and unscrupulous [sic] type of Legislation” (qtd. in Numbers 93). Importantly, Numbers reports that many physicians had gained experience with social health insurance during the War when states expanded existing workers’ compensation plans to include medical benefits that were administered by commercial insurance companies (114).

Medical professionals accused the insurance companies of paying sub-standard fees and authorizing inadequate medical care, and vowed to fight “state medicine” declaring in the following resolution:

The American Medical Association hereby declares its opposition to all forms of “state medicine,” because of the ultimate harm that would come thereby to the public weal through such form of medical practice. “State medicine” is hereby defined for the purpose of this resolution to be any form of medical treatment, provided, conducted, controlled or subsidized by the federal or any state government, or municipality, excepting such service as is provided by the Army, Navy or Public Health Service, or Public Health Service, (qtd. in Numbers 108).
The passage of this resolution in 1922 ended the AMA’s brief engagement with reform and solidified the organization’s opposition against any government forays into the realm of the private practice of medicine.

Following WWI anti-insurance rhetoric wedded social health insurance to European socialism. The linkage of socialism to compulsory health insurance plans was accompanied by the accusation that plan supporters were un-American, making support for such plans socially and politically risky for a decade.

Strong resistance to government involvement in health care reform, expansion or regulation weakened only when economic pressures brought widespread hardships. For example, the difficulties that accompanied the economic crash of 1929 activated calls for national health insurance, but President Franklin D. Roosevelt failed to endorse a national health care plan, opting instead for a program of old age insurance as part of his “New Deal.” President Harry S. Truman attempted to revive the struggle for universal health care in his November 19, 1945 address to Congress with the caveat that his plan was “not socialized medicine:”

None of this is really new. The American people are the most insurance-minded people in the world. They will not be frightened off from health insurance because some people have misnamed it “socialized medicine.” I repeat—what I am recommending is not socialized medicine. Socialized medicine means that all doctors work as employees of government. The American people want no such system. No such system is here proposed (“Truman”).

Nonetheless the plan was attacked by the AMA as “socialized medicine” and defeated. The AMA continued its attacks against government involvement in health care with the establishment of an office in Washington, D.C. for political action, and employment of a powerful public relations firm dedicated to battling any plan for nationalized,
compulsory, prepaid medical insurance, according to Frank Campion, former director of communications and authorized historian of the AMA (159). However, forces of social change in the U.S. and in Canada were altering the public’s perceptions of the role of government in many aspects of life including health care.

In 1952 Presidential candidate, Dwight D. Eisenhower, campaigned against any form of national health care. But following his election, he outlined his proposals for government action to improve the lives of Americans in many areas including housing, education and health care. His public/private health reinsurance program promised to address the “high and ever-rising costs of health services . . . [and] serious gaps and shortages in these services” (“Eisenhower”). According to the Associated Press, the proposal was rejected by the U.S. House on July 13, 1954 (“A Historical”). The following day at a press conference Eisenhower assured listeners that he would “continue to reject socialized medicine,” but fight for the “Federal health reinsurance service” that would encourage the development of more private health insurers. Despite Eisenhower’s assurances, the Senate refused to hear the proposal. According to Campion, Eisenhower was philosophically in sync with the AMA and private health insurance organizations, so his proposals were not framed as “socialized medicine” in newspaper headlines (187). Neither the AMA nor private insurance organizations welcomed any proposals for government involvement in health insurance; clearly those attitudes were felt in the halls of the U.S. Congress.

Other headlines were being made, however, and conflict at the intersection of civil rights and health care was on the horizon. According to Boychuk, anti-segregation laws began to infringe on states’ rights and were perceived as a threat to the racial status
quo in the South (6). In spring of 1954 the U.S. Supreme Court ruled in Brown v. Board of Education (1954) that “segregated educational facilities are inherently unequal” and ordered that public schools be integrated (“Brown”). The order was widely ignored, but violence against blacks in the South escalated prompting federal action. In 1957 Eisenhower was forced to use federal troops to oversee integration of a public high school in Arkansas, after which integration of public schools continued more smoothly, in part because many whites moved their children into private schools (Kruse 239). White flight from public schools and urban neighborhoods was not restricted to the South and wherever it occurred whites took their affluence with them. Commercial developments including health care facilities naturally followed the flight to suburbia (Kruse 242-243; Lipsitz 372; Quadagno 204). Thus, as equitable educational opportunities increased for blacks in the U.S., access to health care, other than in urban hospitals, was decreasing. By contrast, America’s neighbor to the north was taking steps to ensure access to health care for all.

In 1958 the Canadian National Hospitalization and Diagnostics Act was passed and provided federal aid for provincial hospital insurance programs charged to provide complete hospital care to all residents “on uniform terms and conditions” (Armstrong 2). Canadian political and social practices designed to serve the public equitably sharply contrasted with common practices in the U.S., where as Boychuk observes, “the politics of public health insurance became inevitably entwined with civil rights (6). As Campion notes, providing medical care for the poor and the elderly proved difficult and continued to evolve as a political issue as the 1960s approached (177). Americans could not ignore the destructive racial and economic disparities that were all too common in the U.S.,
especially in light of communitarian social practices implemented by the Canadian
government.

The call for health care reform sounded again when President John F. Kennedy
lobbied for an extension of Social Security to provide health care for Americans over 65
years of age. But strong resistance from private insurance companies and AMA charges
of “socialism” resulted in failure of the bill to pass (“John F. Kennedy”). In the wake of
the brief Kennedy administration, President Johnson’s “Great Society” included
legislation for Medicare to provide health care for Americans over 65 years of age and
Medicaid health insurance for the poor. Both programs passed conservative muster in
part by virtue of exemptions to the Civil Rights Act of 1964 which permitted individual
physicians to discriminate in their acceptance of patients (Smith 7). Continuing
Republican resistance to Medicare and Medicaid legislation received little newspaper
attention until rising health care costs in the 1980s and early 1990s again aroused public
concerns. The depth of public concern about health care cost and security escaped
political attention until the surprising election of Democrat Harris Wofford in
Pennsylvania’s 1991 U.S. Senate race (Hacker 11). Wofford’s election was a surprise
because polls at the time showed him trailing his Republican opponent, Richard
Thornburg, by about 40 percentage points. Subsequent polls by Wofford’s campaign
staff revealed grave public concern about health care. That knowledge encouraged
Wofford to champion his support for national health insurance, and the tactic worked.
Exit polls indicated that national health insurance was among the top two concerns of
Pennsylvania voters regardless of income or political affiliation. For the first time in
health care reforms history, the call for reforms was originating from the public, not elite
policy makers, and candidates, including Bill Clinton, listened and acted (Hacker 42-67). Not surprisingly, following his election, Clinton authorized a task force to develop a health care reform plan.

On September 22, 1993, President Clinton addressed a joint session of Congress and announced his plan to introduce a proposal for universal health care that would provide access to health care to all Americans (Hacker 142). According to Hacker, Clinton chose the term “universal health care” to give the appearance of supporting both the “single-payer” advocates and the more conservative “play-or-pay” advocates in the Democratic Party (112). That choice of wording, however, plus Clinton’s deliberate reluctance to discuss the details of his proposal contributed to great confusion among the initially enthusiastic public. The “single-payer,” Canadian-style plan advocated by liberal Democrats had only recently been part of American political discussions of health care reform and was not well understood by the American public. Conservative Democrats’ proposals of “play-or-pay” and Republicans’ proposals for “tax-credit plans” appeared less ambiguous, according to Hacker, but neither were well understood by the public. A week following the Clinton announcement a poll by the Harvard School of Public Health revealed that almost half (42%) of respondents knew little or nothing about health care reform in general, and a similar number of respondents said that they did not understand Clinton’s proposal at all or very little (143). The absence of detailed explanations about how Clinton’s proposal would be enacted left a confused public and a communication vacuum that was rapidly filled by opponents of the proposal.

Despite task force efforts and initial public support the Clintons’ health care reform proposal faced affluent and effective critics such as the Health Insurance
Association of America (HIAA), the National Federation of Independent Business (NFIB) and the AMA. These organizations spent an estimated 3 million dollars in advertising designed to inspire fear and doubt about possible reforms via the now infamous *Harry and Louise* television advertisements (Bok). The ads portrayed a middle-aged, middle-class couple discussing the pros and cons of health care reform. Within the dialogue actors discussed concerns about rising costs, ballooning government bureaucracies and loss of individuals’ rights to choose their own physicians. The ending tag line, “They choose, we lose,” became a frequently repeated slogan of the HIAA and NFIB anti-reform campaign. Middle-class Americans, who were insured by virtue of employment or retirement plans, were encouraged by these messages to fear loss of choice accompanied by increasing bureaucracies and costs as a likely result of health care reform (Bok).

Congressional criticism grew as Republicans derided the plan as “government-run medicine,” and an attempt to turn over “one-seventh of [the] economy” to the government (Hacker 149). Media criticism also increased and allegations persisted that Clinton’s plan represented a government takeover of medicine, despite factual evidence to the contrary. And letters to the editor at the time and through 2010 reflect public confusion and disagreement about the meanings and implications of the term socialized medicine.

In summary the early 20th century saw the words *socialized* and *medicine* combined and employed as a derogatory descriptor of any program of medical service or health insurance provided by government in the U.S. Since then attempts by progressives to provide health care to Americans by any method other than private health insurance
has met with staunch resistance from conservatives who embrace free-market capitalism and abhor perceived risks posed by socialized medicine (Conrad and Millay 154-156). Additionally, health care reform has been complicated by “class fears and moral outrage . . . of middle- and upper-income taxpayers toward welfare recipients [and] . . . inner-city, substance-abusing blacks” (Kruse 263). As Kruse notes, “the modern conservative agenda---the secessionist stance toward the cities, the individualistic outlook, their fervent faith in free enterprise, and the hostility to the federal government---was first articulated and advanced in the resistance of southern whites to desegregation” (266).

Contributing to the problem of access to health care, modern technological advances and globalization resulted in losses of millions of manufacturing jobs, forcing workers who had formerly earned middle-class wages with health insurance benefits to accept service jobs at diminished wages with few, if any, benefits (Shulman). These developments re-energized the public’s call for health care reform and contributed to the reemergence of health care as a campaign issue in the 2008 Presidential campaign.

This brief history of the term socialized medicine is not intended to be exhaustive but provides a backdrop for the dynamic interactions to be explored in the following chapters. In Chapter 2 I discuss the frequency of occurrence of the term socialized medicine in major U.S. metropolitan newspapers, the results of a content analysis pilot study of newspaper articles, and the reasoning behind my decision to use letters to the editor as my text for analysis.
CHAPTER 2:
FREQUENCY DISTRIBUTIONS,
CONTENT ANALYSIS PILOT, TEXT SELECTION

Although I introduced my research questions and theoretical framework previously, the path to that clarity involved an initial exploration of public deliberations surrounding health care reform. The first step toward my final research topic began with a simple count of newspaper articles that mentioned socialized medicine to find out when the term was first mentioned in an American newspaper and to what extent it persisted. That effort lead to a content analysis pilot study to capture the manifest content of the articles. I wanted to know what health policy terms, what related issues, what values, what sources and other types of information typically were mentioned in articles about socialized medicine. It was from this analysis that I was able to determine which type of article (i.e. Letters to the Editor) was deserving of future research.

Frequency Distributions

To understand the duration and frequency with which the term *socialized medicine* has appeared in major U.S. metropolitan newspapers in previous years, I conducted a database search of the number of occurrences of the term in the lead or first paragraph of American newspaper articles as documented from 1991 to 2010 in three newspaper databases which include data after 1985. The option of headline and/or lead paragraph was one of the search filters offered in the databases, and I limited the search to headlines and lead paragraphs in an effort to isolate articles that contained discussions of socialized medicine and not simply a mention of the term. Moreover, the use of headlines and lead paragraphs, a strategy referred to as proxy, is common in content
analysis and framing research (Bennet; Davenport; McAdam). The results of the database searches of *America’s Newspapers*, *LexisNexis* and *Dow Jones Factiva* are presented in Figure 1.
Fig. 1. Mentions of socialized medicine in American newspapers from 1991 to 2010.
This figure illustrates that occurrences were frequent in 1993 and 1994 during the Clinton health care reform debates, dropped to low levels during the years that the U.S. Congress was dominated by the Republicans and President G. W. Bush, then jumped in 2007 at the start of the 2008 Presidential campaign, and continued at high levels during the Obama health care reform efforts. This frequency distribution indicates that the occurrence of the term *socialized medicine* in newspaper articles is highly correlated with presidential politics.

To explore that correlation more carefully, I constructed a frequency distribution of the occurrence of socialized medicine as a function of Presidential terms. Figure 2 illustrates the number of documents in which the term socialized medicine appeared in articles, editorials or letters to the editor by Presidential term in five major metropolitan American newspapers according to Proquest Historical from 1901-1989 and from 1989-2010 according to America’s Newspapers, LexisNexis and Dow Jones Factiva.
Fig. 2. Mentions of socialized medicine by presidential term from 1901 to 2010.
This figure indicates that most occurrences of the term appear during Democrat terms, i.e. F. Roosevelt, Truman, Kennedy, Johnson, Clinton and Obama. But mentions have also occurred during the Republican terms of Dwight D. Eisenhower, G. H. W. Bush and G. W. Bush. However, the prevalence of occurrences during the G.W. Bush years is somewhat misleading. It is important to remember that that distribution was skewed, as Fig. 1 illustrates, due to the increase in occurrences of socialized medicine during the 2008 election campaign. Together these figures illustrate that the term socialized medicine has been present in newspaper articles consistently since its first appearance in 1917, and that its use appears correlated with periods of time when Democrats held political power, even though, as mentioned in Chapter 1, Republican presidents like Eisenhower, have proposed health care reforms that were similar in some ways to those proposed by the Democrats. This correlation alone, however, does not clarify who, Democrats, Republicans or both, is talking about socialized medicine, or what other topics are associated with it.

Armed with the information that frequency distributions provide, I decided to focus my attention on the most recent health care reform debates, beginning with those during the Clinton administration and continuing through the 2008 presidential campaign. To learn more about the content of newspaper articles that mentioned socialized medicine during that time frame, I collected a random sample of newspaper articles and conducted a content analysis pilot study, the results of which I discuss in the following chapter.

Content Analysis Pilot

Having collected basic frequency data, the next step in my exploration of socialized medicine was to identify the words and phrases most commonly associated
with it in newspaper articles, editorials and letters to the editor. To that end I conducted a content analysis (CA) pilot study of the term socialized medicine as it appeared in the headline and/or lead paragraph of a random sample of newspaper articles drawn from metropolitan American newspapers between 1993, during the Clintons’ efforts to reform health care, and 2007 when candidate Obama integrated health care reform into his campaign rhetoric. The content analysis pilot study enabled me to identify words, phrases, and other information commonly associated with the term socialized medicine, and lead to the focus and definition of my dissertation research.

Content Analysis

Content analysis is a research method in mass communication that is a systematic, objective and qualitative way of studying variables in communication messages (Wimmer and Dominick 103-105). Necessary steps in a content analysis study include: Forming a research question, defining the population, selecting a sample, defining the unit of analysis, determining categories of content to be analyzed and a system of quantification. To ensure validity and reliability the researcher must develop a code book of variables and train others to code the content. The researcher then analyzes the coded data.

For example, in this pilot study the research questions include what words and/or phrases are most frequently associated with the term socialized medicine? What values are represented? What sources and types of support are present? In what sections of the newspapers are mentions of socialized medicine published? And what kinds of argument constructions are employed? The population in this study is all newspaper articles published in major metropolitan newspapers between 1993 and 2007 that contain the
term socialized medicine in the headline and/or lead paragraph. I chose the years between 1993 and 2007 so as to describe representations of the term socialized medicine in newspaper articles that appeared in U.S. major metropolitan newspapers beginning with President Clinton's attempts to reform health care and ending prior to the 2008 Presidential election. From the total of 2698 articles found in *America’s Newspapers*, *LexisNexis* and *Dow Jones Factiva*, I used the systematic sampling approach described by Pedhazur and Schmelkin (330-331) and selected every fifth item, in chronological order to acquire a sample of 520 articles.

I developed a content analysis codebook that included coder identification, information about the text, such as publication name, city and state, date, section of the newspaper in which the article appeared, number of paragraphs and sources cited. The codebook also included 17 terms/phrases commonly associated with health policy or program coverage such as Medicare, Medicaid, fee for service and private health care. I included an additional 17 terms or phrases that referred to related issues such as risk pool, taxes, quality of care, competition and accountability, among others. Following the health policy, program and related issues sections, the codebook contained questions about sources cited, argument construction, types of support, values represented and audience, all of which contained an open-ended “other” option. The instrument was placed on Survey Monkey and included definitions and examples to assist coder decision-making. The instrument required coders to indicate presence or absence of terms or concepts and evaluate the positive, negative and/or descriptive tone of discussion. A sample of the survey is included in Appendix B.
Several possible coders, doctoral students in Communication Studies, were trained and given a subsample of 37 articles to code on SurveyMonkey.com. The instrument was then revised and shortened. The two coders that demonstrated the greatest intercoder reliability, at .97-.99, were re-trained on questions for which intercoder reliability was less than .75. Six of the original 37 intercoder reliability articles were used with the revised code sheet for retraining to establish greater intercoder reliability. Following the second training, coders achieved inter-coder reliability of 94% using Holsti’s formula (138-141). The coders then each analyzed half of the 520 selected newspaper articles and recorded information on Survey Monkey, which provides preliminary data analysis. Coders were instructed to code for presence or absence of terms and phrases in the code book and to note others that they observed.

Content Analysis Results

The content analysis data summary is provided in Appendix B and indicates a total data set of 470 articles analyzed of the original sample of 520. In the process of coding the 520 articles coders were instructed to cull duplicate articles and others that merely mentioned socialized medicine in passing, or as part of a list, or in any situation in which the article contained too little information to record. Of the final 470 articles, approximately 40 percent came from the America’s Newspapers database, 31 percent from LexisNexis and 29 percent from Dow Jones Factiva. The average number of paragraphs in each article was 10.6.

Key terms and phrases most commonly associated with the term socialized medicine are of particular relevance to this study. For example, in the category of Health Policy and Program Coverage (Fig. 3), the terms most often associated with socialized
medicine were private health care, Medicare, Canadian health care, international health care, universal coverage, Medicaid, HMO (Health Maintenance Organization), and single payer. Though present, these terms occurred in just 15-32% of the 470 articles. By comparison and also of interest is the near absence of terms that could reasonably be expected to appear amidst discussions of health policy. For example, terms such as portability, guaranteed issue, medical savings accounts, fee for service, guaranteed renewability, PPO (Planned Provider Organization), CHIP (Children’s Health Insurance Fund), and SCHIP (State Children’s Health Insurance Fund) were absent in 95-99% of the 480 articles.
Fig. 3. Health policy and program coverage in content analysis pilot.
However, a higher percentage of terms in the category of Related Issues shown in Figure 4 were associated with *socialized medicine*. For example, the terms *government involvement* and *cost* occurred in 79% and 67% of articles respectively that also mentioned *socialized medicine*. Close behind at 61% was *health care reform*. Quality of *health care* was cited in 38% of articles and taxes in 30%. Other terms including *competition* and *bureaucracy* occurred in 16% of articles and grouping in the mid-teens were *choice*, *guaranteed access*, *personal responsibility*, and the *uninsured* and *underinsured*. 
Fig. 4. Issues related to health policy and program coverage in content analysis study.
The content analysis study also indicates what values are mentioned in association with the term *socialized medicine*, as illustrated in Figure 5. For example, writers mention *freedom* most frequently, followed by *equality*, *fairness*, *opportunity* and *community*. Mentioned less often are *individual accountability*, *achievement* and *patriotism*.

<table>
<thead>
<tr>
<th>Value</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom</td>
<td>58.6%</td>
<td>275</td>
</tr>
<tr>
<td>Equality</td>
<td>45.4%</td>
<td>213</td>
</tr>
<tr>
<td>Opportunity</td>
<td>35%</td>
<td>164</td>
</tr>
<tr>
<td>Fairness</td>
<td>37.3%</td>
<td>175</td>
</tr>
<tr>
<td>Achievement</td>
<td>17.7%</td>
<td>83</td>
</tr>
<tr>
<td>Patriotism - American Superiority</td>
<td>10.7%</td>
<td>50</td>
</tr>
<tr>
<td>Individual Accountability</td>
<td>18.8%</td>
<td>88</td>
</tr>
<tr>
<td>Community</td>
<td>28.8%</td>
<td>135</td>
</tr>
<tr>
<td>Other</td>
<td>5.3%</td>
<td>25</td>
</tr>
</tbody>
</table>

Fig. 5. Values mentioned in content analysis study.
Of the 470 newspaper articles in the content analysis study, 52% (245) were letters to the editor (Figure 6). Clearly the use of the term *socialized medicine* is much more common, and perhaps meaningful, among writers of letters to the editor than among reporters, advocates and experts whose articles are published in other sections of the newspapers.

<table>
<thead>
<tr>
<th>Section</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>1.3%</td>
<td>6</td>
</tr>
<tr>
<td>International</td>
<td>1.5%</td>
<td>7</td>
</tr>
<tr>
<td>Letter, Letter to Editor</td>
<td>52.1%</td>
<td>245</td>
</tr>
<tr>
<td>National</td>
<td>3.4%</td>
<td>16</td>
</tr>
<tr>
<td>News</td>
<td>11.5%</td>
<td>54</td>
</tr>
<tr>
<td>Sports</td>
<td>0.2%</td>
<td>1</td>
</tr>
<tr>
<td>Unknown, Can't Identify</td>
<td>6.6%</td>
<td>31</td>
</tr>
<tr>
<td>Unknown, Magazine</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>23.4%</td>
<td>110</td>
</tr>
</tbody>
</table>

Fig. 6. Section of the newspaper in which articles were printed in content analysis pilot.
Below, Figure 7 indicates that in most cases no person was cited as a source in the articles. When persons were cited 23% were representatives of the federal government, 12% were medical professionals and another 12% were independent policy institutes and foundations (which in this graph have been collapsed with “all other sources”) and 9% were state government sources. Average citizens were cited in 6% of articles and insurance representatives and small business representatives were cited in 1-2% of articles.
<table>
<thead>
<tr>
<th>Category</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Source Cited</td>
<td>40.6%</td>
<td>191</td>
</tr>
<tr>
<td>Government Office - City</td>
<td>1.3%</td>
<td>6</td>
</tr>
<tr>
<td>Government Office - State</td>
<td>9.4%</td>
<td>44</td>
</tr>
<tr>
<td>Government Office - Federal</td>
<td>23%</td>
<td>108</td>
</tr>
<tr>
<td>Medical Professional</td>
<td>11.7%</td>
<td>55</td>
</tr>
<tr>
<td>Insurance Representative</td>
<td>2.3%</td>
<td>11</td>
</tr>
<tr>
<td>Pharmaceutical Representative</td>
<td>0.2%</td>
<td>1</td>
</tr>
<tr>
<td>Other Large Business Representative</td>
<td>0.6%</td>
<td>3</td>
</tr>
<tr>
<td>Small Business Representative</td>
<td>1.3%</td>
<td>6</td>
</tr>
<tr>
<td>Average Citizen</td>
<td>6.2%</td>
<td>29</td>
</tr>
<tr>
<td>Economist</td>
<td>2.6%</td>
<td>12</td>
</tr>
<tr>
<td>Hospital/Clinic Administrator</td>
<td>2.8%</td>
<td>13</td>
</tr>
<tr>
<td>Independent Policy Institute/Foundation</td>
<td>11.9%</td>
<td>56</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>16.6%</td>
<td>78</td>
</tr>
</tbody>
</table>

Fig. 7. Person or persons cited in content analysis pilot.
The results in Figure 8 reflect those in Figure 7 in many respects. In 37% of articles no document was cited as a source. Federal government documents were cited most often at 20%, followed by state government or independent policy or advocacy group documents at 7%, political advertisements or speeches at 6% and medical journals or documents at 3%.
Fig. 9 illustrates that 66% of arguments were presented as persuasive appeals to reason or emotion, followed by 60% convincing and case-making. Arguments of inquiry were present in 30% of articles and of mediation in 16%.
Figure 10 illustrates that in 54% of articles the type of support for an argument came from examples and case histories about individual or organizational experiences. Statistics were cited in 47% of articles and expert testimony in 44% of articles. Lay testimony, personal experiences and patient experiences were cited in 27% of articles.
Fig. 10. Types of support for arguments in content analysis pilot.

On the question of what audiences were specified, called to action, Decision Makers by group were the most often cited in all cases as Fig. 11 illustrates.
Fig. 11. Audiences specified, called to action, praised or blamed in content analysis pilot.
Decision Makers were most often specified, blamed and called to action. Liberals were second most frequently specified and blamed, followed by conservatives. And on the question of who was called to action, the General Public was second only to Decision Makers.

The content analysis pilot was informative and surprising in several aspects. Most surprising was that so few of the terms in the category of Health Policy and Program Coverage were mentioned in the articles. In the category of Related Issues I was not surprised to find that government involvement, cost and quality of care would be mentioned, but was surprised that other terms like uninsured or underinsured were seldom mentioned. The pilot also revealed that the Values freedom, equality, fairness and opportunity were mentioned in 30 – 60 percent of the articles. Another unexpected finding was that over half of all the articles were letters to the editor rather than news or feature articles. Most arguments were supported by examples and case histories and nearly half cited statistics and expert testimony, and most either sought some kind of action or sought agreement with a given thesis.

Given these results, it is clear than when news items address socialized medicine: the content is more likely to focus on values than on details of health care policy; the arguments are most likely to seek action or agreement and can be expected to invoke examples, case histories and statistics; and, references to socialized medicine are more likely to appear in letters to the editor than in other sections on the newspaper. These findings guided my decision to use letters to the editor as the text for my dissertation research.
Text Selection

Clearly the selection of texts has implications for analysis. Newspaper articles written by reporters, advocates, or opponents of a given political or social policy provide fertile ground for frame analysis of clearly stated opposing views, and are credited with influencing public opinion and policy making (Entwistle & Sheldon 118-119, 131). Letters to the editor, by contrast, offer insights into the interpretive frames of members of the public who write letters, readers who respond to letters, and editors who decide which letters enter the public discussion. Letters to the editor about socialized medicine constituted 52% (see fig. 6) of the 470 items selected for the content analysis pilot. Because I was interested in how the term socialized medicine is used and what it means in public deliberations of health care reforms, I decided that letters to the editor written by ordinary citizens were the most appropriate texts for my analysis.

Letters to the Editor

Public letters, according to Jasinski, can be described as letters addressed either “specifically to the public,” or to a “correspondent,” which are subsequently published, like letters to the editor that are published in a newspaper (470). The emergence of public letters as a discursive form in the late 18th century provided a space or bridge between public and private domains by which private experiences and concerns could be made public, and public life became personal (471). Ideally, letters sections serve as open venues for non-discriminatory airing of public opinion and concerns about current civic affairs, but that ideal is subject to considerations such as the number of letters written, variety of topics addressed, space and editorial gate keeping.
Some studies of letters to the editor have focused on demographics and political characteristics of letter writers and topics addressed (Butler and Scholfield 368; Reader, Stempel and Daniel 63; Renfro 826). Other studies examine editorial influence on letters’ roles as a platform for debate and problem resolution (Nielsen 25; Wahl-Jorgenson “Legitimate Beef” 91). Some studies evaluate letters as indicators of widespread public opinion (Sigelman & Walkosz 945; Wahl-Jorgensen “Letters” 310-312). And still others argue in defense of letters as useful historical records (Thornton 59) and participatory potential (Nielsen 32). Thornton’s study of letters to the editor written in 1952 revealed controversial attitudes and opinions on numerous political issues that “foretold the political unrest of the 1960s” (61). He argues that despite their limitations as historical documents, letters are a legitimate historical record of public comment on events of the time and thereby have the capacity to reveal undercurrents of public opinion that might otherwise be overlooked. Thornton found themes challenging the subjugation of women, overt racism, the futility of drug laws, excessive influence of religion, and news bias in letters to the editor published in major national magazines in 1952. Frames in these letters, Thornton claims, were strong indications of the social unrest that exploded in the 1960s. Similarly, analysis of frames associated with the term socialized medicine might provide evidence of a changing public understanding or opinions regarding government involvement in aspects of health care since 1993 as terms like medical bankruptcy become part of American parlance.

Regardless of the critiques, letters to the editor remain highly valued by editors and readers alike and are viewed as indicators of public opinion by policymakers and as “sounding boards” for readers as they evaluate their own positions (Singletary 537).
term socialized medicine regularly appears in letters to the editor amid political
discussions of health care reforms, and since polls appear to indicate changing public
opinion regarding socialized medicine, letters written about socialized medicine are
potentially informative texts for analysis.

In summary, the results of the frequency distribution and content analysis pilot
described previously were helpful as descriptive tools and as guides to text selection.
Using the databases America’s Newspapers and LexisNexis, I used the available search
functions to generate a list that included the term “socialized medicine,” in the lead
paragraph or headline in U.S. metropolitan newspapers, with “letters” in all text. Those
searches yielded a total of 835 letters. However, after cutting letters that were written by
experts, were candidate endorsements, and/or simply lacked enough content to be useful
for analysis, the number of letters in my study totaled 751.

Content analysis alone lacks explanatory power. To understand what is meant,
rather than simply what is said, it is necessary to examine the context in which words and
topics reside. I considered approaching the topic of socialized medicine as in ideograph
or as an element of public deliberation, but ultimately decided that framing research
offered the best potential approach by which to clarify the issues that I found most
perplexing about the term. To that end in Chapter 3 I elaborate on the concept of
framing, framing research, metaphorical reasoning and the conceptual metaphors that
undergird George Lakoff’s theory of conservative and liberal worldviews.
CHAPTER 3:
FRAME ANALYSIS, FRAMING PILOT,
AND METAPHORICAL ANALYSIS

As mentioned previously, the appearance alone of the term *socialized medicine* in letters to the editor conveys little about letter writers’ and readers’ understandings of the term, about cultural influences on those understandings or the difficulty of communicating about the concept. Despite the fact that the term *socialized medicine* is defined in dictionaries and that those definitions are repeated in some letters to the editor, its “meaning” is disputed. To elucidate these disputed meanings and understand the power that the term socialized medicine embodies among letter writers and readers, I first explored research on framing. Framing research attempts to explain two distinct, but related, arenas, i.e. psychological and sociological frames. As I will discuss in more depth in this chapter, research on psychological frames focuses on the ways in which individuals see and interpret the world around them. Conversely, studies of sociological frames explore the development of mediated communication and its influence on individuals and groups. However, framing research has been plagued by, and criticized for, a lack of clear definition of core terms and commonly shared theoretical propositions. These weaknesses increase the difficulty of conducting research on frames and framing, and limit the explanatory power of this research and its potential to contribute to communication theory in general.

As I struggled with the problems of framing research described above, the identification of a unit of analysis on which to conduct my study was particularly difficult. Fortunately, I became aware of research on public understanding of health care
policy that used metaphors as the unit of analysis. According to the concept of metaphorical reasoning, ordinary citizens and policy elites both use metaphors to understand complex issues. In the course of reading more about metaphor theory I encountered the work of Georg Lakoff, who argues that the complex metaphors used by speakers and writers reveal culturally influenced conceptual frames which both enhance and inhibit communication. Lakoff’s model of conservative and liberal conceptual metaphors, which I describe in detail later in this chapter, provides a sound theoretical proposition for understanding frames and framing as they emerge in letters to the editor about socialized medicine.

Introduction to Frames and Frame Analysis

The concept of frame draws on Gregory Bateson’s 1954 reference to a “metacommunicative message . . . or frame of interpretation,” without which neither verbal nor nonverbal actions can be understood (178). In a discussion of the evolution of communication Bateson refers to “metacommunicative abstractions” by which animals are able to discern and differentiate among paradoxical actions or signs, for example, a bite that indicates “play” as opposed to a bite that indicates “not play” or “threat” (178-181). Bateson uses the “play” versus “not play” example of metacommunication to introduce the concept of “frames and contexts,” stating, “no communicative move, verbal or nonverbal, could be understood without reference to a metacommunicative message, or metamessage, about what is going on--- that is, what frame of interpretation applies to the move” (178-185). Animals, including humans, are able to differentiate a bite or punch to the shoulder that is intended either as a friendly or hostile gesture, and react accordingly. According to Bateson, those differentiations are possible in humans
because of psychological frames and contexts. Bateson describes his concept of psychological frames and contexts using analogies to premises, mathematical sets, and pictures in frames. Like premises, psychological frames portray asymmetrical relationships, denoting dependency of one idea or message upon another (186). Like mathematical sets, Bateson says, psychological frames identify limits or define specific concepts as “included” or “excluded” (187). And, like picture frames, psychological frames distinguish “figure and ground,” and direct the viewer’s attention toward the frame and what is within the frame. Thus frames “assist the mind in understanding the contained messages by reminding the thinker that these messages are mutually relevant and the message outside the frame may be ignored” (188). In this way humans interpret communicative moves that frame a given action as “friendly” or as “hostile” with problems only arising when signals are ambivalent. Bateson thus first theorized how frames direct the attention of the thinker and assist in the interpretation of reality.

Kenneth Burke expanded on the concept of frames with his discussion of “terministic screens” through which language directs attention and inserts filters that influence one’s perception of reality (44-62). Burke recognized that interpretation of reality is always filtered and is always, to some extent, personal. He described man as the “symbol-using, symbol-making and symbol-misusing animal” and claimed that the vast majority of what is commonly believed to be “reality” is actually an abstract construct of elaborate symbol systems (6). Reality as directly sensed and experienced is, according to Burke, “a tiny sliver” of the vast perceived “reality” that is derived from symbol systems in the form of books, maps, media, etc. that constitute our notions of reality (5). Full comprehension of the role that symbol systems play in our perception of
reality “is like peering over the edge of things into an ultimate abyss,” he claims. Therefore, humans, Burke states, “cling to a naïve verbal realism that refuses to realize the full extent of the role played by symbolicity in notions of reality” (5). He first described “terministic screens” as filters, such as color filters that could be used to reveal differences in texture and form in something as concrete as a photograph (45). The notion of filter, he continued, also applied to the different perspectives on a dream that a patient might receive from analysts trained in different schools of thought such as Freudian, Jungian or Adlerian. Similarly, concepts of human motives differ according to whether a religious or secular filter is engaged. Burke argues that humans “must use terministic screens” because we all use “terms . . . which necessarily constitute a corresponding kind of screen; and any such screen necessarily directs attention to one field rather than another” (50). Also salient to this study is Burke’s observation, “Even if any given terminology is a reflection of reality, by its very nature as a terminology it must be a selection of reality; and to this extent it must function also as a deflection of reality” (45). This observation hints at the concept of metaphorical reasoning by which, according to Lakoff and Johnson, metaphors enable us to “comprehend one aspect of concept in terms of another will necessary hide other aspects of the concept” (10).

Lastly, Burke foreshadows the frustration that bedevils framing research to follow when he asks, “Must we merely resign ourselves to an endless catalogue of terministic screens, each of which can be valued for the light it throws upon the human mind, yet none of which can be considered central?” (52). To avoid such relativism, Burke developed his concept of Dramatist screen as a method by which human language and thought could be understood as symbolic actions as in a drama or performance. As a
literary theorist, Burke argues that the Dramatist screen is better adapted to understanding
man in general and human relations, than are specialized sciences such as sociology or
psychology, which are of necessity limited to particular fields of observation. But
sociologist Erving Goffman offers a different perspective as he describes framing as the
means by which individuals make sense of the social world around them.

Goffman discussed “the organization of experience – something an individual actor can
take into his mind – and not the organization of society” (13). Referring to how an
individual responds to witnessing an event, Goffman theorizes that frameworks or
“schemata of interpretation,” are unconsciously invoked. These schemata are the mind’s
“original” mechanism to “render otherwise meaningless aspects of a scene into
something that is meaningful” (21). He emphasizes the word “original” as descriptive of
the primary, or first, framework of interpretation. Primary frameworks can vary by
degree, according to Goffman, but are divided into two categories: Natural frameworks
which are purely physical, such as weather conditions, and; social frameworks that
involve the active behavior of intelligent beings, particularly other humans. Goffman
further divides social frameworks into other categories such as play, deception and
performance. Goffman focuses on human social experiences, not symbolic action, to
analyze the characteristics and functions of frames. Together Burke and Goffman lay the
foundation for the concept of frame as it applies both to the subconscious individual
perspective within the mind of the perceiver and to observed experience including
mediated words and images.
Formal research on framing began in 1979 with a study by cognitive psychologists Daniel Kahneman and Amos Tversky on risk assessments and decision making, which showed that regardless of actual message content, respondent choices varied according to how the message was linguistically presented or framed (“Prospect Theory”). Later they found that numerically equivalent statements framed in terms of losses instead of gains, or lives saved versus lives lost to disease, were interpreted differently and impacted respondent behaviors (“Choices” 343). They concluded that people are easily influenced by linguistic frames, at time suffer overconfidence or illusions of validity, and fear losses more than value gains. Since Kahneman and Tversky’s findings, frame analysis has been incorporated into other fields such as public policy, media effects, health communication and political communication.

A content analysis of framing literature from 1997-2007 by Porismita Borah shows that research in framing has emerged from many different disciplines, and draws on literature from cognitive, critical and constructionist studies (246). Further she says that conceptually, framing derives from two foundations, one of which is psychologically based, and the other sociologically based (247). From the psychological perspective frames exist in individuals’ minds and research often involves experimental studies with individual respondents. From the sociological perspective frames exist in observable communication such as words, images, phrases and presentation styles in written or verbal, usually mediated, communication and methodology typically involves textual analysis and interpretation.

Looking at the sociological perspective more closely, framing research frequently examines mediated communication and has been used to understand the intentionality of
framers in studies of media effects, priming and agenda setting as discussed by Reese and others in a special issue devoted to these topics in the *Journal of Communication* (57) in 2007. Additionally, the influence of media on public opinion and voting behavior and, thereafter, on public policy issues are illustrated in studies by Druckman ("On the Limits," "Using"); Nelson et al.; Brewer ("Framing," "Values"); and Kuypers. Similarly, much attention has focused on media framing of science topics and emerging technologies in studies such as D. Scheufele and Lewenstein on nanotechnology; Gamson and Modigliani on nuclear power; Nisbet and Lewenstein on biotechnology; and Nisbet on stem cell research. These scholars argue that the framing of science and technology topics, particularly in the media, influences public opinion and subsequently the formation of public policy.

From the psychological perspective, public opinion framing research focuses on the audience, as individuals and groups, as they negotiate and construct meaning in a mediated social world. In *Common Knowledge: News and the Construction of Political Meaning*, authors Neuman, Just and Crigler compare media frames with audience frames on five predominant issues to explore if, how and what audiences learn from media (74). They conclude, "Individuals do not slavishly follow the framing of issues presented in the mass media. . . They actively filter, sort, and reorganize information in personally meaningful ways in the process of constructing an understanding of public issues" (77).

In a related study of political consciousness and collective action, Gamson compared selected media discourses on four public policy issues with peer group conversations around those issues (16-18, 24-28) to arrive at a better understanding of collective action frames. In other words, he asked what elements of public discourse and
According to Gamson, “[people] control their own media dependence, in part, through their willingness and ability to draw on popular wisdom and experiential knowledge to supplement what they are offered” (177). Gamson describes popular wisdom as evidence presented in terms of “what everyone knows,” experiential knowledge as evidence from direct or close personal experiences, and evidence from media as that information which people could only get from books, radio, television, etc. Importantly, Gamson argues that people’s use of elements such as specific words, phrases or images taken from media discourse to make a conversational point on an issue indicates observable media effects (180). Gamson described observable media use, popular wisdom and personal experiences as resources and the various combinations of those resources as resource strategies by which people negotiate meaning and seek shared frames of issues even if they disagree on solutions (128). Shared frames are essential in order for people to discuss issues because there has to be agreement about what the issue is and what is at stake.

Similarly, in “Framing and the Understanding of Citizenship,” Pan and Kosicki discuss how framing helps clarify the ways “in which citizens make sense of complex public issues and participate in public deliberations” (166). The authors argue, “At the individual level, framing means adopting (possibly through selection among several options) an interpretive framework for thinking --- and potentially, talking ---about a political object” (177). The authors contend that to understand the extent and ability of citizens’ deliberative reasoning, data sources other than surveys are needed, and citizens should have the opportunity to talk about issues in their own terms (192). Schlesinger
and Lau (2000) claim that mass publics make sense of complex policy issues by engaging in “metaphorical reasoning” and focus their research on the health care debates of 1993-94 because “The salience, complexity, and multivalent nature of the health care reform debate make it an attractive test for policy metaphors” (614). These studies emphasize listening to audiences and research participants discuss significant issues in their own words and their own frames, and thereby constitute a third approach to framing research that embraces a constructionist perspective and multi-methodological approach.

Since formal framing research began there has been a proliferation of framing research projects and diversity of accompanying theoretical approaches that have in themselves stimulated theoretical discussions. In 1993 Entman was prompted to acknowledge the importance of framing research in mass communication, but expressed concern about problems posed by “inconsistent definitions of core terms” and “eclectic use of theory” (“Framing” 51). Entman believed that a “general statement of framing theory that shows exactly how frames become embedded . . . within news texts [and] how framing influences thinking” could unite theories from diverse disciplines into a single paradigm that would benefit framing research and the disciplinary identity of mass communication (51).

However, D’Angelo’s 2002 review of news framing rebutted Entman’s proposal for a single framing paradigm. He argues that framing is more a program than a paradigm. He claims that research has benefited from coordination and competition among multidisciplinary theories, and that communication scholarship has thereby been strengthened by diversity, not fragmented and weakened as Entman warned. D’Angelo countered Entman’s call for a single paradigm to unify framing research by proposing a
metatheory that builds upon the three distinct “endemic” paradigms in communication research: cognitive, constructivist and critical (871). That metatheoretical perspective is illustrated in D’Angelo’s model of communication scholarship that depicts news framing as a dynamic and interactive three-step process of frame construction flow, framing effects flow and frame definition flow (see fig. 12) (880).

Fig. 12. Three-Step Model from Paul D’Angelo, “News Framing as a Multiparadigmatic Research Program: A Response to Entman.” *Journal of Communication* 52 (2002): 880.

The model is useful in many ways. First, it illustrates the dynamic and interactive nature of frame building and frame development. Second, it provides a convenient
mechanism by which to visualize the placement of a study within the framing process. Third, it addresses the important and somewhat neglected area of frame production. And fourth, it enables multi-paradigmatic interpretation of frames as functions within the communication paradigms of critical, cognitive and constructionist theories.

Letters to the editor, though not specifically indicated, fit in all three steps of frame construction, effects, and definition which are labeled respectively [1], [2] and [3] in the model. For example, letters contribute to public opinion via stories in frame construction [1]; add to conversations that influence audience frames in framing effects flow [2], and; reveal writers’ perceptions about risk-taking, voting behaviors, self-concepts and interpretations in frame definition flow [3].

However, the concerns expressed by Entman remain and are shared by others as described in recent reviews of framing research by Matthes and Borah. Matthes argues that there is no common understanding and definition of the terms frame and framing and no clarification about the frame concept in the literature (131), and whether framing is considered a paradigm or a program, researchers must be able to speak about and conduct their research within a set of shared theoretical propositions. He suggests that the term frame be reserved for studies of issue content and evaluation, as opposed to more generic frames such as conflict. He and Borah argue for greater research focus “on the dynamic processes associated with construction, contestation and transformation of frames” (Matthes 131), “which reflect the essence of politics as people struggle to make choices among competing values” (Borah 247). Lastly, Matthes and Borah advise that framing studies must be more clearly conceptualized and operationalized. For example, Matthes complains that overly broad definitions of frame and framing fail to provide clear
guidelines by which frames can be identified and measured. Even when definitions do provide guidance for operationalization, such as Entman’s descriptions of what frames do:

Frames, then, *define problems*-determine what a causal agent is doing with what costs and benefits, usually measured in terms of common cultural values; *diagnose causes*-identify the forces creating the problem; *make moral judgments*-evaluate causal agents and their effects; and *suggest remedies*-offer and justify treatments for the problems and predict their likely effects. A single sentence may perform more than one of these four framing functions, although many sentences in a text may perform none of them. And a frame in any particular text may not necessarily include all four functions. (52)

Too often, Mattes asserts, full operationalization is lacking in framing studies.

Therefore the challenge for scholars interested in frames and framing research is to conceptualize and articulate studies that connect to issue content and evaluation; increase focus on the processes through which frames are constructed, contested and transformed over time; provide operational clarity, and; conduct research in line with stated definitions and goals.

To gain some direct experience with the logistics and challenges of framing research, I conducted a small pilot study of the framing of socialized medicine in letters to the editor. In their essay, “The Importance of Pilot Studies,” Teijlingen and Hundley describe the benefits and risks of pilot studies, and argue that such studies save time, money and effort. They argue that pilot studies can enable the researcher to develop a clear definition of the focus of a proposed study and are of particular utility if the researcher is a novice in a particular area. Relative to my proposed framing study, one of the benefits of a pilot of this type is the opportunity to become familiar with the texts and
begin to develop a typology of frames like those described for science by Nisbet and Scheufele (40). Frames, as defined by Nisbet and Scheufele, are used by audiences as “interpretive schema” by which they simplify complex issues. These interpretations, they argue, are identifiable, generalizable and repeated in debates of complex issues. As one inexperienced with framing research and planning to conduct a study on a large volume of text, I believed that a small pilot study would provide direction and possibly help avoid pitfalls in the execution of a larger study.

Framing Pilot

At the outset I identified 12 individuals who could be reasonably representative of typical newspaper readers, and asked them to read five randomly selected letters to the editor published between 1993-2010 that mentioned socialized medicine. The readers, three men and nine women, represented different age groups (24-89), professions (3 retired professors, a high school teacher, an architect, an environmental engineer, a waitress, a retired small business owner, a home care giver, and 3 graduate students), and levels of education (high school – Ph.D.). They were given instructions and data sheets for each letter (see Appendix C) and their task was to log any/all arguments or viewpoints that they observed in the letters, and note whether the type of claims were of fact, value or policy, as described by Jasinsiki (24-26). Next the readers were asked to interpret how the arguments/viewpoints might be categorized, then to give those categories a name and place the arguments/viewpoints that they identified into those categories.

With the assistance of two graduate students in Communication Studies who had expertise in narrative sense-making and ethics, and with the social construction of inclusion and exclusion, I reviewed the categories, and the arguments/viewpoints logged
in each and developed a typology of frames, i.e. interpretations, as provided by the readers (see Appendix C). For example, we placed reader-created interpretations about the relationship between government and individual citizens into a frame called role of government and citizen agency. The set of frames specific to socialized medicine and related issues that we developed from the pilot included: Change, cost, corporatization, role of government and efficacy of government described in the following paragraphs.

*Change*

Letters to the editor that focused on the topic of change relative to “socialized medicine” were divided into three types: Acceptance of change, recognition of a need for change and resistance or rejection of change. Writers who expressed support for change, or support for health care reforms proposed by the government, often cited among other things the legitimacy of what they viewed as socialized programs such as highways, public schools, national parks, police and others that they claimed improve the quality of life for all citizens. Other writers cited statistics or experiences with health care systems in other countries and advocated for similar programs in the U.S. Still others objected to socialized medicine enjoyed by the military and other government employees, but denied to other citizens.

Writers in the second group expressed concerns that the current health care system fails to meet the needs of too many Americans or costs too much, but were cautious of turning over health provision to the federal government. Some of these writers objected to rationing by insurance companies, but expressed fear and doubt about how everyone’s health care needs cold be met without increasing costs or denial of care.
Still others argued for a “uniquely American” solution to problems with the health care system.

Letter writers who resisted or rejected change, or health care reforms, in some cases stated that proposed reforms were “socialized medicine” and therefore, by definition, doomed to fail. Others argued that the U.S. has the best health care system in the world, most people are satisfied with their health care and/or no crisis exists. Some resisters argued that the “socialistic systems” in other countries are failing and/or that the U.S. is different in many ways from other countries, so their systems would not work here.

Cost

Letters in which authors focused on costs could be divided into financial costs or non-financial costs of the current health care system, or into financial costs or non-financial costs of “socialized medicine.” There was a wide variety of viewpoints presented that related to costs. For example, complaints about costs relative to the current health care system included higher charges by private insurance companies as compared to Medicare, for delivery of services. Others by contrast complained about insufficient payments to doctors and hospitals by Medicare and Medicaid. Some writers charged that profits outweigh patient in the current system and that doctors and hospitals select patients based on ability to pay. Other writers argued that only the free market, uninhibited by government regulation, was capable of providing health care at affordable prices and good quality.

Many writers expressed concerns about non-financial costs of both the current system and reforms they identified as “socialized medicine.”
costs of the current system that writers identified were losses of life, health and dignity, due to limited access to providers. Other writers feared loss of quality medical care and personal choices, if reforms were enacted. Some believed that older citizens would be sacrificed in order to meet the needs of younger people as government strove to cut costs and provide services. Some writers argued that Americans would not tolerate the long waits for services that they believe people in other countries endure. And public funding for health care services such as abortion or treatments for criminals or undocumented workers and their families were matters of concern.

Corporatization

Many letter writers expressed concerns about undue influence of lobbyists, commercial and/or government entities, and the media on their own doctors and hospitals and on efforts to reform health care. They expressed concerns about historical resistance to reforms of health care such as the American Medical Association’s and private insurance companies’ objections to the creation of Medicare. Many writers complained about the power exerted by private insurance companies that limited their choices but did not mitigate rising medical costs. And some letter writers also claimed that the media failed to present needed information about health care reform issues, or worse, advocated for one side of the issue or another either as pawns or players in a scheme to deceive the public.

Role of Government and Citizen Agency

Letters written about health care reforms generally fell into one of two frames related to the appropriate role of government versus the appropriate role of the citizen. Some letter writers perceived the role of government as appropriate and necessary to both
regulate the private health care industry, which in their view has grown into a large, impersonal and unresponsive entity, and to protect individual patients from unfair industry practices. Other writers decried government involvement in health care as beyond the Constitutional responsibility of government, and taxes for such enterprises as “legalized plunder.” Writers also expressed concern about government intrusion into patients’ private lives, especially since many writers expressed deep doubts and concerns about the capacity of government, especially federal government, to conduct business efficiently.

Government Efficacy

On the question of government efficacy writers again generally fell into two distinct camps. One camp held that government-run operations such as the postal service and Medicare are efficient, well-run and meet the needs of the public. The other camp claimed that the postal service and Medicare (and everything run by government), are fraught with waste, fraud and mismanagement. The question of government efficacy is the clearest example among the five types identified in the pilot of how individuals frame the same example, entity or event very differently.

Lessons from the Framing Pilot

In addition to the typology of frames described above we noted that in many instances writers included multiple frames in their letters and in many instances the frames overlap. For example, a writer might argue against health care reforms, because they perceive the change to be a step toward “socialized medicine,” and they do not trust government to manage such a system efficiently. Therefore, we evaluated letters according to the primary emphasis of each letter or, if necessary, allocated portions of
letters to appropriate frames. Additionally, a review of the types of claims identified by
the readers in the pilot indicated that 47% of the arguments/viewpoints were described as
claims of fact, 34% were described as claims of value and 18% were described as claims
of policy, which are common claims in contemporary argumentation theory (Jasinski 25-
28).

The framing pilot indicated that particular frames emerge in discussions related to
socialized medicine, that attitudes reflected in the frames are sharply divided and that
frames often overlap. However, I remained perplexed, particularly about how and why
the readers interpreted, or framed, the texts the way they did. Also of interest was the
potential link to the results of Robert Blendon’s HSPH survey about socialized medicine,
in which attitudes were split by political affiliation. Soon after I read George Lakoff’s
book, Moral Politics: How Liberals and Conservative Think, and began to consider how
metaphorical analysis could inform my research.

Introduction to Metaphorical Analysis

Generally speaking the word, metaphor, conveys the idea of a poetic or literary
device to enhance everyday language. But co-authors George Lakoff and Mark Johnson
claim in their book, Metaphors We Live By, “metaphor is pervasive in everyday life, not
just in language, but in thought and action” (3). They theorize that our earliest human
experiences with our physical environments, i.e. our sensory-motor experiences, become
primary conceptual metaphors in the domain of our subjective judgments (254-255). One
explicit example they offer is “the metaphor Affection is Warmth because our earliest
experiences with affection correspond to the physical experience of the warmth of being
held closely” (255). A metaphor that ties a physical sensation to a subjective concept like
affection is described as a primary conceptual metaphor. This primary conceptual metaphor, Affection is Warmth, in time develops into complex conceptual metaphors such as “She is a warm person,” in which affection and warmth are conflated (256). According to this theory of metaphorical thought “the mechanism of metaphor is largely unconscious” and therefore “we think and speak metaphorically, whether we know it or not.” They continue that “since our brains are embodied, our metaphors will reflect our common experiences in the world” . . . “and many primary metaphors are universal,” reflecting our shared human experiences of bodies with brains functioning in similar environments (257). However, they argue that complex metaphors composed of primary conceptual metaphors that make use of culturally based conceptual frames differ significantly from culture to culture. Therefore, metaphors begin as understandings of the physical environment. They grow and develop in the human brain, integrating experiences with learning. Over time the brain becomes “persuaded” of the nature of reality in terms of complex conceptual metaphors that are consistent with both its physical and cultural environments. According to the authors:

Since metaphorical expressions in our language are tied to metaphorical concepts in a systematic way, we can use metaphorical linguistic expressions to study the nature of metaphorical concepts and to gain an understanding of the metaphorical nature of our activities. (7)

Interest in metaphorical reasoning to understand human thought and action has also been a feature of research in disciplines outside cognitive linguistics, including communication.

For example, Hart cites Lakoff and Johnson’s descriptions of the functions of metaphor in his discussion of imagery in rhetorical criticism (146-147). And Hart
advises that the best way to study metaphors is to look for what Lakoff and Johnson call “systematicity,” or “patterns of metaphorical usage” (147). Hart urges rhetorical critics to look for “families” of metaphors that are congruent and then examine their cumulative effects. As an example, Hart describes Jamieson’s 1980 study in which she compared metaphors used by Pope Paul VI to former California Governor Jerry Brown (Hart 153). Jamieson theorized that the Pope used bodily metaphors, because bodies have one head, to underscore his role as the head of a hierarchical organization; he used images of the family because in traditional families the male parent is dominant. Conversely, Jerry Brown used metaphors of powerlessness, such as one pushing a boulder up a steep incline or as a boy putting his finger in a dike to hold back the political tide. Jamieson explained the different uses of metaphor as representations of worldview. In one case the worldview of a dominant religious leader, and in the other, a practical and pessimistic politician.

And of particular relevance to my study, Hart argues that metaphors also reveal changing cultural trends. As an illustration he describes the 1987 study by Hughey et al. that documents changes in AIDS metaphors in newspaper stories. Hughey and his colleagues found that in a very short time AIDS moved from being the thing clarified in a metaphor to the thing understood. For example, the metaphor “AIDS is the holocaust revisited,” gave way to the metaphor, “She treats me like I have AIDS” (qtd. in Hart 153). Similarly, the metaphor Socialized medicine is the arch of the Communist state has become the metaphor Obamacare is Socialized Medicine.

Discussions of metaphors appear in essays included in Lucaites, Condit and Caudill’s *Contemporary Rhetorical Theory: A Reader*. In his essay, “The Habitation of
Rhetoric,” Michael Leff traces the historical separation of rhetoric and poetics, particularly as described in Paul Ricoeur’s *The Rule of Metaphor*, and concludes, contrary to Ricouer’s thesis:

Moreover, whenever discourse addresses complex circumstances and heterogeneous interests, a clear separation between expressive form and argumentative form becomes virtually impossible. Our mode of representing situations and our assessment of their nature and moral significance coalesce within the structure of rhetorical judgment. And in fact the most skillfully constructed rhetorical discourses blend these elements so as to render them indistinguishable. This artistic skill is neither cosmetic nor deceptive. Instead it reflects the unity of thought and expression necessary for the comprehension and direction of life in the pluralistic space of public experience. (62)

Leff describes rhetoric as possessing “adaptive genius” by which it is both “a constantly changing program for action,” and, simultaneously, within a particular situation, “a product, a discourse possessing the density and integrity demanded by that situation” (62). That “genius,” Lakoff and Johnson, and others would argue is largely the nature and function of metaphor.

In another essay from the same collection, “The Second Persona,” Edwin Black discusses the importance of making moral judgments of texts and says that “discourses contain tokens of their authors” (332). Following a detailed analysis of how the metaphor Communism is a Cancer “seems to have become the exclusive property of spokesmen for the Radical Right” (335), Black says that the metaphor fits the extreme Right’s ideology exceedingly well and that “the two are not merely compatible, they are complementary at every curve and angle” (340). Black concludes, “. . . there are strong and multifarious links between a style and an outlook, and the critic may, with legitimate confidence, move from the manifest evidence of style to the human personality that this evidence projects as a beckoning archetype” (340). Similarly, Lakoff has argued that
“commonsense reasoning” derives from subconscious conceptual systems in the mind, and many of those are conceptual metaphors of morality which are identifiable in the ways people think and talk (4-5). But Lakoff is more interested in what people mean than just in what they say, i.e. what Sillars and Gronbeck describe as theories of human meaning making (x).

In their book, *Communication Criticism: Rhetoric, Social Codes, Cultural Studies*, Sillars and Gronbeck explore “how semiotic and social codes contain, constrain, and control human understandings and evaluations of reality” (x). And they continue, “These approaches take criticism in a new direction,” for example:

While the rhetorical approaches to criticism assume that the world is articulated in languages that can be evaluated for their ability to mirror and influence the world, a focus on semiotic and social codes deals more with what Nelson Goodman called “ways of worldmaking.” That is, to understand human symbol systems and social relations as the vehicles by which people capture, comprehend, and evaluate the world is to think about communication criticism as less a tool for the assessment of accuracy than as a way of understanding human orientations to the physical and social universe. (x)

The authors cite Lakoff and Johnson’s *Metaphors We Live By*, and discuss metaphors “as linguistic vehicles for understanding” (157). As examples they describe the work of Michael Osborn on the metaphoric use of light to convey hope or optimism, and dark to convey dread or threat (157), and a study by Mumby and Spitzack on the metaphors that newscasters use to frame politics, the most common of which were politics as theater, as game or as war (158).

Metaphorical analysis can also be used to understand how messages are interpreted by members of an audience. For example, Schlesinger and Lau contend that the concept of metaphorical reasoning explains how citizens with little policy knowledge
process, make decisions and possibly vote on complex issues. In a quantitative study of metaphorical reasoning in discussions of health care, Schlesinger and Lau (612-13) consider the ways in which metaphors translate information that is unfamiliar and/or complex into a more understandable form, and demonstrate that metaphors play a measurable cognitive role in political discourse. Importantly, they found that both members of the public and policy elites use metaphors to interpret policy issues, and they “share a common understanding of the broad meaning of those metaphors in specific policy contexts” (613). The continuing use of the term socialized medicine in discussions of health care reform proposals could reasonably be cited as another example of this phenomenon.

Schlesinger and Lau began their research with a review of health policy proposals over two centuries of American history and identified five metaphors that emerged in those proposals (614-615). The earliest metaphor, Health Care is a Community Responsibility, emerged during the colonial period with legislative initiatives that rendered those sick and indigent who had no relatives to care for them responsibilities of the local community. The next metaphor, Health Care is a Marketable Commodity, emerged toward the end of the 19th Century, according to Schlesinger and Lau, and coincided with the development of formal medical education, physicians eager to practice their trade, and the laissez-faire economic principles characteristic of the times. This metaphor re-emerged in the 1980s during the Reagan administration. The third metaphor, Health Care is Professional Service, arose in the first half of the 20th Century as a growing Progressive orientation focused on scientific reforms and standards for professional training in medicine. In the mid-20th Century the next metaphor, Health
Care as a Right, was first enunciated by President Roosevelt and ushered in the notion of equal access to health care accompanied by a greater role for the federal government. Lastly, Schlesinger and Lau identify the metaphor, Health Care is Employer Responsibility, which originated in the WWII era, but increased in importance and significance in recent history as health care costs rose and as “good jobs” became defined in part by the benefits that were tied to salary. Schlesinger and Lau used these five metaphors to develop a model of reasoning by policy metaphor in the area of health care reform.

Schlesinger and Lau described three cognitive processes that are engaged in metaphorical reasoning relative to policy metaphors: Assigning treatment responsibility, evoking affective responses and establishing concrete comparisons. Schlesinger and Lau’s cognitive processes are remarkably similar to Entman’s framing devices that define problems, diagnose causes, make moral judgments and suggest remedies described earlier (Entman 52). Their research also revealed three major findings: 1) the policy metaphors described above were coherent, i.e. fit together, for policy elites and the general public; 2) understanding the metaphors is not correlated with agreement with the metaphor as a guide to future policy, and; 3) policy elites and the general public share patterns in metaphorical thinking (622). Schlesinger and Lau conclude that policy elites use metaphors to communicate complex issues to the general public, and that the public is able to assess policies by comparing them to “familiar social institutions and are thus largely independent of the political context” (623). Of course, as Schlesinger and Lau’s historical review of metaphors for health care illustrate, political contexts change and metaphors change with them, but not quickly. They contend that an understanding of
metaphorical reasoning can improve communication between elites and mass publics and can be instrumental to the formation of popular coalitions (623). Their study and one by Barry et al. on how obesity metaphors influence support for public policy (15) used quantitative approaches to examine policy metaphors between elites and mass publics. However, Lavasseur, Sawyer and Kopacz conducted a textual analysis of policy debates to explore the intersection of framing and style in televised discussions of immigration reform (552-563). They evaluated political messages on the basis of masculine or feminine style and according to Lakoff’s theory of the Nation as Family conceptual metaphor. They concluded that their study “points to a new understanding of how moral frames play out in policy debates” (564). However, their study involved elite communication to non-elites and leaves open the question of the role of deep moral frames in communication among non-elites. I contend that an interpretive approach to communication among non-elite individuals, e.g. in letters to the editor, can also reveal metaphorical reasoning and the role of deep moral frames.

**Conceptual Metaphors and Worldviews**

George Lakoff employs his theory of conceptual metaphor development in his book *Moral Politics: How Liberals and Conservatives Think* to identify the diverse systems of metaphors that are commonly understood by liberals or conservatives, and which undergird each group’s world view. According to Lakoff, this difference in worldview, communicated through metaphors based on two different visions of morality and family life, and extended to the conceptual metaphor of the nation as a family, explain the difficulties members of these distinct groups experience when trying to communicate (32 – 36). Therefore, in order to understand what other people mean as
opposed to what they say, it is essential to understand the conceptual metaphors that
guide their thinking and what those metaphors mean to them.

  Lakoff argues that meanings of words and phrases depend on framing, and that
framing depends on worldview (373). For example, he claims that a balanced budget
amendment might include the invocation “Spend as little money as possible.” That
message could be interpreted as “be thrifty,” “be stingy” or both, depending on
interpretations which depend on framing, which in turn depend on liberal or conservative
worldviews that are the manifestation of liberal or conservative conceptual metaphors.
Therefore, according to Lakoff, the meanings of words and phrases depend on framing
which in turn depends on worldview which depends on conceptual metaphor:

  Conceptual metaphor -> Worldview -> Framing -> Word/Word Phrases.

In his discussion of framing, Lakoff cites the work of fellow linguist Charles Fillmore.
Fillmore describes frames as the “most central and powerful” semantic domain type,
among others such as contrast sets, taxonomies, paradigms and cycles (279-281).
Admitting that frames are easier to exemplify than to explain, Fillmore says “words
linked together in a frame” often contain other semantic domains but must be part of an
associated conceptual schema (282). He gives the example of the conceptual schema of a
“commercial event” and words like “buy, sell, pay, spend,” etc. that could be linked into
frames. Lakoff’s choice of terms, *thifty* and *stingy*, regarding a budget have obvious
moral overtones, and it was during a study of American moral conceptual systems in the
early 1990s that he began to understand the bitter divisiveness in American politics as a
reflection of deep differences in concepts of morality. Subsequently he concluded that
conservatives and liberals have very different moral systems which he argues derive from
different conceptual metaphors of the family.

Models of the Family

Lakoff develops two central models of the ideal family, each based on different
moral systems with associated sets of moral priorities. First he describes the conservative
Strict Father model, which assumes that humans respond primarily to systems of rewards
and punishments, and are born into a threatening and dangerous world of clearly defined
good and evil, where body and soul are constantly at risk (65-70). Additionally, this
model assumes a moral order or hierarchy that legitimizes Strict Father authority. Given
this environment, the duty of the Strict Father is to provide strength and guidance that
will produce children who are morally upright, self-disciplined and self-reliant. These
children become self-reliant adults who are able, and expected, to live and function
independently without parental assistance or intervention. Additionally, in this model
children understand and accept the primacy of parental authority, there is little need for
punishment, seen as “tough love,” and obedient children receive “abundant nurturance”
(96-97). But in the liberal Nurturant Parent model of the ideal family, nurturance itself is
the central and primary theme.

The Nurturant Parent ideal family also strives to produce children that are strong,
self-disciplined and self-reliant. But in this model those objectives are achieved through
love, caring, mutual respect and communication with parents. Ideal Nurturant Parents
model the behaviors they want their children to emulate and integrate such as empathy,
happiness, self-discipline, self-reliance, responsibility, creativity, open communication
and fairness (108-113). The Nurturant Parent assumptions about human nature are based
heavily on the beliefs that corporal punishment begets violence; that neglect, or depriving nurturance, has the same effect as abuse; that competition brings out aggression rather than its preferable counterpart, mastery; that cooperation develops an appreciation of interdependence and non-hierarchical respect for others (112-113). While the goals of each model share similarities, they are based on very different metaphors of morality and prioritization of those metaphors, as the table below illustrates.
Table 1.

<table>
<thead>
<tr>
<th>Metaphors of Morality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strict Father Model</strong></td>
</tr>
<tr>
<td>Strength Group:</td>
</tr>
<tr>
<td>Moral Strength</td>
</tr>
<tr>
<td>Moral Authority</td>
</tr>
<tr>
<td>Moral Order</td>
</tr>
<tr>
<td>Moral Boundaries</td>
</tr>
<tr>
<td>Moral Essence</td>
</tr>
<tr>
<td>Moral Wholeness</td>
</tr>
<tr>
<td>Moral Purity</td>
</tr>
<tr>
<td>Moral Health</td>
</tr>
<tr>
<td>Moral Self-Interest</td>
</tr>
<tr>
<td>Moral Nurturance</td>
</tr>
</tbody>
</table>


The inverse priorities of strength, self-interest and nurturance illustrate fundamental differences between the conservative Strict Father model and that of the liberal Nurturant Parent. This description represents the central prototypes of the two models, but Lakoff describes parameters of variation that apply to both models. First, each variable in each model is linear, i.e. a matter of degree. There can be too much or too little empathy or authority. Similarly, Lakoff describes the parameter of moral focus
which interacts with degree in that a parent might focus too much or too little on one aspect of the model to the detriment of others (106-107). Lakoff also discusses the aspect of pragmatism, in which adherents of either model might be more or less tied to the central dogma (103, 139). It is important to keep in mind that the models Lakoff describes are intended to be understood as conceptual prototypes, not literal descriptions of typical American families. In Fig. 13 I have illustrated the models as Lakoff describes them in text. The center circles illustrate the ideal prototypes; the parameters of moral focus, illustrated by spokes, exemplify issues that typically concern conservatives or liberals. The shading represents degrees of variation from the ideal to the pragmatist, i.e. from little variance from the central prototype to distant from the ideal. Lakoff contends, however, the there is no overlap of these radial models; they are distinct and not simply a straight line continuum from extreme conservative to extreme liberal.
These models and their variants are more relevant to my study of socialized medicine when analyzed via the metaphor of the Nation as Family.

The Nation as Family

Both liberals and conservatives accept the metaphors of the Nation as Family with the Government viewed as Parent and the Citizens as Children. However, liberals and conservatives superimpose their family-based moral systems which are reconstructed as liberal and conservative worldviews (Lakoff 154-155). Each worldview has a moral code, derived from the respective model family metaphors presented in Table 1. That
moral code is translated into categories of moral action by which our actions or those of others are judged as moral or not (162-167). Applying the moral code to politics, Lakoff describes five major categories of moral action that are embraced by conservatives and liberals respectively. The five conservative categories of moral action are:

1) Promoting Strict Father morality in general.
3) Upholding the Morality of Reward and Punishment
   a. Preventing interference with the pursuit of moral self-interest by self-disciplined, self-reliant people.
   b. Promoting punishment as a means of upholding authority.
   c. Insuring punishment for lack of self-discipline.
4) Protecting moral people from external evils.
5) Upholding the Moral Order (163).

The constructed worldviews of both liberals and conservatives and the codes of moral action that are integral to each influence the structure and function of the respective family models and the political understandings and actions of citizens who grow up in those models of the family. For example, conservative moral action category 3b. reflects Strict Father morality that requires retribution for harming another person or violating moral authority (80). In this worldview capital punishment, i.e. a death for a death is justly deserved, and harsh prison sentences for criminal offenses are expected to deter crime (81, 201). Criminal behavior is attributed to faults of individual character (Moral Essence) and not to failings of society. However, the following liberal categories of moral action reveal a much different worldview and approach to problems like crime:
1) Empathetic behavior and promoting fairness.

2) Helping those who cannot help themselves.

3) Protecting those who cannot protect themselves.

4) Promoting fulfillment in life.

5) Nurturing and strengthening oneself in order to do the above (165).

Since liberals believe that people respond more to empathetic behavior, fairness and helping than to punishments, punishment does not occupy a high rank in their prioritization of moral actions. That is not to say that liberals object to punishing people who harm others. For example, someone who knowingly pollutes drinking water, thereby harming others, should be punished, i.e. retribution would be endorsed. But, generally “liberals see crime as having social causes --- poverty, unemployment, alienation, lack of caring and community --- and argue that social programs are needed to address those causes” (201). Health care reform proposals, like crime, stimulate political elites and the general public to focus on various parameters and argue from different worldviews. The moral action categories provide tools for interpreting how and why given actions, ideas and/or proposals, would be received by liberals or conservatives.

Moral Action Categories as Tools of Interpretation

Like Burke’s desire to do more than catalogue terministic screens, Lakoff’s goal is more than simply cataloging liberal and conservative metaphors. He explains his scientific responsibility in terms of three adequacy conditions that his theory of worldviews must meet. (28). “First, the worldviews must make the collections of political stands on each side [fall] into natural categories.” In other words, he explains, “the liberal worldview analysis must explain why environmentalism, feminism, support for
social programs and progressive taxation fit naturally together for liberals” but in the conservative worldview, the opposites of those political stands fit naturally together. The second adequacy condition, according to Lakoff, is that “the two worldviews must show why puzzles for conservatives are not puzzles for liberals, and conversely.” Among the puzzles that Lakoff cites as confounding to both sides are the respective political stances on abortion rights and government funding of prenatal care. The last and most important adequacy condition is that the characterizations of the two worldviews “must explain the differences in topic choice, word choice and discourse forms” of liberals and conservatives. Why do the same words when used by liberals or conservatives “have very different meanings” for each group? (28).

Lakoff’s model should also meet these adequacy conditions relative to frames in letters to the editor, and the moral action categories that he describes can serve as methodological tools for interpretation in three ways. First they provide standards by which to assess a given action, event, idea, proposal, etc. according to its congruency within a liberal or conservative worldview. For example, it is commonly understood that liberals often view government sponsored reforms to health care as an appropriate role for government, while conservatives often object to such reforms as inappropriate government interference in private matters. Therefore, the standard of what should be private or public is interpreted differently by liberals and conservatives. Second, the moral action categories enable interpretation of actions, events, etc. as either adherence to or violation of specific moral codes, which help explain the “puzzles.” Progressive taxation adheres to the liberal moral action of Empathetic behavior and promoting fairness, but violates the conservative moral action of Preventing interference with the
pursuit of moral self-interest. Lastly, moral action categories used as methodological tools help identify the topic and word choices, and frames that emerge in the respective models. Is socialized medicine a “destructive evil,” as some letter writers claim, or “the best way to provide health care that is accessible and good enough for all,” as other writers claim? It seems that the answer to that question resides in the writer’s worldview.

Of course, Lakoff has his critics. For example, communication scholar Matthew S. McGlone argues that Lakoff’s model of conceptual metaphor has not been tested empirically and that linguistic evidence alone is insufficient to provide proof of deep moral connections between thought and language (114). And critic Stephen Pinker of Harvard University accuses Lakoff of simplistic, unsubstantiated thinking that portrays liberals and conservative in “ludicrous” prototypes (Pinker). And Pinker claims that Lakoff advocates a kind of “cognitive relativism” that dismisses critical thinking and objective truth seeking that is characteristic of mathematics and science. I present these critics’ arguments in more detail in Chapter 10, however, I find their criticisms to be exaggerated and misdirected. Lakoff repeatedly admits the limitations of his theory and his method, and he describes his work as “an early step in the development of a cognitive social science that can allow us to comprehend our social and political lives better.” (18). The following study is in part an attempt to discern whether or not, and to what extent, Lakoff’s model enables greater understanding of the social and political meanings of the term socialized medicine. To that end, I have employed Lakoff’s moral action categories as methodological tools reveal and explain the framing of a given action, events, policy, etc., and identify the associated worldview. This is the approach I utilize in the following chapters. To avoid confusion, I will capitalize the first letter of each word of Lakoff’s
metaphors; I will boldface the first word of the moral action categories; and I will italicize the identified frames.

Summary

Framing research attempts to explain two distinct, but related, arenas, i.e. psychological and sociological frames while metaphor theory claims that the complex metaphors speakers and writers utilize reveal culturally influenced conceptual frames or worldviews which both enhance and inhibit communication. It is clear that communication is enhanced by complex metaphors that are shared and mutually understood by people engaged in conversation, but is inhibited when complex metaphors are not shared and mutually understood, even if and when the specific words invoked are the same, like socialized medicine.

Given the power of frames to influence public understanding and public policy development, systematic analysis of frames or framing can be of practical and theoretical value. Historically, framing research has focused on frames revealed in news reports, marketing, public policy research, and health communication texts. Research studies intended to elucidate audience perspectives often use formal surveys, depth interviews and focus groups. However, letters to the editor, penned by ordinary citizens offer a unique and direct avenue for understanding audience frames.

Letters to the editor represent communication at the intersection of psychological and sociological frames. Writers compose letters from the psychological frame that reflects their worldviews. Readers, on the other hand, encounter frames in letters to the editor that are congruent with, augment or contest their own worldviews.
In the following chapters, I organize all of the letters according to the writers’ expressed attitudes about socialized medicine. Next I identify and describe frames that appear in selected letters, according to categories of moral action that reflect conservative or liberal worldview as described by Lakoff. I will also assess the degree to which those frames are congruent with Lakoff’s model, and thereby either provide support, or lack of support for his model, and its salience for framing research.

Since this study tracks letters to the editor written over 18 years I present the analysis chronologically, according to reflections of public and editorial interest as a function of numbers of letters published, and/or as a function of pivotal events such as presidential campaigns and elections. For example, Chapter 4 is dedicated to 1993 during the initial discussions of President Clinton’s health care reform proposal. Chapter 5 focuses on letters written in 1994 as discussions of health care reform continued and mid-term elections loomed. Chapter 6 presents a review of letters from 1995-2000 through the end of Clinton’s second term, during which letters appeared continuously but in small numbers. Likewise, Chapter 7 examines letters written from 2001 through 2006, covering the years of the G. W. Bush presidency until the beginning of the next presidential election campaign in 2007. Chapter 8 covers letters written in 2007 and 2008 as President Bush and Sen. Barack Obama campaigned against each other. Chapter 9 provides an analysis of letters written in 2009-2010 during President Obama’s first term, and the struggle for health care reform and the passage of the Affordable Care Act. Lastly, Chapter 10 provides a review of the research questions with findings and conclusions.
It is hoped that the following examination of letters to the editor will provide greater understanding of the complexity of public understanding and influence of the term *socialized medicine* in contemporary discussions of health care reform in which ordinary citizens become active participants in discourses that begin with the words “Dear Editor.”
CHAPTER 4: 1993

Introduction

Since one goal of this study is to document changing frames related to socialized medicine from 1993 to 2010, I begin with a survey of frames at the beginning of that period to serve as the basis of comparison. I have divided the chapter into two sections: January through August, during the early months of Clinton’s first term when his health care proposal was being developed; and, September through December, following his address to Congress when he first announced the plan.

Procedures for Analysis

To begin I evaluate all the letters in 1993 (and subsequent years) according to Lakoff’s description of conservatives as antagonistic to government sponsored social programs and liberals as supportive of such programs to determine if the letters fall into generally conservative, liberal or other general worldviews. Of the 42 letters to the editor in 1993, 34 (81%) voice antagonism to socialized medicine and/or proposed reforms (conservative) and just 8 (19%) voice support or acceptance of socialized medicine or proposed reforms (liberal). The table below illustrates the occurrences of letters by month and according to political persuasion.
Table 2.

Political persuasion in letters to the editor in 1993.

<table>
<thead>
<tr>
<th>Month</th>
<th>Conservative</th>
<th>Liberal</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>2</td>
<td>--</td>
<td>2</td>
</tr>
<tr>
<td>February</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>March</td>
<td>1</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td>April</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>May</td>
<td>4</td>
<td>--</td>
<td>4</td>
</tr>
<tr>
<td>June</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>July</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>August</td>
<td>--</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>September</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>October</td>
<td>12</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>November</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>December</td>
<td>2</td>
<td>--</td>
<td>2</td>
</tr>
<tr>
<td>Totals</td>
<td>34 (81%)</td>
<td>8 (19%)</td>
<td>42</td>
</tr>
</tbody>
</table>

Next, I select letters that characterize either common or unique arguments related to socialized medicine. Lastly, I analyze topics and words within the context of arguments that represent violations of or adherence to specific moral action categories, which in turn reveals the writer’s frames. For clarification at the outset, I will use the
terms *Strict Father, Nurturant Parent,* or *worldview* to represent Lakoff’s liberal or conservative conceptual metaphors, but simply *metaphor* when referring to a descriptive literary device. As a reminder to the reader I have listed Lakoff’s conservative and liberal categories of moral action in Fig. 14, along with specific applications that apply to government-sponsored social programs like socialized medicine denoted by an asterisk.

<table>
<thead>
<tr>
<th>Conservative Moral Action Categories</th>
<th>Liberal Moral Action Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting <em>Strict Father</em> morality in general</td>
<td>Empathetic behavior and promoting fairness</td>
</tr>
<tr>
<td><em>Establishment of right/wrong</em></td>
<td>*Nurturance for social welfare and responsibility</td>
</tr>
<tr>
<td><em>Legitimate authority</em></td>
<td><em>Equal treatment</em></td>
</tr>
<tr>
<td><em>Competition essential to individual and national strength</em></td>
<td></td>
</tr>
<tr>
<td>Promoting self-discipline, responsibility, and self-reliance</td>
<td>Helping those who cannot help themselves</td>
</tr>
<tr>
<td>Upholding the Morality of Reward and Punishment</td>
<td>Protecting those who cannot protect themselves</td>
</tr>
<tr>
<td>a. Preventing interference with the pursuit of self-interest by self-disciplined, self-reliant people</td>
<td></td>
</tr>
<tr>
<td>b. Promoting punishment as a means of upholding authority</td>
<td></td>
</tr>
<tr>
<td>c. Insuring punishment for lack of self-discipline</td>
<td></td>
</tr>
<tr>
<td>Protecting moral people from external evils</td>
<td>Promoting fulfillment in life</td>
</tr>
<tr>
<td>Upholding the Moral Order</td>
<td>Nurturing and strengthening oneself in order to do the above</td>
</tr>
<tr>
<td><em>God</em></td>
<td>*Investments in people/ communities</td>
</tr>
<tr>
<td>*Constitution</td>
<td></td>
</tr>
</tbody>
</table>

Fig. 14. Moral Action Categories (Lakoff 163, 165, 179-185).

At the end of the chapter I outline the liberal and conservative moral action categories and record the identified frames within them.
President Clinton’s First Term January – August

*The Battle for Health Care Reform Begins*

Immediately after taking office in January 1993, Clinton established the Task Force on National Health Care Reform and in September that year announced the plan to Congress. However, the 1000-page bill was not presented to Congress until November. Despite the fact that details of the bill were not available for congressional or public review until November 20, 1993, forces on all sides of the issue were gathering, and their concerns were reflected in letters to the editor soon after the inauguration. As Table 2 above illustrates, letters representing both the conservative and liberal worldviews were published in low numbers from January through September of 1993, but increased dramatically in October. The pivotal event that spurred conservatives to write letters was likely President Clinton’s speech to Congress on September 22nd in which he introduced his proposal for health care reform to the Congress. But well before details of the plan were shared by the administration, conservatives were voicing their opposition to what they perceived as socialized medicine.

*Prominence of the Strict Father Worldview*

On January 23, 1993, Herbert L. McClelland wrote in the *Dayton Daily News* [OH], “Ms. Marcia Angell's proposal ("Universal health care in 3 not-so-easy steps," January 11) is socialized medicine.” Here McClelland uses the term *socialized medicine* metaphorically to explain universal health care. But at this point in the letter it is not clear what McClelland means by “socialized medicine.” It remains to be seen what characterizes his view of socialized medicine; what words and topics provide clues to his
understanding of socialized medicine; and to what extent his understanding reflects adherence to or violations of Lakoff’s categories of moral action.

McClelland argues that the reason socialized medicine does not work is because of the inherent conflict of interest. He states, “The one who pays the bill should never be the one who sets the rules.” Then to provide an illustration he asks, “Who will tell the government when its cost-restraining policies are affecting the quality of care?” McClelland’s perception of socialized medicine establishes the government as “the one who pays the bills” and “the one who sets the rules,” thereby holding all of the power in the health care relationship. His question reveals two concerns. First, when he asks “Who will tell the government . . ?” he dramatizes the difficulty of any individual challenging the power of government. Then his use of “when,” not if, “cost-restraining policies” affect quality of care, belies conservative awareness of the dilemma of limited resources in the face of unlimited demand. McClelland fears, or possibly resents, a loss of control in his access to health care and a loss of quality in the care he receives should a system of socialized medicine be adopted.

Importantly, McClelland’s usage of socialized medicine reflects a shift in the term’s metaphorical position. During the post-World War II Cold War era, the claim, “socialized medicine is the keystone to the arch of the socialist state,” was promoted in American Medical Association (AMA) pamphlets in 1949, when the organization began a decades-long campaign to stifle government involvement in health care reforms (Boychuk 54). The AMA metaphor situated “socialized medicine” as the target of the metaphor and “arch of the socialist state” as the source. In other words, the metaphor explained “socialized medicine” in terms of the “socialist state” which following WWI,
during the late 1940s and years afterward recalled German associations, as described in Chapter 1. However, as McClelland’s usage illustrates, over time the metaphor Socialized Medicine is the Keysto ne of the Socialist State, has evolved into X (a given health care reform proposal) is Socialized Medicine. This transition of meaning is similar to that of “AIDS is the Holocaust Revisited” to “She Treats Me Like I Have AIDS,” described by Hughey et al. in Chapter 3. In these instances, the words, socialized medicine and AIDS, have become defining terms instead of things defined. This process, which Lakoff and Johnson describe as “creation of similarity,” emerges from experiential similarity (155). For example, entailments associated with “the socialist state” as understood in 1949 such as loss of individual freedom and coercive government control become “real in our culture, since conventional metaphors partly define what we find real” (153). Those entailments become embedded in the meanings of the terms and are then understood in other contexts.

McClelland continues, stating, “Merely changing the branch of government from the federal to the state does not ‘de-socialize’ it.” It is clear that McClelland associates any government involvement in health care reform as socializing it, which reflects the post-WWI and Cold War understandings of socialism described earlier. McClelland’s remarks illustrate a fundamental conservative Strict Father objection to government sponsored social programs, i.e. illegitimate government intrusion into what should be private. This intrusion violates the moral action category of Promoting Strict Father morality regarding legitimate authority.

According to the Strict Father worldview, the legitimate authority of the father comes to an end when a child becomes an adult, because it is assumed that the adult has
learned what is best for him/her and acts in accordance with that knowledge. Therefore, in the Nation as Family, the government represents a “meddling” parent whose intrusion is rightly resented (78-79). The Strict Father conservative objects to intrusion of government into personal matters of citizens, such as health care, as illegitimate, because the adult citizen knows better than government what she/he needs and therefore government should not interfere. The frame that emerges is Socialized medicine violates legitimate authority.

Additionally, in McClelland’s conservative worldview, government involvement in health care necessarily entails cost-restraining policies that inevitably reduce quality of care, and therefore, are not in the best interest of the nation. In the family, the Strict Father acts in the best interest of the family by establishing standards of right and wrong and encouraging individual growth and strength through competition. In the Nation as Family, the government is expected to act in the best interest of the nation, which for conservatives means limited government, low taxes, and plenty of competition. Clearly, when government fails to act in the best interest of the nation, it is violating Strict Father morality. The frames that emerge are Limited government is in the best interest of the nation and Free-market competition is in the best interest of the nation. Entailments associated with this frame are related to Strict Father allegiance to free-market economics, which conservatives believe produce the best goods and services at the lowest costs.

Cindy Poe, writing in the Greensboro News & Record [NC] on January 18, 1993, also expresses concerns about cost containment and treatment in her statement “Certainly, on paper it [proposed legislation] seems like a great plan; however, when it is
enacted, the state government, in order to be cost effective, will have to set guidelines concerning who will receive certain types of care.” Adding the entailment that government cannot be trusted to the frame that Socialized medicine violates legitimate authority, she asks, “How will the public feel when it is their newborn infant who is refused an organ transplant because its chances of survival are not great enough to justify the cost? Or what if it's their mother who is denied kidney dialysis because she's over a certain age?” The metaphors Poe uses highlight fears with which any reader could identify and she continues, “who [under the proposed legislation] can be trusted to make treatment decisions and what criteria will they use?” Lastly she poses the problem of unintended consequences saying, “I realize that initially that [denial of treatment] is not the plan, but look at other places with socialized medicine. I'm sure it was not their intention to do so either.” She does not assign malicious intent to “other places” but believes that denial of care is a consequence of “socialized medicine.” Poe and others who hold the conservative worldview trust the private market for health insurance because they believe they can choose among a menu of options and if service is poor they can switch to a different vendor. However, if government is the only vendor the element of competition, which conservatives trust as the guarantor of choice, quality and affordability, is lost. And Poe introduces another conservative frame Socialized medicine is a failure, in her reference to socialized medicine in other places and the subsequent denial of care. Socialized medicine violates the moral action category of Upholding the Moral Order which subscribes to a hierarchy that places America above other nations, and by definition, the American private system of health care above “other places.”
The following letter is much longer than most in the letters sections but is of interest in this study for several reasons. The author is a physician who uses colorful language to respond to a previous article by other physicians who are advocates of single-payer health care. And he addresses many issues that are frequently raised by other letter writers.

On March 23, 1993, Frank Vertosick Jr., M.D., responds in the *Pittsburgh Post-Gazette* [PA] to the article, “The Situation is Critical,” (February 28) by single-payer advocates Drs. Steffie Woolhandler and David Himmelstien. Vertosick begins by stating that single payer is socialized medicine. He says that the authors’ support of socialized medicine “is typical of the ivory-tower babble that Harvard economists have been spouting for years.” His metaphor distains and trivializes both the authors’ support for socialized medicine, and arguably the most prestigious academic institution in the U.S. It also situates the authors at a distance, associating the “ivory tower” of academia and East Coast intellectuals, far from the ordinary newspaper reader. Vertosock’s metaphor illustrates the conservative worldview in part because Harvard economists are part of a liberal elite whose “babble” represents an alternative vision of legitimate authority thereby violating the Strict Father moral action category of Upholding the Moral Order. Strict Father Moral Order establishes a hierarchy of dominance that is linked to moral authority based in Judeo-Christian religious traditions. It situates God above people, people above nature, adults above children and men above women (Lakoff 82). This hierarchy establishes what conservatives, religious or not, accept as legitimate moral order and authority. And it is fundamental to Strict Father morality in general. Therefore conservative antipathy toward the authority of institutions like Harvard that challenge the
assumptions of the Moral Order by advocating concepts such as feminism, environmentalism, gay rights, etc. is understandable. Vertosick adds the frame *Support for socialized medicine is not authorized.*

Next, Vertosick asks, “Do they [the authors] truly believe that the government will deliver fair, cost-effective and high quality health care? Verstock adds to the conservative frame that *Free-market competition is in the best interest of the nation.* As mentioned earlier, the conservative conviction that competition and self-interest are moral and necessary to the development of self-discipline and self-reliance in individuals also extends to the nation, which helps to explain conservative devotion to free-market economics. In this worldview government has no place in the provision of services like health care because the government does not exist and function in a competitive environment. The government as a tax-supported enterprise has an unfair advantage that interferes with the pursuit of self-interest by disciplined, self-reliant people trying to operate legitimate businesses, and by definition, is not capable of providing services or products that could equal the abundance and quality of those provided by businesses in a competitive environment.

Verstock continues his interrogation asking, “Has anyone looked at the hospital system of the Veterans’ Administration lately?” Those who have had negative experiences with the Veterans’ Administration will associate that experience with socialized medicine, and vice versa. Vertosick challenges the authors’ argument that a single provider is, by definition, more efficient than multiple providers by stating, “They obviously haven’t dealt with the IRS, our single federal taxing agency.” Again, the metaphor is descriptive, comparing a single payer system to the IRS. It is also partial, as
a more accurate comparison of single payer to Medicare, illustrates. But the comparison to the IRS appears to be intended to capitalize on hostility toward that particular agency. In the conservative worldview the primary legitimate role of the federal government, Protecting moral people from external evils, is one of the moral action categories. But through the agency of the IRS, government punishes earners by taking what they have earned and illegitimately giving it away to those who have not earned it, specifically via social programs, even health care for veterans (Lakoff 189-192). Therefore, the next frame Taxation to support social programs is abuse of government power is a result of a violation of the moral action category Prevent interference with the pursuit of moral self-interest.

Vertosick continues his assault on socialized medicine alleging, “Proponents of national health care are in love with British and Canadian health-care systems—as if these byzantine, cumbersome, expensive and inaccessible programs are paragons of health care delivery.” The metaphor of “proponents in love” implies devotion that is blind to the faults that Vertosick describes. He cites media accounts of long waits to see specialists in Great Britain and Canadians’ coming to the U.S. for “speedier care.” He cites personal experience with his own patients as evidence that “Americans will have great difficulty in accepting the delays that the Canadians and British face in obtaining sophisticated care.” His depiction of British and Canadian systems as “byzantine, cumbersome, expensive and inaccessible programs” strengthens the conservative frame Socialized medicine is a failure. And his references to American’s expectations of superior care and foreign citizens’ coming to the U.S. for care adheres to Strict Father
moral action category of **Upholding** the Moral Order and American exceptionalism producing the frame *The American health care system is the best in the world.*

Lastly, Vertosick cites his personal experience as a medical student and long hours as a surgeon to defend against the implication by the article’s authors that he is overpaid. Putting his earning in perspective, he says, “I am paid well by the average American’s standards, but a Major League shortstop would be insulted if offered my income. And many attorneys and stockbrokers, who don’t work in the middle of the night or on Christmas Day, pay more for their monthly mortgages than I take home.” Vertosick uses simile to situate his personal sacrifice, social contribution and income of as a surgeon in the context of a major-league shortstop, attorney or stockbroker. “I am not overpaid,” he asserts. From his point of view, he has, by virtue of self-discipline, responsibility, and self-reliance, earned legitimate rewards, thereby adhering to the moral action category of **Upholding** the Morality of Reward and Punishment (68-69).

Socialized medicine violates the moral action of **Preventing** interference with the pursuit of moral self-interest and produces the frame *Socialized medicine harms doctors.* From media resources and personal experiences, Vertosick frames single payer health care as socialized medicine, meaning a poorly administered system that serves neither patients nor doctors nor the nation well.

Other writers echo and expand on Vertosick’s sentiments. For example, in his April 3, 1993, response to a column on costs of malpractice insurance in the *Virginian-Pilot*, T. Wayne Mostilier, D.D. S., cites statistics for liability insurance that grew from $60 million in 1960 to $9 billion by 1993. “This is the amount of money required for doctors to pay for their liability insurance premiums,” declares Mostilier. And citing
statistics that malpractice settlements climbed from an average of $12,000 in 1970 to more than $100,000 in 1986, Mostilier exclaims, “What a horrendous statistic! It is inconceivable to even talk about health-care reform without addressing the malpractice-insurance problem.” Mostilier’s objection to malpractice lawsuits is consistent with the conservative antagonism toward frivolous lawsuits. Too often, they argue, lawsuits wrongly harm physicians. Lawsuits violate the moral action category of Upholding the Morality of Reward and Punishment because such lawsuits interfere with the pursuit of self-interest by self-disciplined, self-reliant people, especially physicians. Mostilier adds the frame Malpractice lawsuits harm doctors. And adding to the list of complaints about government expenditures, Naylynn Rudd is direct and explicit in her letter to the Salt Lake Tribune (UT) on May 11, 1993:

Do you actually believe that our government, which made a mess of the savings and loan industry, continues to give away tax dollars in wasteful foreign aid and which has created over a $4 trillion debt has the ability to fix our health-care system? Our present health-care crisis is due to government meddling in the first place.

Rudd’s remarks reflect and strengthen the conservative frames that Limited government is in the best interest of the nation. The entailments that support this frame are that government, when engaging in activities beyond national defense, is incompetent and wasteful; created the national debt; and, is responsible for the crisis in health care. In her conservative worldview the government should not interfere with businesses, using tax money illegitimately to prop up weak or corrupt industries that should reap the punishments they have earned. Similarly, foreign aid, unless given as humanitarian disaster relief, violates the conservative moral action category of Upholding the Morality
of Reward and Punishment by reducing incentives for people to practice self-discipline, even endure hardship, so as to become self-reliant and succeed.

Other antagonists’ frames express concerns in terms of American values and exceptionalism. For example Rachel Dines writes in the *Journal Gazette* [Ft. Wayne IN], July 22, 1993, “In addition to effacing the American tradition of self-reliance, a ‘federal’ and ‘political’ system would most certainly reduce the quality and availability of care, two characteristics that make the American medical system unequivocally the best in the world.” Her concern about American character is widely shared by conservatives who object to socialized medicine on the grounds that it violates the moral action category of Promoting self-discipline, responsibility, and self-reliance, and in this case produces the frame Socialized medicine would efface American self-reliance. Additionally, a federal and political system of health care that would reduce quality and availability of care and compromise the “best” medical system in the world would violate the moral action category of Upholding the Moral Order. Dines’ comments reflect the systematicity of the conservative frames. That is, American self-reliance was born and thrived under the Strict Father model of the ideal citizen; these model citizens built the best medical system in the world; government social programs efface self-reliance because they undermine Strict Father morality and thereby threaten American self-reliance and could destroy the best medical system in the world.

Sandy Kempe, writing in the July 29, 1993, *Seattle Times* [WA], laments, “government programs designed to assist the economically disadvantaged always seem to bring with them an element of entrapment in which participants are sucked into closed-door systems that foster dependence . . .” Kempe describes the welfare system as an
example of a programs that fail to encourage individuals to “break loose from
government apron strings without pain . . .” And she asks “Is social welfare some kind of
diabolical plot to keep the poor in a state of need and the rich in a continuing state of
progress? If not, why wouldn’t our government officials see fit to empower the needy.”
Kempe’s despair is almost palpable. She describes the hazards that conservatives fear
when the Strict Father model is abandoned, i.e., citizens do not face adversity and thereby
become stronger, self-disciplined and more self-reliant. They are robbed of the
opportunity to want things, then work to earn the resources that would enable them to
acquire what they want on their own. Rather than nurturing the disadvantaged to a state
of greater well-being, social programs, though well intentioned, fail because they deny
the conservative view of human nature, that people seek rewards and avoid punishment.
Social programs, according to the conservative worldview, replace incentive with
entitlement and thereby violate the Strict Father moral action category to **Insure**
punishment for a lack of self-discipline which in turn produces the frame *Social welfare
programs replace incentive with entitlement.*

Given the failures of social welfare programs, Kempe asks, “Can we blindly
expect a new government system of socialized medicine funded on the backs of
Americans to actually promote human independence and less of a reliance on government
to control our lives?” Kempe holds government officials responsible for the failures of
social welfare programs and calls for “humanitarian reform, rather than allowing
government to throw good money after bad in the form of increased taxes for an
additional government-controlled bureaucracy.” Kempe’s letter is of particular interest
because it illustrates grave concern for those in need and equally grave concern about
costs and failures of government social programs. Kempe varies from the conservative worldview in suggesting that government officials, not the social program itself, is the problem and that “humanitarian reform” is a possible solution. But Kempe’s question, “Do we honestly believe our government should be trusted to create another public monster when current programs have historically not even come close to alleviating human suffering and despair?” again reflects the conservative worldview of government social programs.

Daniel Plonk in the Atlanta Journal and Constitution [GA], July 30, 1993, voices recurring conservative frustration with government’s “corrupting power to take our hard-earned income and give it to those who will not compete, contribute, sacrifice and otherwise be assets to this country's well-being.” For Plonk it is immoral for government to take away his legitimately earned income and give it to the undeserving. His letter reinforces the frame Taxation for socialized medicine is an abuse of government power.

Despite the predominance of negative opinions during this period, some writers express support for socialized medicine and strive to shed a different light on the discussion. The first such writer contributes a strong and experienced voice in support of socialized medicine.

*Nurturant Parent Liberals Strive to Re-Frame the Debate*

The first letter to support socialized medicine appears on April 6, 1993, written by French citizen Samia Labassi in the Palm Beach Post [FL]. Labassi writes to counter a claim in a letter by an American doctor that Americans “cannot have the best care for Mom and hold down the cost while doing it.” The “Mom” in the letter is a metaphor for all Moms and the statement is a warning that those desiring the best care for their Moms
will have to pay more under a system of socialized medicine. However, Labassi charges, “It is outrageous that the quality of health care is proportional to the amount of money you can pay for it.” Her remarks reflect a liberal worldview that values empathetic behavior, promoting fairness and helping those who cannot help themselves. Given that worldview, health care should be provided not on the ability to pay, but as a function of need in accordance with the liberal moral action category of **Helping** those who cannot help themselves. And the frame that emerges is *Socialized medicine provides care on the basis of need*. Labassi challenges the concept that “you get what you pay for” and frames such thinking relative to health care as an outrage, a violation of acceptable standards of decency. “Socialized medicine,” Labassi continues, “does not destroy a medical system, but allows everybody, regardless of income, to get the best care possible.” Her letter contests her perception of the conservative worldview. The idea that the “best care possible” would be provided to “everybody” violates every tenet of conservative moral action, because “everybody” could not possibly have earned the right to the “best” of anything. The conservative worldview is grounded in hierarchy, and that hierarchy is based first on legitimate authority and secondly on merit. This is not to imply that conservatives think sick people should not be treated, but they should not expect the “best care possible” unless they can pay for it.

Labassi cites personal experience as a patient in the French system in which most costs are paid by their Social Security system. According to Labassi, doctors bear specific responsibility and they must “understand that by accepting a reduced income, they offer everybody the opportunity to get the best possible health care.” Her statement reflects the liberal moral action category of **Empathetic** behavior and promoting fairness.
and the corresponding frame that *Socialized medicine promotes fair access*. Labassi’s expectation that doctors who have nurtured and strengthened themselves in order to help others would want everybody to have the best care and would put that goal ahead of their own enrichment adheres to the liberal moral action of **Promoting** fulfillment in life. And the associated frame that Labassi introduces is *Doctors have a special duty to expand access to health care*. Conversely, in the conservative worldview, doctors have earned the right to be well compensated and thus should not be punished by “accepting a reduced income” in order to provide a service to someone else. Although voices in support of socialized medicine are few in number in 1993, they appear consistently throughout the summer and fall.

In another attempt to re-frame the way Americans think about socialized medicine, Bruce K. Barton writes in the July 3, 1993, *Salt Lake Tribune*, “We have had socialized medicine since the first insurance policies were written. We have had the many paying the costs of the few.” He emphasizes the collective nature of insurance and socialized medicine when he reminds the reader that in both systems the many pay the costs of the few, and thereby adhere to the liberal moral action category of **Protecting** those who cannot help themselves when disaster strikes. Barton introduces the frame *Socialized medicine is insurance*. Barton’s remarks indicate his liberal worldview in that he is comfortable with the concept that private insurance and socialized medicine are simply different sides of the same coin. To him it makes sense that when lots of people purchase insurance policies, the funds are available to meet the needs of the relatively few who have problems, and, similarly, if everyone contributes to a program of social health insurance, the few who become ill can be helped. However, for conservatives the
two types of programs could not be more different, first because private insurance companies must thrive or die on their own merit, and this competitive environment produces better services and products for consumers. Secondly, consumers purchase private insurance according to their ability to pay, and what they are able to pay is a reflection of what they have earned; there is a natural coherent order to this arrangement in the conservative world view.

Barton continues his argument in defense of socialized medicine with the caveat that what current social programs have lacked are adequate controls. For example, he writes “We would not allow a person receiving Social Security retirement benefits to suddenly decide that they needed more money . . . and get more because they asked for it.” According to Barton, “Doctors, hospitals, pharmacists, wheelchair makers and medical suppliers all feed at a social trough. They need to be controlled.” Barton introduces the frame Regulation is protection which evolves from the moral action category of Protecting those who cannot protect themselves. The metaphor of animals, usually swine, feeding at a “trough” is more pointed by Barton’s use of the adjective “social” to describe the “trough,” i.e., these trough feeders are gorging themselves at public expense and they need to be controlled. Barton’s imagery strengthens the liberal worldview that the public needs to be protected from those who do not promote fairness and do not help others; the trough feeders represent the antithesis of the liberal model citizen. Private health insurance companies are also the target in the next example.

In a somewhat combative response to an editorial entitled “A Mythical Medical Monster,” John Winston Bush writes in the New York Times, September 12, 1993, that the Canadian health care system is not socialized medicine, but socialized insurance that
operates “using a negotiated fee schedule like the one long in use by Medicare.”

According to Bush, “the gargantuan insurance bureaucracies [are] running scared. Their
strategy is to preserve their bloated, wasteful empires with ‘managed competition.’” The
imagery and metaphors are familiar and nearly identical: “gargantuan bureaucracies” and
“bloated, wasteful empires” could as easily describe the government social programs
loathed by conservatives or, as in this case, private insurance companies, loathed by liberals. It is tempting to surmise that what each side of the discussion actually despises
is waste and needless bureaucracy, which is probably accurate, but neglects the
importance of oppositional worldviews.

In the liberal worldview, insurance companies, by definition, violate three of the
five categories of moral action, because they do not Promote empathy and fairness, Help
those who cannot help themselves or Protect those who cannot protect themselves. Bush
concludes his letter saying, “They [insurance companies] should at least be forced to face
some real competition from state-run single-payer plans modeled after Canada’s humane
and cost-efficient system.” Bush invokes metaphors of insurance companies “facing”
competition and of a health care system that is “humane.” He strengthens the frame
Socialized medicine promotes fair access saying that a health care system like Canada’s
is fair and provides help to those who cannot help themselves. Bush, Barton and Labassi
present arguments that reveal the systematicity of liberal frames. For example, from the
liberal worldview Socialized medicine promotes fair access and Helps those who cannot
help themselves because anyone could be injured or become ill and not be able to pay
their medical costs. Socialized medicine is insurance because people pool their resources
for the benefit of those who need help and Regulation is protection because private
insurance companies and others are sometimes greedy and do not behave in the interest of the public.

What emerges in these letters are different perceptions of who should benefit and what they should gain versus who should pay and what it should cost – the meaning is in the moral action. If the provision of services is left to private enterprise, conservatives believe, healthy competition will produce model citizens, i.e., successful businessmen, plus all the products and services that the public needs or wants. It is important to remember as these different worldviews are described, that they function as metaphorical filters, allowing some aspects of reality through and restricting others. Where Barton sees a beneficial social program corrupted by uncontrolled greed, McClelland or Rudd sees a corrupt program that brings out the worst in people. And while Barton’s statement “The people who benefit from a system or a program should not have control of it” sounds like a sentiment expressed earlier by conservative Herbert L. McClelland, Barton’s advocacy for more regulation is not likely to persuade conservatives, like McClelland, to his way of thinking. To suggest that government regulation is a way to improve a social program, for conservatives, amounts to nesting offenses. First, government should not be in the social services business, and second, government regulations conflict with many categories of conservative moral action. Government regulations, seen by liberals as reasonable protections, are seen by conservatives as interference with the legitimate individual pursuit of self-interest. In the conservative world view, government regulations are immoral because they burden and inhibit the very people who, because of their self-discipline, responsibility and self-reliance, are able
to support themselves and often provide employment opportunities and services for others.

President Clinton’s First Term September – December

*Clinton Proposes a Cure for a Broken System and Opposition Rises*

On September 22, 1993, President Clinton introduced his health care reform proposal to Congress. Clinton described America’s health care system as “badly broken,” and says, “Despite the dedication of literally millions of talented health care professionals, our health care is too uncertain and too expensive, too bureaucratic and too wasteful. It has too much fraud and too much greed.” He then described his plan for reform that is based on six principles that include “Security, simplicity, savings, choice, quality and responsibility.” But even before Clinton announced his plan, an advertising campaign sponsored by opponents of the plan the Health Insurance Association of America (HIAA), had already begun. The campaign began September 9, 1993, and continued through mid-September 1994. The campaign known as *Harry and Louise* featured a middle-class couple discussing their concerns about the Clinton proposals and was designed to undermine the public’s favorable attitude about reforms which at the outset was 67-75% as indicated by public opinion polls (Goldsteen et al. 1346). The campaign consisted of 6 different ads, each of which ran nationally for 3-6 weeks, and which contained messages that began as “friendly persuasion” and escalated to “hard sell” (1329-1330). For example, the first ad began with the underlying message “Government Involvement in Health Care Reform = You Will Lose Control = You Will Not Get What You Want,” and targeted the Clinton’s plan to establish health alliances, implying that a given consumer’s preferred plan might not be among the approved plans.
While the influence of the campaign is contested among public opinion research scholars, polls in the following months showed a steady decline in public support. And in letters to the editor conservative letter writers voiced their immediate and emphatic displeasure with the plan.

Conservatives Reject Clinton Reform Proposal

Scott J. McAuslan writes an impassioned letter in the October 6, 1993, *Syracuse Herald-Journal* [NY] stating that President Clinton’s health care plan is “an assault on the freedom of every U.S. citizen,” and poses the question, “Do people who opt not to have insurance because they want the income instead want to be told they must pay for insurance?” McAuslan’s concerns add to the Strict Father frame that *socialized medicine violates moral authority* because citizens are mature adults who are self-disciplined and self-reliant and do not need or want government to tell them how to spend their money. According to McAuslan, “This plan, or any other form of socialized medicine goes against the American ideal.” That ideal is the Strict Father model of the ideal citizen who is self-reliant, self-disciplined and responsible. McAuslan also objects to the idea that people who eat well and take care of their health would have to pay for those who do not, which conflicts with the conservative moral action of **Preventing** interference with the pursuit of moral self-interest. His comments support the conservative frame that

*Taxation for socialized medicine is an abuse of government power* with the entailment that people who take care of their health should not be taxed to pay for health care for people who don’t. McAuslan rejects government-sponsored health care viscerally as an “assault,” reflecting conservative will to **Prevent** interference with the pursuit of self-interest. McAuslan’s letter is important primarily because his remarks implicitly raise the
conundrum of America’s collective commitment to provide emergency care. That is, McAuslan might opt out of purchasing medical insurance, but emergency services and hospitals cannot legally opt out of providing him emergency care if he becomes suddenly ill or injured.

Also antagonistic to Clinton’s health care plan, but approaching the question from a different angle, David A. Westbrook, M.D., writes in the Dayton Daily News [OH] on October 6, 1993, “The first priority of health-care reform is to assure that those individuals in need of health care have it when they need it and for as long as they need it.” His statement appears to imply that he holds the liberal priority of helping those in need. But next he appears to adopt the conservative worldview, stating, “... the American Health Securities Act is socialized medicine. Choice and quality of care will be sacrificed at the altar of government bureaucracy and budgetary expediency.”

Westbrook writes primarily about costs imposed by government and the inevitable rationing when demand exceeds supply. In Canada, he claims, “A dog may be given priority for a CAT scan over a human,” when money runs out before the end of the fiscal year. The example sounds ludicrous, but in the conservative worldview, priorities are turned upside down when Strict Father Morality is abandoned and government interferes in service provision. Westbrook recognizes that problems exist in health care but advocates a pragmatic conservative solution by which government is involved by making changes in tax laws to increase accessibility to health care. Conservative pragmatists stray from the central Strict Father prototype by accepting some level of government involvement such as tax breaks which retains congruence with the moral action of Upholding the Morality of Reward and Punishment.
On October 11, 1993, the second *Harry and Louise* ad was released in which the couple expresses agreement with the goals of health care reform, i.e. to provide coverage to everyone, but also doubts that government could do the job without limiting spending, therefore the consumer might not be able to get needed medical services (Goldsteen et al. 1329). The messages in the ad are congruent with conservative concerns already stated in letters to the editor, but were intended to appeal to a broader audience by appearing sympathetic, well-meaning and more informed than the average citizen (1348).

However, as letters to the editor indicate, conservatives did not need convincing.

Writing in the October 12, 1993, *Salt Lake Tribune* [UT], Kyle Bateman is “grieved to see the Congress embracing them [the bonds of socialism] as they begin to design our new socialized medicine bureaucracy.” He reinforces conservative frames pertaining to the consequences of government provision of social services paid for by taxes:

Socialized medicine has failed every time it has been tried. Furthermore, look at the socialist programs our own government attempts to administer now: Medicare, Medicaid, Veterans' Administration, Social Security. Each one is riddled with waste and hopelessly bankrupt. And now we're about to turn over the responsibility for our very lives to this same government incompetence.

Bateman’s metaphor that “nations all around the world are struggling to shake off the bonds of socialism,” and his belief that socialized medicine has failed everywhere underscores his conservative view of proposed reforms as burdensome, bureaucratic and doomed to fail. He expresses extreme dissatisfaction with the management of other government programs as “riddled with waste and hopelessly bankrupt,” and expresses conservative fear at the prospect of putting “our very lives” in the hands of incompetent
government. His letter reinforces conservative fears associated with the perceived demise of Strict Father morality and the inevitable consequences.

Other writers add metaphors that express conservative distaste for government involvement in health care. For example, Christopher Brown asks in the October 12, 1993, *Seattle Times* [WA], “Do we not need to determine the true price of universal coverage before leaping into a sea of red ink?” The metaphor of a sea of red ink reflects conservative distrust of government to operate a program efficiently. And Fred Kerr writes in the *State* [Columbia SC] on October 17, 1993, “One need not wait for passage of a national health care bill to get a good whiff of socialized medicine,” using an affective metaphor that indicates something rotten is in the wind.

Another objection to government’s role in health care decisions is voiced by John Nicholson in his October 24, 1993, letter to the *Washington Times* [D.C.] when he states that Americans have had the freedom to contract for medical care “without having to ask ‘by your leave’ of any GS-9 in the federal government.” Nicholson invokes a metaphor of the federal government as “lord” and the individual as “serf.” As Nicholson describes the problem, “the Constitution will be tossed aside and a fundamental right eliminated on the altar of socialized medicine” with the implementation of the Clinton plan. Nicholson’s metaphor of “serf” and “lord” mirrors the discrepancy of power between individual and government that McClelland voiced and adds to the frame that *Socialized medicine violates legitimate authority*. The image of the Constitution “tossed aside” implies that proponents of proposed health care reforms lack respect for Constitutional protections. In the conservative worldview, the Constitution represents legitimate authority and protection for citizens from illegitimate government intrusions. The
metaphor of “the altar of socialized medicine” portrays reform advocates as blind adherents to the cult of socialized medicine. These metaphors frame socialized medicine as a system in which government holds illegitimate power, citizens have little recourse to challenge government decisions and have lost their freedom to negotiate individual contracts.

Harry M. Corbet notes in the Oct 29, 1993, *Pittsburgh Post-Gazette* [PA] that “Health care consumes one-seventh of our national income.” The message to conservatives is that government is increasingly and illegitimately replacing private businesses thereby violating the conservative moral action category of Promoting competition for national strength. A new frame that emerges is *Health care constitutes too much of GNP to put under government control.*

Larry W. Hayes, in the November 1, 1993, edition of the *State* [Columbia SC] repeats the charge that the Clinton proposal “is a form of socialized medicine” which has not worked anywhere, but adds conservative objections that part of the health care problem is attributable to the “continuing influx of immigrants.” According to the conservative worldview the Strict Father (government) sets policy rules that model citizens obey, so immigrants are welcome if, and only if, they obey the rules. Immigrants deserve citizenship and all the benefits of citizenship as members of the national family only if and when they obey the rules. The “influx of immigrants” indicates a problem relative to health care because illegal immigration violates the moral action category Protecting moral people from external evils. When borders are not protected, illegal immigrants can enter the country and receive social benefits. The resulting frame is *Socialized medicine encourages illegal immigration.*

110
Charles P. Lawlor, writing in the November 2, 1993, *Times-Picayune* [New Orleans LA] challenges the basic assumptions of health care reformers, stating “there is no health care crisis.” From the conservative worldview most working people acquire health care coverage as an earned benefit of employment, and government provides health insurance for the elderly and the poor. Since people without health insurance must be served in hospitals, there is no crisis. The frame *No crisis in health care exists*, derives from violations of the conservative Strict Father moral action category of **Promoting** self-discipline, responsibility and self-reliance, because the extant system of health care delivery is adequate for most people and those who want or need better insurance should get jobs that offer insurance or work more to pay for more insurance.

Expressing grave fears, E. Stuart Hendrickson writes in the November 29, 1993, *Pittsburgh Post-Gazette* [PA], “Seeing the juggernaut of socialized medicine bearing down on the people of the United States chills the spine... Coercive cost controls, no choice of doctor, destruction of the private practice of medicine, federal bureaucrats making life decisions that are best left in the hands of the patient concerned, etc. Ugh!” Hendrickson’s metaphor “juggernaut of socialized medicine” engenders images of a genie let escape from its lamp and beyond human control. The imagery is congruent with conservative fears of the unintended consequences of increasing government involvement in health care. Hendrickson adds the entailments of coercive cost controls, no choice of doctor, federal bureaucrats making life decisions, and the destruction of the private practice of medicine to the frame *Free-market competition is in the best interest of the nation.*
Ken B. Steen in the December 16, 1993, *Greensboro News & Record* [NC] says, “There are many deserving of compassion, some more so than others. On that compassion gradient, those who inflict harm on themselves or neglect themselves to the point of illness must rate lower.” Steen’s “compassion gradient” reflects the conservative view of the Moral Order in which people occupy different places in society that reflect their relative effort and earned success. For Steen good health, like success, is earned and it is only right that individuals take care of their own needs as much as possible. These comments reflect antagonism toward those who are perceived as unwilling to contribute to their own well-being and therefore not deserving of compassion in the form of goods and services that are paid for by taxation on others’ wages. That antagonism stems from violations of the moral action category of *Promoting* self-discipline, responsibility, and self-reliance, and strengthens the frame *Social programs replace incentive with entitlement*. Steen continues, “Socialized medicine . . . is yet another federal scam that will hurt the people it’s supposed to help.” He concludes saying, “Compassion untempered by reason isn’t compassion; it is moral aggrandizement . . . something you do for yourself, not others . . . it is a poor basis for destroying the best health care system in the world.” From his conservative worldview Steen denigrates the primary liberal moral action, having empathy, as “moral aggrandizement,” and strikes at the heart of the oppositional worldviews that divide liberals and conservatives – their respective understanding of human nature.

*Liberals Challenge Status Quo*

Another liberal frame is presented by Thomas Stephens in the October 5, 1993, *Tampa Tribune* [FL] in his response to the article “Doctors see health plan as a plague” in
which the author repeated the terms “socialized medicine” and “socialist philosophy.”

Citing the AMA-sponsored public relations campaign against President Truman’s health care plan in 1945, Stephens says, “Even today, almost 50 years later, the rallying cry of ‘socialized medicine,’ is being used to continue our being the only industrial society, except South Africa, without universal health care coverage.” The American system of health care violates the liberal action category of *Empathetic* behavior and promoting fairness, and the frame that emerges is *Americans can learn from health care systems in other countries*. Stephens’ imagery portrays a 50-year struggle during which the rallying cry ‘socialized medicine’ mustered physicians together to battle the looming plague of health care reform. And Stephen’s letter is the first to describe America as isolated from other similar nations that provide access to health care for all of their citizens. The metaphor is powerful in part because in the liberal worldview, as mentioned previously, physicians should be foremost among those promoting, not contesting, a system of universal health care that meets the medical needs of all the citizens and thereby promotes fairness.

Similarly critical of the medical establishment, Richard Stimson writing in the *Greensboro News & Recorder* [NC] on November 7, 1993, blames fraud and entrepreneurial opportunism for high costs:

Many doctors accepted the Medicare payments based on normal fees, then charged their elderly patients additional amounts beyond those approved by Medicare. Hospitals were set up by private corporations to collect Medicare payments, and their stocks became "hot new issues" because of the anticipated profits. Over the years fraudulent Medicare claims have been documented on a huge scale and are currently estimated at $20 billion to $40 billion annually.
Stimson criticizes doctors who, in the liberal worldview, are expected to provide care, instead extracting payments from vulnerable senior citizens. And hospitals, shelters for the sickest members of society, have been turned into corporations offering “hot new issues” to enrich stockholders. From the liberal worldview of empathy and helping others, Stimson fears that the healing role of medicine has become subservient to the profit-making potential of medicine and allied professions. The new frame that emerges is the *Quest for profits above public health is immoral*. But, in fact, to conservatives the exact opposite is true. If the practice of medicine and allied professions is profitable, Strict Father model citizens will properly prepare themselves to provide those services and products, and the public will be well served.

Lessons from 1993-1994

Analysis of letters to the editor written in 1993 about socialized medicine contain topic choices, word choices and metaphors that, when analyzed as adherence to or violations of moral action categories, reveal frames that are coherent with George Lakoff’s theory of conservative and liberal worldviews. Differences between liberal and conservative worldviews about government provision of social services, such as Social Security and Medicare, ignite passions because involvement of government in citizens’ personal lives is more than just a policy disagreement. At stake are the moral character of individual citizens and the future of the nation. The differences in worldview begin with different assumptions about human nature. Each conception of human nature dictates the type of family structure that is necessary to produce model citizens who are able to function and contribute to society, and guides liberal and conservative thinking about the nature of the Nation as Family and of individuals’ roles in that family.
Lakoff also argues that about 40% of voters are consistently conservative politically and another 40% are consistently liberal politically, and that roughly 20% reside somewhere in the middle (393). He describes this group as either “bi-conceptuals” who engage both models in various aspects of their lives, or “pragmatists” who are basically conservative or liberal, but are more willing than the ideal prototypes to compromise for practical reasons (393-394). This 20% is the group that campaigns like *Harry and Louise* hope to sway. While it is difficult to ascertain the influence of such a campaign precisely, public support for the Clinton plan dropped from a high of 75% when Clinton was elected to 68% by the end of 1993 (Goldsteen et al. 1346).

*Review of Strict Father Conceptual Metaphor*

Conservatives, according to Lakoff, believe “people left to their own devices tend simply to satisfy their own desires. But they will do things they don’t want to do in hope of rewards and avoid doing things they want to do to avoid punishment” (67). Given this emphasis on nature over nurture, the metaphorical Strict Father is necessary to cultivate model citizens. The conservative conceptual metaphor of the Strict Father is based on Judeo-Christian religious and philosophical teachings. It establishes a clear, hierarchical Moral Order, that provides structure and rationales by which people and nations should live in order to become strong, disciplined and self-reliant in a hostile world.

The Strict Father moral system translates into categories of moral action by which people are able to make judgments in everyday life. The most important moral action is the preservation and promotion of Strict Father morality and the most important duty of the Strict Father is the cultivation of self-disciplined, responsible, and self-reliant model citizens. This system of moral actions, when applied to the Nation as a Family, translates
into the expectation that families and individuals will take care of themselves, that those in need will be sheltered by charity, that government will be limited, and that the primary role of the federal government is protection of the nation from external threats.

Conservatives believe that violations of that moral system weaken individuals and families, and eventually lead to the decay and destruction of the nation.

*Review of Nurturant Parent Conceptual Metaphor*

By contrast the liberal Nurturant Parent conceptual metaphor places much greater emphasis on the idea of nurture over nature. Therefore, liberals believe that model citizens develop best in an environment of love, care and respect. They believe that children learn to be responsible, self-reliant and self-disciplined adults through the experience of being cared for and respected and through caring for others (Lakoff 108). According to the Nurturant Parent conceptual metaphor, the system of morality is based on empathy, nurturance and compassion. The Nurturant Parent moral system yields categories of moral action by which liberals, like conservatives, judge events in their everyday lives. Therefore, according to the liberal Nurturant Parent moral system, the most important moral actions are having empathy and compassion and nurturing others, especially those who are not able to care for themselves. Failing to have compassion and nurture others violates the liberal moral system, and undermines the well-being of individuals and families, contributes to social and economic disparity and frays the fabric of the nation.

It is important to note that both worldviews promote the importance of the family, the importance of children becoming responsible, self-reliant individuals and contributors
to society. However, the belief structures and family models intended to accomplish those objectives are very different.

*Topics, Word Choices and Metaphors*

The ways that conservatives and liberals use language, i.e. topic choices, words and literary devices, are congruent with and reflect their respective worldviews. For example, portrayals of government programs as plots and scams, riddled with waste and fraud that harm the people that they were intended to help, or rob the worthy to pay the expenses of the unworthy reflect violations of Strict Father morality. Metaphors of serf and lord, and claims that socialized medicine is an assault on freedom reveal conservative hostility to government interference with the moral pursuit of self-interest. Fear that choice and quality will be sacrificed on the altar of socialism is derived from conservative confidence in free enterprise, functioning in a competitive environment, to provide services and products to meet the needs and wants of the public. Not surprisingly, liberal topic choices, word choices and metaphors reflect the liberal moral system.

For example, liberals argue that everyone should have access to medical care and that quality or availability of health care should not be proportional to cost. Additionally, when and where help is needed, liberals believe it is appropriate for the many to pay the costs of the few via government through taxation. Furthermore failure to help those in need violates the Nurturant Parent moral code. Metaphors of doctors, hospitals, pharmacists and medical suppliers feeding at a social trough and private hospital stocks described as hot new issues convey feelings of disgust and distaste. And framing the U.S. as standing alone in contrast to industrialized nations that provide access to health
care to all their citizens is an indictment of an American institution that is failing its moral duty.

Framing Socialized Medicine in 1993

George Lakoff argues that topic and word choices reflect framing and framing reflects worldview. Figure 15a-c illustrate the frames that emerged in 1993.

<table>
<thead>
<tr>
<th>Conservative Moral Actions</th>
<th>Frames in 1993</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting Strict Father morality</td>
<td>Government reforms are socialized medicine</td>
</tr>
<tr>
<td>*Establishment of right/wrong</td>
<td>Socialized medicine violates legitimate authority</td>
</tr>
<tr>
<td>*Legitimate authority</td>
<td>Free-market competition is in the best interest of the nation</td>
</tr>
<tr>
<td>*Competition</td>
<td>Limited government in best interest of the nation</td>
</tr>
<tr>
<td>Promoting self-discipline, responsibility, and</td>
<td>Socialized medicine would erode American self-reliance</td>
</tr>
<tr>
<td>self-reliance</td>
<td>Social programs replace incentive with entitlement</td>
</tr>
<tr>
<td></td>
<td>Government programs undermine/displace legitimate business</td>
</tr>
<tr>
<td></td>
<td>No crisis exists in health care</td>
</tr>
<tr>
<td>Upholding the Morality of Reward and Punishment</td>
<td>Taxation for socialized medicine is an abuse of government power</td>
</tr>
<tr>
<td>a. Preventing interference with the pursuit of</td>
<td>Malpractice lawsuits harm doctors</td>
</tr>
<tr>
<td>self-interest by self-disciplined, self-reliant</td>
<td>Socialized medicine harms doctors</td>
</tr>
<tr>
<td>people</td>
<td></td>
</tr>
<tr>
<td>b. Promoting punishment as a means of</td>
<td></td>
</tr>
<tr>
<td>upholding authority.</td>
<td></td>
</tr>
<tr>
<td>c. Insuring punishment for lack of self-discipline</td>
<td></td>
</tr>
<tr>
<td>Protecting moral people from external evils</td>
<td>Socialized medicine encourages illegal immigration</td>
</tr>
<tr>
<td>Upholding the Moral Order</td>
<td></td>
</tr>
<tr>
<td>*God</td>
<td>The American healthcare system is the best in the world</td>
</tr>
<tr>
<td>*Constitution</td>
<td>Socialized medicine is a failure</td>
</tr>
<tr>
<td></td>
<td>Support for socialized medicine is not authorized</td>
</tr>
</tbody>
</table>

Fig. 15a. Conservative frames in 1993.
Lakoff claims, “conservatives understand the moral dimensions of our politics better than liberals do . . . [and] liberals do not understand the conservative worldview and the role of moral idealism and the family in it” (18). The framing of socialized medicine in letters to the editor in 1993 confirms that claim. Conservatives have a shared understanding of the term socialized medicine and since the late 1940s have crafted a coherent rhetoric to combat any proposal for health care reform that hints at greater
government, and less private enterprise. Not understanding the conservative worldview, liberals’ calls for fairness, their objections to the corporatization of medicine and praise for regulations as protections are heard only by other liberals.

Although worldview is a powerful force, it is not immutable (Lakoff and Johnson 152-155). In other words, regardless of the nature of our family, our worldview is also shaped by our experiences and revealed in words, topics and metaphors, as letters to the editor in 1994 and future years illustrate.
CHAPTER 5: 1994

Introduction

The details of the Clinton proposal for health care reform were not made public until November 1993, and letter writers in early 1994 continued to express their reactions. The number of letters to the editor in which socialized medicine was discussed grew to a total of 65 and as Table 3 indicates, most letters were published during the first three months of 1994, peaked again during July and August then fell off sharply in the fall. The reasons for this distribution are difficult to ascertain with certainty, but at least three possibilities emerge. First, the Harry and Louise campaign by the Health Insurance Association of America (HIAA) that began before Clinton announced his plan to Congress in late 1993, was re-introduced during January and February of 1994, and continued from late June through early September (Goldsteen 1347-47). That campaign could have influenced the number of letters to the editor and possibly the content as well. Second, in early 1994, Republicans in the U.S. Congress fought the plan, and Democrat support fragmented as coalitions formed and alternative proposals were drafted (“A Detailed Outline”). Last, the sharp decrease in letters in fall of 1994 no doubt reflects Sen. George Mitchell’s announcement in September that there were not enough votes in the Senate to pass the bill, so he would not bring it up for a vote (“Statement on Health Care Reform”).

This chapter is organized to reflect the distribution of letters as shown in Table 3, which also illustrates the results of my categorization of the letters according to their antagonism or acceptance of socialized medicine as an indication of political persuasion.
Of the total, 41 (63%) letters are antagonistic to socialized medicine (conservative), 24 (37%) express support for or acceptance of socialized medicine (liberal).

Table 3.
Political persuasions in letters to the editor in 1994.

<table>
<thead>
<tr>
<th>Month</th>
<th>Conservative</th>
<th>Liberal</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>February</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>March</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>April</td>
<td>1</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td>May</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>June</td>
<td>3</td>
<td>--</td>
<td>3</td>
</tr>
<tr>
<td>July</td>
<td>6</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>August</td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>September</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>October</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>November</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>December</td>
<td>--</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>41 (63%)</td>
<td>24 (37%)</td>
<td>65</td>
</tr>
</tbody>
</table>
Review of Procedures for Analysis

As a reminder to the reader I have repeated Lakoff’s conservative and liberal categories of moral action from Fig. 14 that I will use to analyze letters to the editor in order to identify and explain how writers frame their discussions of socialized medicine.

Fig. 14. Moral Action Categories (Lakoff 163, 165).

At the end of the chapter I discuss how socialized medicine was framed in 1994 and how those frames strengthen or add to those described in 1993.

Conflicts Intensify January – June, 1994

Conservatives Continue Established Frames

The discussion continues in 1994 as health care reform remains a contentious issue. Charles W. Hair, Jr. opens the new year with his January 1, 1994, letter in the
Advocate [Baton Rouge  LA] repeating the conservative metaphor, “The Proposal [Clinton health care plan] is plain socialized medicine.” He adds the entailment that socialized medicine “has never delivered as good care to as many people as the American market-driven free-enterprise system.” Hair repeats sentiments voiced in 1993 by McClelland, Vertosick and McAuslan, and others that the President’s plan is socialized medicine and by definition violates multiple conservative moral action categories already described in 1993. He cites figures of 37 million people without health insurance, but doubts the reports because his personal search has yielded no specific instance “in which someone suffered or died because of lack of medical care.” He thereby concludes, “Everyone is getting medical care” which is coherent with the frame No Crisis Exists also voiced by Charles Lawlor in 1993. Hair’s letter is useful because it illustrates how personal experience shapes and/or reinforces worldview.

Lakoff and Johnson theorize that “the same parts of our brains are active in imagining as in perceiving and doing” and they describe these dynamic brain functions as enactments (257). According to the theory, “we carry out metaphorical enactments---forms of imagination in which abstract reasoning is governed by sensory-motor enactments unfolding in real time and in real contexts” (258). For example, Hair’s personal experience (of searching for people who have suffered or died due to lack of health care) allows him to imagine, i.e., carry out metaphorical enactments, that reinforce his existing conservative conceptual metaphors and conclude that everyone is getting medical care and simultaneously cast doubt on media reports that a problem exists. Conversely, personal experience can contradict and stimulate modification of a worldview as later letters demonstrate.
Another recurring aspect of the conservative worldview concerns the proportion of the economy that health care represents and who will have control over that part of the economy. Dave Arms’ writes in the January 17, 1994, in the Orlando Sentinel [FL] to complain about the paper’s “socialist slant” and placement of news. He states that Clinton’s health care plan would have a negative effect on business “because health care is reported to be about 15 or 20 percent of the gross national product . . .” Continuing arguments raised in 1993, Arms reiterates the frames Health care as too large a percentage of the GNP to be trusted to government and adds the entailment that government has a poor record in management to the frame Free-market competition is in the best interest of the nation.

As mentioned earlier, the Harry and Louise campaign resumed in late January, but according to Goldsteen et al., “The tone and language changed [and] was assured and assertive [in 1994] rather than tentative and gently persuasive [as in 1993]” (1329). The text of the ads included the words and phrases “mandatory,” “forces us,” “another billion dollar bureaucracy,” “government monopoly,” and “run by tens of thousands of new bureaucrats,” and warned that the plan would expand government and be “coercive and expensive,” according to Goldsteen et al. However, the next example continues to strengthen the frame described in 1993 that No crisis in health care exists because alternatives are available if people seek them out.

Ron Jenson argues in the February 4, 1994, Salt Lake Tribune [UT], that the government does not need to institute “socialized medicine” because individuals can “take responsibility for themselves by exercising their right to continue health insurance benefits under existing COBRA laws . . .” Jenson situates his argument in the context of
an example presented by President Clinton of a woman who was laid off, then became seriously ill and faced devastating medical expenses. Jenson argues that employed persons have a safety net in COBRA and simply need to “take responsibility” and exert their rights. Jenson’s topic choice and advocacy of personal responsibility adheres with the moral action category of Promoting self-discipline, responsibility and self-reliance. His contention that a worthy employee even if laid off has adequate protections and does not need “socialized medicine” is an attempt to strengthen the conservative frame that No crisis exists in health care, and that therefore there is no need for reforms. However, the image of the protected worker is partial and flawed since COBRA (Consolidated Omnibus Budget Reconsolidation Act of 1986) does not apply equally to all businesses and requires the terminated employee to pay the full costs of the previously employer-sponsored insurance premiums, which in practice is usually too great a financial burden for the recently unemployed, thereby leaving many without coverage (“Consolidated;” Rovner). Additionally, the words “taking responsibility” implicitly impugns as irresponsible any worker who is laid off and suffers losses due to health care costs. The next writer also argues that no health care crisis exists, although he expects one to arise.

Joe Gibson, writes in the February 6, 1994, Palm Beach Post [FL], “All egocentric or politically motivated protestations to the contrary, we do not have a health-care crisis, but if we adopt President (Hillary) Clinton’s proposal, that will become a self-fulfilling prophecy, and once again we will see the taxpayer will be the victim.” Gibson’s letter provides two immediate clues to his worldview. First he engages in pathological stereotyping by which conservatives or liberals characterize the other group with distortions of their views or practices (Lakoff 315-321). For example, Gibson’s
descriptions of “egocentric and politically motivated protestations” represent
conservative pathological stereotyping of liberals as self-interested advocates of special
interests (317-19). Both liberals and conservatives are regularly guilty of the practice
which serves the ends of self-righteousness or propaganda, but fails to explore or reveal
understanding of the moral foundations of either group (321). Secondly, Gibson’s
moniker of “President (Hillary) Clinton” identifies Hillary as a demon that conservatives
love to hate. According to Lakoff, conservatives and liberals have anti-ideal prototypes
that he describes as demons because they violate many of each group’s categories of
moral action. (170-173). Lakoff describes Hillary as exceptional in her capacity to
violate conservative moral action codes. For example, as an “uppity woman,” she fails to
Uphold the Moral Order; as an opponent of war and advocate of abortion rights, she
violates the Protection category; as a promoter of the “public good,” she violates the
Morality of Reward and Punishment; as one who gained influence through her husband,
she violates the Self-reliance category, and; as an advocate for multiculturalism, she
violates the most important category, Promoting Strict Father Morality. In the end,
Hillary Clinton joins Harvard economists and other unauthorized sources that violate the
conservative Moral Order described in 1993. Gibson closes his letter with the metaphor
of taxpayers as victims and continues the conservative frame that Taxation for social
programs is abuse of government power.

Adding entailments to the frame that No crisis exists, Jon E. Ditmars in the
March 2, 1994, Columbus Dispatch [OH] contends that since “the era of double-digit
annual increases in health-plan costs is over,” President Clinton’s “poor excuse [to
reform health care] bites the dust.” Ditmars employs the metaphor “poor excuse” that
“bites the dust” to illustrate his argument that since the economy is improving, the rationale for reform no longer exists. In Ditmars’ conservative worldview, “Private enterprise and good old American Yankee ingenuity” in the form of HMOs and PPOs “have shown that they can always solve social problems better and in a far less costly way than government bureaucrats will ever do.” Together, Jensen, Gibson and Ditmars cite personal experience, the availability of COBRA and the expansion of HMOs and PPOs in an improving economic climate to strengthen the conservative frame that *No crisis in health care exists*. The next writers add to conservative concerns about treatment decisions.

For example, fears are voiced by Lorraine Spencer in her March 5, 1994, letter to the *Salt Lake Tribune* [UT] that “This plan is geared for the young, and the senior citizens will have to wait for the care they need. This could be fatal.” She cites comments attributed to Hillary Clinton as reported in a recent issue of *Seniors Coalition* that call into question the value of medical treatments for terminally ill patients of advanced age. Seniors Coalition as described on their website is a “public advocacy organization that was originally founded to fight for repeal of the Medicare Catastrophic Coverage Act and since 1990 expanded its advocacy to include any issue that concerns America’s senior citizens.” Their website offers members in 2013 the opportunity to sign petitions to “Abolish Obama’s Death Panel,” and “Sign the Social Security Lockbox,” which prohibits illegal aliens from receiving Social Security Benefits. It is clear that Spencer’s source and her worldview are strongly conservative, and that some senior citizens are being advised that the passage of the Clinton health care reforms could cost them their
lives. Her letter adds the entailment that senior citizens will be sacrificed to serve the young to the conservative frame *Socialized medicine violates legitimate authority.*

Chris Smith, writing in the March 14, 1994, *York Daily Record* [PA] notes that on December 28, 1993, a Medicaid administrator announced that all 50 states will be required to use Medicaid funds to pay for abortions performed in case of rape or incest “which had previously been forbidden under the Hyde Amendment.” Smith does not discuss abortion but expresses fears that “future medical policies will be handed down in similar fashion, should the president’s plan become law.” Smith’s remarks portray a conservative image of authoritarian government that by-passes existing legislation. Smith also expresses fear of “future medical policies” that might be simply “handed down” by the government. Smith reinforces the frame that *Socialized medicine violates moral authority* because government is not trustworthy to establish guidelines for care, and is especially dangerous for seniors. Public funding for abortion is a matter of concern for the next writer as well, but possibly for different reasons.

Joan Anselmi writes in the May 4, 1994, *Denver Post* [CO], that Planned Parenthood’s support for Clinton’s health care plan and universal coverage including reproductive health care assumes publicly funded abortion. “And who would pay for these 1.6 million abortions each year?” she asks. “In effect, every wage-earning American would be forced to pay for everyone else’s abortion, through either premiums or taxes.” She notes that Coloradans have voted twice in 10 years against publicly-funded abortion and cites polls indicating that “the vast majority of Americans do not want abortions covered in a national plan.” She closes stating “But what the people want is irrelevant for Hillary Clinton, Planned Parenthood and the abortion establishment. If
they have their way, we will all be paying for everybody’s abortions.” Anselmi reinforces her arguments with statistics and poll numbers that support her objections to abortion coverage in a national plan. Anselmi’s negativity toward Hillary Clinton continues that of Spencer and Gibson described previously. Anselmi speaks for many conservatives when she adds publicly-funded abortions to the entailments associated with the frame that *Taxation to pay for social programs is abuse of government power.* Anselmi’s objections to paying for “everybody’s abortions” is also congruent within the conservative moral action category of *Insuring* punishment for lack of self-discipline and adds the new frame *Socialized medicine enables abortion.* In the conservative worldview, an unplanned pregnancy results from failure to exert self-discipline and responsibility, which is reflected in popular conservative initiatives such as Nancy Reagan’s “Just say no” anti-drug campaign. Strict Father Conservatives do not believe that women suffering an unplanned pregnancy should be rescued at taxpayer expense and at the expense of an innocent life.

*Conservatives and Liberals Agree – No Exemptions!*

Mikki Russo writes in the January 9, 1994, *Syracuse Herald American* [NY], “if we have to have it [socialized medicine], let’s make it the real McCoy. No one gets exempted – not the president, the Cabinet, the Supreme Court, Congress . . . No one at all is exempted.” Russo appears to be resigned, not enthusiastic about the possibility of socialized medicine, objects to the aspects of the Clinton plan that permit exemptions of certain groups and individuals and draws on popular wisdom, “the real McCoy,” to make the point that an authentic plan will not permit exemptions. Russo continues with the metaphor, “If all the big shots are exempt, then it won’t work, period.” She/he does not
appear to share the conservative Morality of Reward and Punishment metaphor that would dictate that the “big shots” have earned the right to better services if they can pay for them. However, saying that if exemptions are permitted, the program “will just be another crummy federal bureaucracy sucking money from us at an alarming rate while accomplishing nothing,” reveals a disdain for government programs that is characteristic of the conservative worldview. In a tone of hopeful resignation, Russo says, “Maybe this will be the best thing for our country, but let’s do it right or not at all.” Russo’s remarks indicate that he/she could be described as a pragmatic conservative like David Westbrock described in 1993 who, while remaining conservative, is able to compromise on some aspects of government involvement in health care for practical purposes. Russo’s remarks add a new conservative pragmatist frame that No one is exempted in any health care reform plan.

April B. Kidd writing in the February 4, 1994, State [Columbia SC] calls Democrat Sen. George Mitchell’s SB 1227, to exempt all federal employees from any nationalized health-care plan as “hypocritical.” She adds, “Many Americans are tired of Congress putting itself above its constituents. It is time for Congress to lead by example, not by exemption.” Kidd does not support proposals for a national health plan, but objects to congressional behavior. She chides members of Congress for hypocrisy, i.e. exempting themselves, which runs contrary to the moral action category of Upholding Strict Father morality. Strict Fathers are expected to model good behavior, act in the best interest of their families and protect their families. She adds a new conservative frame, Congressional self-interest is immoral.
Her objections are shared by others like Ben Tannenbaum who writes in the February 22, 1994, *Sun-Sentinel* [FL], “I can imagine how rapidly a universal plan would be passed if ‘the boys’ in Washington had to give up their top-of-the-line medical services and were forced to join ours!” Referring to legislators as “fat cats in Washington” who “receive socialized medicine,” it is clear that Tannenbaum shares Kidd’s displeasure with legislative self-interest. However, rather than endorse a free-market solution, Tannenbaum suggests, “since we’re living in a democracy, let all citizens receive the same medical care that members of Congress and their families enjoy.” Tannenbaum expresses an idealist liberal worldview of democracy that all citizens are equally entitled to services, regardless of rank. Metaphors that refer to politicians as “the boys in Washington” and “fat cats” display disdain for those perceived to be working in their own interests, to the detriment of others, thereby violating three of the liberal moral action categories: **Empathetic** behavior and promoting fairness; **Helping** those who cannot help themselves, and; **Protecting** those who cannot protect themselves. Interestingly, like the previous conservative writers, Tannenbaum adds the frame *Congressional self-interest is immoral* as a violation of the primary liberal moral action category of **Empathetic** behavior and promoting fairness.

Tannenbaum cites the impact of financial pressures on businesses and employees, “Employees are wary of changing jobs for fear of losing their medical. Businesses are being forced to cut back on the coverage because of the greed of the medical and insurance industry.” Tannenbaum’s imagery is intensely emotional. Employees are fearful; businesses are forced; both are victims because the medical and insurance industries are greedy. Tannenbaum unites employees and employers in a portrayal of the
medical and insurance industries, aided by politicians, as the villains who are responsible for the hardships faced by businesses and endured by employees, and strengthens the liberal frame that the *Quest for profits above public health is immoral*. The following writer simply asks for some clarification from their representatives in Washington, D.C., and suggests that citizens have a role to play in determining the future of health care in America.

George Kuttas writes in the March 14, 1994, edition of the *Orlando Sentinel* [FL], “Nothing is wrong with socialized medicine in concept if it is honestly presented and the people want to buy into it.” But he asks, “What is ‘universal health care.’ I don’t know what that means. The only possible definition is that everyone gets something. But no one in Washington has spelled out what the something is.” In his view, coverage decisions should be based on three basic considerations: “What are the chances of success, what increase in life expectancy is likely, and what will be the quality of that life?” Kuttas’ remarks indicate liberal acceptance of socialized medicine and a pragmatist perspective on rationales for treatment decisions that place collective welfare above individual choice and ability to pay, and is the first example of a liberal pragmatist perspective. His letter adds support to the liberal frame that *Socialized medicine promotes fair access*. He closes his letter urging families to have the difficult end-of-life conversations and make decisions before those decisions are forced. But those discussions can be difficult to initiate within the family, and for some the specter of government policy-making increases the anxiety.
Other writers challenge the inherent inequity of a system in which many of those who work and pay are denied care. In the March 29, 1994, edition of the *Sun-Sentinel* [FL], Robert Welz asks:

> If socialized medicine is good enough for the president, members of Congress, the military, all public employees, the families and retirees of all the above, people over 65, welfare recipients, street people, illegal aliens and anyone else who just doesn't have the money (not hidden) to pay, then why isn't it good enough for those of us who work, pay taxes and try to save?

Welz presents a humorous survey that illustrates the many segments of American citizenry who are protected by “socialized medicine.” He then adds the metaphor familiar to proponents of health care reform, “When are we going to join the rest of the civilized world?” that lends support to the liberal frame that *Americans can learn from health care systems in other countries.*

*Liberals Strengthen Arguments*

Holly Boren describes her personal experience as an American living in England in the January 2, 1994, *St. Petersburg Times* [FL]. “Having made the transition from the American medical marketplace into the realm of ‘socialized medicine,’” she states, “I now find these questions of consumer choice somehow irrelevant and deceptive . . .” Her description of American medicine as a “marketplace,” with scare quotes around the term “socialized medicine” and use of the word “now,” implies that Boren had accepted the conservative view of American medicine before she experienced socialized medicine in England. She next describes “these questions of consumer choice” which represent a major element of the conservative worldview as “irrelevant and deceptive.” Her choice of words indicates that her experience contradicts conservative expectations about Britain’s National Health Service (NHS), which she says has provided her with years of
“meticulous” health care services, and manages to provide medical care to all British citizens. She admits that the NHS is struggling with cost containment, but says “in such advanced and seemingly enlightened societies [Britain and U.S.], it should be possible to begin to construct national health-care programs in which service is both equally available and good enough for all.” Boren shares the liberal moral action code of Empathic behavior and Helping those who cannot help themselves. Her advocacy for health care services that are equally available and good enough for all, rather than health care that is the best for those who can afford it, strengthens the frame Americans can learn from health care systems in other countries.

Continuing the defense of health care systems in other countries, Brigitta Pankenier, R.N. writes in the Morning Call [Allentown, PA], on February 2, 1994, that Sweden’s system of “so-called ‘socialized medicine’ is more accurately called ‘national health insurance.’” This insurance, she writes, “covers advanced medicine in hospitals of internationally competitive quality, and well-developed and easily accessible community health services for everyone.” Contrasting Sweden’s system to practices in the U.S., she writes, “Health care, considered a public service similar to education, is practiced in a climate where trust and cooperation prevail and malpractice suits are rare,” resulting in less defensive medicine and unnecessary diagnostic procedures. “Costs are high,” she admits, “but lower than in America, and no one is excluded.” She concludes her letter noting, “Many people in America worry about ‘socialized medicine,’ but . . . after decades of experience, few Swedes complain about their national health insurance. They are proud of it.” Pankenier’s letter strengthens the liberal frame that Americans can learn from health care systems in other countries. Her personal experience and
familiarity with the mechanics of health care provision in Sweden presents a sharp contrast to the conservative worldview, especially with the assertion that quality is high, no one is excluded and costs are lower than in the U.S. Her letter is powerful in part because it frames health care as collective public service in a climate of trust and cooperation that clashes with the central conservative understanding of human nature.

But other writers criticize Clinton’s plan because they believe it does not go far enough. For example, Norman Strauss compliments an analysis of the Clinton Health Care Plan in his letter to the *Sun-Sentinel* [FL], March 18, 1994, but expresses doubt the plan will work. “The single-payer system appears to me to be the only plan that will work,” he states and adds that his own experience with Medicare contradicts that of another letter writer who criticized Medicare, Canadian single-payer and V.A. hospitals. “Every Canadian I have spoken to regarding the single-payer system has made uniformly laudatory comments.” And Strauss agrees that care in the V.A. hospitals is “below par, but only because of poor funding.” He then cites Medicare and Social Security as examples of “socialized functions of the federal government that work.” Strauss’ comments support the frames that *Socialized medicine promotes fair access* and *Americans can learn from health care systems in other countries*. Additionally, his letter presents the competing metaphor that U.S. government programs work, and when they do not work well, the reason is inadequate funding. He continues his advocacy for single-payer saying it “eliminates the insurance companies, the redundant paperwork and the never-ending exorbitant cost increases.” Strauss represents single-payer as valued by the Canadians who use it, and contrasts it to insurance companies’ redundant paperwork and cost increases. Strauss adds an affective element to his argument charging, “The health
insurance companies use the scare word ‘socialized medicine’ for obvious reasons. They would lose a very lucrative income if the single-payer system is approved.” His final remarks support the liberal frame that the *Quest for profits above public health is immoral*.

John W. Slayton in a letter to the *Roanoke Times* [VA] on May 8, 1994, asks “Why are we so afraid of socialized medicine? We are the only country in the civilized world that doesn’t have it in some form.” Citing his military experience, Slayton says, “I’ve had socialized medicine since entering the Air Force in 1941, and I wouldn’t wish it any other way.” And he concludes saying, “Canadians and the British have such a system and recent polls indicate that 95 percent are well satisfied. I expect if a similar poll were taken of veterans, a like percentage would approve.” Slayton begins his defense of socialized medicine by asking his readers what they fear. Then he attempts to neutralize the fear noting that all other civilized countries have socialized medicine, comparing socialized medicine to the military, and making the claim that veterans, like Canadians and the British, are satisfied. Slayton’s comments reinforce the liberal frames *Socialized medicine promotes fair access* and *Americans can learn from health care systems in other countries* by establishing that socialized medicine is both as familiar as programs such as Medicare and Social Security and characteristic of civilized countries. That view is shared by others who look to Germany for a template for health care reforms.

For example in a letter supporting a proposal by Rep. Jim McDermott, M.D., D-Washington, Richard E. Thompson, M.D. contends in the May 9, 1994, *St. Petersburg Times* [FL] that McDermott’s plan is not “socialized medicine” but instead is a “single-
payer, multiple-provider” plan. “Socialized medicine,” he continues, “is single-payer (the government), single-provider (the government) with ineffective checks and balances.” And he says that such a model “would never work in the United States . . . and no one in the health care reform debate is proposing that it might.” He continues that the proposal by McDermott is a single-payer system “more reminiscent of Germany’s health care plan than Canada’s.” Thompson adds that a single-payer, multiple-provider model with “uniquely American characteristics” would be preferable to Clinton’s “managed competition model,” which he describes as a “vigorouos effort” by powerful interests to “maintain control of the system.” Adding that the McDermott plan is endorsed by the American College of Surgeons, Thompson isolates the single-payer, multiple-provider system as the only system capable of improving the patient-provider relationship and keeping down costs. Thompson adds another pragmatic liberal approach by differentiating McDermott’s plan from socialized medicine, appealing to American exceptionalism, and citing authorities that conservatives would be expected to respect. However, Rep. McDermott’s plan was one of several examples of Democrat Party fragmentation that helped to undermine Clinton’s proposal.

More Harry and Louise ads rolled out in late June and continued into mid-July with the theme of “Undermining the Rival: Maybe Everyone Isn’t Equally Deserving” (Goldsteen et al. 1344). The texts of these ads challenged the idea that everyone was equally deserving; implied that the deserving would pay for the undeserving, like smokers or the obese, and; that paying for the undeserving would result in higher costs and limited services available to the deserving. The next writer also attempts to quell conservative fears by explaining the limited role of the Clinton plan.
On July 10, 1994, Michael A. Thomas, writing in the *Salt Lake Tribune* [UT] says, “One common misconception that they [Republicans] would have you believe is that the Health Security Act embodies ‘socialized medicine.’ If it were,” he continues, “the government would provide health insurance, own hospitals and care centers and pay doctors and other medical professionals. It does not.” The Clinton plan, Thomas continues, “changes the laws, sets price controls, levels the playing field for small business, guarantees private insurance and moves out of the way. It is not an ‘overdose of government control’ as some would assert.” According to Thomas, small businesses need government protection because “they currently pay more for health-care coverage per employee than large businesses such as General Motors or Boeing.” And Thomas asserts, “Republicans and right-wingers say that ‘small businesses will pay as much as 7.9 percent of each payroll for employee mandates,’” which would be an improvement, Thomas says, since “they currently pay 9 to 12 percent . . . and the 7.9 percent would be shared by employer and employee.” Thomas concludes, “As this nation comes down to the wire on the health-care debate, these are the things that the insurance industry and special interests don’t want you to know.” Thomas’ comment that small businesses are bearing an unfair financial burden imposed by deceptive politicians, the insurance industry and other special interests strengthens the liberal frame that *Regulation is Protection*. The racing metaphor of the nation coming down to the wire portrays the urgency of Clinton’s efforts to achieve health care reform prior to the upcoming mid-term elections in November, in the face of Republican and special interest resistance. And
Thomas’ last statement personalizes the deception as the reader becomes one of those hoodwinked.

Echoing other reform advocates, Michael Slipsky writes in the July 14, 1994, *Salt Lake Tribune* [UT], “Clinton is trying to bring to the United States what every other civilized country has had for years: socialized medicine.” According to Slipsky, critics of socialized medicine “don’t realize that medical care is a societal responsibility.” And Slipsky charges, “The doctors and hospitals in this country are holding society hostage. They have a right to make a decent living, but costs must be controlled.” Slipsky describes the President as struggling to bring socialized medicine to the U.S. His image of the U.S. as years behind all other civilized countries in the provision of health care supports the portrayal of the U.S. standing alone among developed nations relative to provision of health care. Additionally, the metaphor that medical care is a societal responsibility reinforces the liberal frame that *socialized medicine promotes fair access*. In harsh contrast to that societal responsibility is the metaphor of doctors and hospitals holding society hostage. “Doctors become millionaires and everyone else is losing his shirt,” he charges, strengthening the frame that the *quest for profits above public health is immoral*. “Health care is also a basic need [like air], and it shouldn't be denied to anyone simply because he/she can't pay for it,” Slipsky concludes, echoing LaBassi’s comments in 1993, and thereby diving into the pool of contention that swirls around the questions of how citizens’ basic needs should be met; who should pay for them and to what extent government should be involved.

Advocating for government as a capable provider of services, William J. Chicanski writes in the July 21, 1994, *St. Petersburg Times* [FL], “... if our much
maligned postal system was as bad as our present health care system, about 40 million people would not get any mail and another 60 million would only get mail some of the time.” Chicanski compares the U.S. Postal Service, which is often a target of anti-government rhetoric, to the U.S. health care system to illustrate the inadequacy of health care delivery in the current free-enterprise system and to pose the question, if everyone gets mail, why shouldn’t everyone get health care? Or perhaps we could ask if it would be acceptable if 40 million of our citizens did not receive mail? His arguments are coherent with the liberal moral action category of Empathetic behavior and promoting fairness, and add the frame that Government serves the public interest. In the liberal view, government can and should provide services, does a good job of providing those services and does not injure the private sector in the process. The next writer carries the argument to another level, challenging the legitimacy of health insurance as a business. And this is no doubt the kind of argument that the Harry and Louise campaign was intended to repel.

Eugene Faux challenges then Gov. Michael Leavitt’s plan for a state-run health care plan in the Salt Lake Tribune [UT] on July 31, 1994, saying, “We just do not need insurance companies getting between sick people and their physicians . . . Most doctors in my purview prefer a single-payer system because it would concentrate on medicine and patient care rather than insurance forms.” Faux introduces the metaphor that insurance companies come between patients and physicians, strengthens the frame the Quest for profits above public health is immoral, and positions single-payer as the antidote that allows doctors to focus on patients and the practice of medicine instead of completing insurance forms.
Continuing the discussion of what is or is not socialized medicine, Sean Upton objects to claims that President Clinton's proposed “health security” reform package is “socialized medicine.” Writing in the August 5, 1994, *Salt Lake Tribune* [UT], Upton declares, “The president's plan is not socialized medicine; it is not even anywhere close.” Attempting to push back against conservative rhetoric, Upton declares, “Just as much as airline regulation was not socialized travel, health care is not socialized until ownership and control of all economic means of the system are handed to the government. This is not so with the president's plan.” Upton expands comparisons of health care reforms beyond Medicare and Social Security to travel, making the point that government regulation of airlines is not generally thought of as “socialized travel.” Upton adds public safety to the frame *Regulation is protection*. He also argues that Clinton’s plan “is similar to the successful program in Hawaii,” thereby tying the plan to a working program within the confines of the U.S.

In another letter defending health care reforms, David Neal Graham writes in the August 9, 1994, *Washington Post* that amid debates of health care and the role of the free market, “Those who oppose the universal coverage enjoyed by citizens of every other industrial democracy (obtained at a lower cost per capita) rant about the threat of ‘socialized medicine,’” and he adds, “members of Congress who vote against universal coverage as a right of citizenship should give up their own government health care plan or admit to being hypocrites.” Graham’s accusation that opponents of health care reforms, who are beneficiaries of tax-supported health care are hypocrites is not new. But he frames health care coverage as a “right” of citizenship. While the term universal coverage is a somewhat contested term, the concept of a “right” is a double-edged sword.
“Rights” for some in society, Lakoff argues, translate into duties for others, and often the provision of rights becomes the responsibility of government, with duties paid by taxes (56-59). Graham introduces the frame *Health care is a right of citizenship* which emerges from the liberal moral action of *Empathetic* behavior and promoting fairness. His letter also supports the frame that *Congressional self-interest is immoral* because leaders of the country are enjoying benefits paid for by taxpayers that they are willing to deny to the citizens.

Adding to the evidence that casts doubt on free-market enterprise as the only/best model by which to provide healthcare to the public, Graham suggests:

If we were to embrace the free-market approach to other public policy areas we could reject “socialized” transportation (almost all highways are government financed), “socialized” fire and police protection (cover only those who can afford private fire and police protection), “socialized” higher education (only the rich could go to college), “socialized” air traffic control (airplane crashes would be indications of a “market correction”) and “socialized” agriculture (eliminate price supports for farmers).

Graham’s anger over what he perceives to be the hypocrisy of members of Congress who vote for their own health care at taxpayer expense continues to be widely shared by liberals and conservatives.

Writing in the *Salt Lake Tribune* [UT] on September 16, 1994, F. J. and M. Kohlschein document the various perspectives and terms that come into play in discussions of socialized medicine:

In Washington, when the taxpayers pay for a health-care package enjoyed by public servants, including senators and representatives, it is called “earned benefits.” When the taxpayers pay for a health-care plan benefitting all Americans, it is called “socialized medicine.” And, of course, if a corporation or business is required to pay a part of such a health-care plan, that is called “inflationary.”
There is truth as well as a bit of sardonic humor in the perspectives and designations of health care described above. The Kohlscheins then offer a solution, asking, “Why not make it simple? Let's enroll all Americans into the plan enjoyed by our government and have everyone pay according to earned income. What could be more democratic (read non-socialized) than that?” From the liberal worldview, their solution is perfect and contributes progressive taxation to the frame Socialized medicine promotes fair access. Their solution is inclusive because everyone is covered; it is equitable because everyone gets the same quality of coverage that government employees receive; and it would fair because it would be paid for through a system of progressive taxation on income.

However, for conservatives, the Kohlscheins’ recommendations are fraught with difficulties. In the first place, in the conservative worldview, given the Morality of Reward and Punishment, “all Americans” have not earned the benefits enjoyed by members of Congress. Additionally, progressive taxation is viewed by conservatives as punishment for productivity (Lakoff 28). In other words, people who are self-reliant, self-disciplined and responsible, and who therefore earn more money, should not be punished with a higher tax rate in order to pay for social benefits for less productive citizens.

Continuing the defense of socialized medicine, Stephen C. Cripps writes in the October 12, 1994, San Jose Mercury News [CA], that as a naturalized U.S. citizen who lived in England for the first 30 years of his life, he is in a position to judge the strengths and weaknesses of health care provision in both countries. Like several other writers, he holds the U.S. media responsible for sponsorship of “misinformed and partisan individuals such as Ross Perot and Rush Limbaugh who lambaste and mock the
'socialized medicine’ practiced by most other democratic (and some undemocratic) nations.” Rush Limbaugh, though he is second to Newt Gingrich, is a demon that liberals love to hate, because he expresses views that violate every liberal moral action category (Lakoff 173-5). Cripps offers facts about the “much maligned British National Health Service” that counter four of the common themes that are characteristic of conservative rhetoric. For example, he states that in England “Everyone gets to choose their own family practitioner, and necessary or prescribed treatment is available without a waiting period.” He also says that private health care is available, usually paid for by employers, and at lower costs than in the U.S. The difference between private treatment and that provided by NHS, Cripps says, manifests as semi-private rooms versus wards of 30-40 beds and wider choices of meals in hospital. “The British may have some reservations about their system, but would be horrified at any suggestion of changing it to anything resembling the system in the United States.” And he adds, “British taxes, contrary to common belief, are no higher than those paid by a California resident.” Having contradicted conservative claims about health care provision in England, Cripps concludes, “The overriding difference with the American system [as compared to England’s] is the intrusion of financial pressures on practicing medicine. Making the most money out of people’s illnesses by over-prescription of drugs and other expensive treatments and therapies, is immoral and widely practiced in this country.” Cripps calls on his personal experiences in England and the U.S. to create an image of health care in England that contradicts the framing of socialized medicine as frequently portrayed in American media. The image of socialized medicine that he creates is inclusive, fair, reasonably priced and flexible. He adds to the frames that the Quest for profits above
public health is immoral and Americans can learn from health care systems in other countries. He concludes, “U.S. health care is not the best in the world, merely the most expensive and least accessible.” However, conservatives continue to offer a contrary perspective.

Conservatives Stay on Message

Continuing the campaign against the reforms, the next wave of *Harry and Louise* ads began in mid-July with an intensification of the theme that not everyone is equally deserving of health care. The texts of these ads highlighted the intrinsic unfairness of penalizing good, hard working people who had earned insurance as a benefit of employment, in order to provide the same level of care to others who had not earned those benefits (Goldsteen et al. 1330). These ads were placed through the middle of August and could have added to conservative objections to the provision of services to illegal immigrants, and even to the working poor.

G.C. Jackson declares in the July 13, 1994, *Columbus Dispatch* [OH], “The health-care system needs help, but the ability of the U.S. bureaucracy to fix it is very doubtful,” adding to the conservative frame that *Free-market competition is in the best interest of the country*. And citing financial problems of the USPS, Veteran’s Administration and Social Security, he adds to the conservative frame that *Government programs undermine/displace legitimate business*. And contributing to the frame *Socialized medicine is a failure*, he adds, “Because of socialized health-care costs, England is considering stopping all expensive procedures, such as cardiac bypass, on anyone older than 55.” Jackson asserts that the Clinton plan will not resolve problems
such as lack of portability in current insurance policies and joins other writers who question the value of a program from which Congressional leaders exempt themselves.

Warren Brooks writes in the July 19, 1994, *Palm Beach Post* [FL] to dispute statements of support for socialized medicine by columnist, Tom Blackburn ("Health care in the land of the free"). Repeating the conservative frame that *Health care is too much of GNP to trust to government*, Brooks asserts, “Giving the government control of one-seventh of our country’s gross national product is asking for disaster. We all know the government’s track record.” And Brooks adds, “Maybe he [Blackburn] prefers socialism, but the majority of Americans still prefer freedom from government intervention.” And adding to the conservative frame that *Social programs replace incentive with entitlement*, Brooks suggests the way to improve welfare is to stop payments and thereby motivate people to get jobs and have better medical coverage. When he asks, “What about people who choose not to have medical insurance? You prefer to have it forced on them?” he is rhetorically supporting the conservative frame *Socialized medicine violates legitimate authority* because in his view, individuals do not need government to tell them to buy insurance.

Bill Hughes of Vancouver, WA, is “not willing to trust 7 percent of our gross national income to a group that would administer it with the efficiency of the post office, the compassion of the Internal Revenue Service and the budget of the Pentagon,” July 25, 1994, the *Columbian*. Concerns about percent of the GNP in health care reside in the fear that the U.S. economy could be endangered if government were in control, and violates the conservative frame that *Free-market competition is in the best interest of the nation*. However, a greater danger to the country, according to Hughes, arises from the
intersection of health care reforms and border security. He says, “What concerns me at this time is that illegal aliens are already receiving universal health care along with many other benefits. Some experts believe that half of local health care budgets in states along the Mexico border go to care for illegal aliens.” And he adds, “In 1992, the Supreme Court ruled that public education cannot be denied to children in this country illegally, nor can they be turned away from the free school lunch program.” Hughes suggests that U.S. troops be returned from Germany to guard U.S. borders and that instead of amnesty, illegal aliens should be rounded up and shipped home. The government, according to Hughes, is failing its duty of Protecting moral people from external evils, by failing to secure the borders. This failure is exacerbated when illegal aliens receive benefits paid for by taxpayers which adds to the frame that Socialized medicine encourages illegal immigration.

Mary Catherine Scanlon, August 14, 1994, Pittsburgh Post-Gazette [PA] writes, “If a single issue is going to stop this sickening proposal for socialized medicine, I’d be proud to say it was abortion. . . . Rather than President Clinton’s joke of ‘an America where abortion is safe and legal, but rare,’ the compromises offered by party leaders would greatly expand the availability of taxpayer-funded abortion on demand . . . .”

Lakoff describes the issue of abortion as one of the most puzzling for liberals and conservatives to resolve, and he believes the difficulty lies first in how the issue is framed, and secondly to what extent the framer is religious (263-270). For example, liberals frame abortion as a morally-neutral medical procedure, or a moral choice if it is beneficial to the mother; it is not the willful murder of a viable human being. But conservatives frame abortion as killing babies, and the use of the word baby for a group
of cells catapults the discussion into the domain of morality. Additionally, how one frames abortion is related to other moral questions such as those Scanlon cites in her letter.

Scanlon describes universal health care, long advocated by the U.S. Catholic bishops, as recognizing “the value and dignity of every human being from beginning to the natural end of life.” But she claims that the Clinton plan “does not provide for handicapped newborns, the frail elderly who need long-term care or those for whom, as Mrs. Clinton puts it, ‘treatment is not appropriate –will not enhance or save the quality of life.’” In Scanlon’s conservative worldview abortion is just one of many examples that illustrate the harm that will be inflicted on the helpless in the name of universal health care. The different frames of abortion and related issues are rooted in deeply held moral convictions tied to individual identity, which begin with moral systems cultivated in either the Strict Father or Nurturant Parent family (Lakoff 265). Scanlon’s conservative worldview is also influenced by her strong Roman Catholic beliefs. Conservatives whose worldviews are structured by Strict Father Morality and Reward and Punishment metaphors find abortion reprehensible on at least two levels. First, abortion is wrong because an innocent “baby” should be protected, not killed. Her arguments add the frame that Abortion/euthanasia are immoral. Secondly, the undisciplined person who allowed the conception to occur should bear the responsibility, and endure the punishment of the action so as to learn from the experience, a position which adds the frame Abortion denies moral punishment.

Conversely, Scanlon’s rendition of the Clintons’ perspectives that abortion should be safe, legal and tax supported, and medical treatments should be provided only if they
can enhance or save quality of life makes logical sense in the liberal worldview. In the Nurturant Parent metaphor a pregnant teen is “in trouble” and needs empathy, help and support. And adult women with the liberal worldview believe they are making responsible decisions to use abortion to end unplanned pregnancies that would put an unsustainable burden on the mother or the family. Also congruent with Nurturant Parent values are laws permitting voluntary euthanasia to end the suffering of a terminally ill patient, and objections to laws that require physicians to use all methods possible to extend the life, and suffering, of severely handicapped or elderly people. Therefore, it is not surprising that liberals and conservatives find each other’s attitudes, confusing, contradictory and even shocking, in part because the moral systems that form the foundation of the divergent attitudes are not understood. Even the concept of fairness is not free of framing. In the liberal view, it is fair for all Americans to be guaranteed access to health care, but that is disputed as the following letter shows.

Matthew Saitta, states in the August 16, 1994, Palm Beach Post [FL]:

The notion that all Americans should be guaranteed health care flies in the face of every concept upon which America was founded. While the compassion of universal coverage is alluring, it undermines personal responsibility. It ignores the principle of supply and demand that is the essence of capitalism. Once costs are removed from the consumer's decision-making process, demand will skyrocket. Rationing will be inevitable. This is socialized medicine, no matter how Mr. Clinton tries to redefine (sic) it. Congress should support bills that attack real problems in our health-care system (portability, health-care alliances for small businesses, malpractice reform, etc.). Let's not rush to drastically change the best health system in the world. It needs some help but not massive restructuring.

Saitta supports conservative frames that Socialized medicine would efface American self-reliance, Free-market competition is in the best interest of the nation, and endanger the best health care system in the world. He also says proposed reforms fail to address the
source of the problem as the *Harry and Louise* ads have reinforced. His suggestion that Congress should take corrective action implies a pragmatic conservative worldview that accepts a role for government involvement as a practical solution.

The last ads of the *Harry and Louise* campaign ran from August 21 through September 11, 1994, and the message they carried was blunt and strong: “Don’t Give Up What You Have” (Goldsteen et al. 1330). These ads encouraged reforms that would involve only private insurance carriers, with no limits on spending and no taxes on earned benefits. Otherwise, the ads warned, choices of services and doctors would be lost, quality of services would fall, government bureaucracies would expand and the consequences for taxpayers would be substantial. Again, while it is not clear to what extent the *Harry and Louise* campaign influenced public opinion, a Times Mirror poll taken at the end of June 1994 indicated, according to Goldsteen et al., that public support had dropped from its high of 75% in September 1993 to a low of 51%. And by September 1994 the battle for health care reform by the Clinton administration was over.

*Clinton Health Care Plan Declared Dead*

On September 26, 1994, Sen. George Mitchell announced that there were not enough votes in the Senate to pass health care reforms during the current session of Congress (“Statement on Health Care Reform Legislation”). Given that health care reform was thereby declared dead in 1994, most letters to the editor in September and October expressed support or lack thereof for candidates who were running for election in the upcoming mid-term elections. Congress adjourned on October 7 and the November 8, 1994, election dealt a devastating defeat to the Democrats.
Following the November mid-term elections Scanlon and other writers who opposed the Clinton health care reform plans had nothing to fear. The 1994 elections ended years of Democratic Party dominance in both houses of Congress and any hope Democrats might have had for comprehensive health care reforms. Writing in the *St. Louis Post-Dispatch* [MO] on December 3, 1994, J. Patrick Buckley takes a pragmatic conservative approach and advises, “. . . it would certainly be in the best interest of the Old Guard [GOP] to take the initiative and actively pursue changes in the health-care arena—not reform as previously sought by the White House, certainly not socialized medicine, but possibly changes which would make the industry user-friendly.” He capitalizes on language associated with computers that have become “user-friendly” and more accessible to the non-expert public.

**Lessons from 1994**

The number of letters to the editor that included the term *socialized medicine* in the headline or lead paragraph increased in 1994. Letters that expressed antagonism to socialized medicine and proposals for health care reform decreased as a percent of the total from 81% in 1993 to 63% in 1994. By contrast, letters that expressed support for socialized medicine and/or proposals for health care reforms increased as a percent of the total from 19% in 1993 to 37% in 1994. However, public support for the Clinton reform proposal eroded during the year from a high of about 75% to a low of 51% by the end of June according to public opinion polls that year (Goldsteen et al. 1346). And in the face of opposition by Republicans and fragmentation of support among Democrats, the Clinton health care reform bill was dead on arrival at the door of the Senate by the end of September.
However, discussions of the pros and cons of the Clinton proposal raised many important issues such as the damage wrought by insurance companies, hardships faced by laid-off workers, funding for abortions, comparative health outcomes and costs of health care systems in other developed nations. Letter writers also introduced their respective demons, Hillary Clinton and Rush Limbaugh, who publicly and widely violated all of the moral action categories of the respective worldviews. Most of the frames identified in 1993 were continued in 1994 and writers added entailments to those frames but also introduced some new frames.

Conservative Frames in 1993 –1994

Conservatives in 1994 continued the metaphor that the Clinton plan is socialized medicine and continued most frames introduced in 1993. The wording and entailments of the frames was remarkably similar in both years and several writers recounted multiple frames that illustrate the systematicity of those frames. For example, conservative writers consistently expressed concerns about personal freedom (Socialized medicine violates legitimate authority), self-discipline and personal responsibility (Social programs replace incentive with entitlement), border security (Socialized medicine encourages illegal immigration), and America’s international standing (American health care is the best in the world). Some new conservative frames were added in 1994, such as the ideal/religious conservative frame, Abortion/Euthanasia are immoral, and Socialized medicine enables abortion/denies moral punishment, plus a frame that was shared by conservatives and liberals, Congressional self-interest is immoral.
Pragmatic Frames in 1994

Liberal and conservative pragmatists added the new frame, *No exemptions* for any one in any reform plan. Additionally, a new liberal pragmatist frame emerged that a *Single payer-multiple provider* system could be a possible compromise that liberal and conservatives could embrace. Lastly, a conservative pragmatist frame emerged to *Make health care user-friendly* so as to avoid a slide into socialized medicine in the future.

Liberal Frames in 1994

Liberal frames in 1993 were also repeated in 1994 but with many more specifics and examples that countered conservative claims that appeared in letters, articles and speeches by opponents of the Clinton plan. For example, proponents for greater government involvement in health care offered knowledge or experience about other industrialized, Western democracies like Canada, Great Britain, Germany and Sweden that provide health care to all their citizens at lower cost and with better outcomes than the U.S. Liberal writers also exhibit systematicity among and within frames. Liberal writers express concerns about the limitations of health care in America that leave many people with little or no access (*Socialized medicine promotes fair access*), or that private insurance companies deny drugs or treatments proscribed by physicians (*Quest for profits above public health is immoral*), and that government should regulate or negotiate prices to help individuals and small businesses (*Regulation is protection*). Liberals also offered new frames in 1994 such as the ideal liberal frame *Health care is a right* and *Government serves the public interest* as well as a frame shared with conservatives that *Congressional self-interest is immoral.*
In Fig. 16a-c I list all the conservative and liberal frames that emerged in 1993-1994, and this group will serve as a basis for comparison with frames that emerge through the following years, culminating in 2010.

<table>
<thead>
<tr>
<th>Conservative Moral Actions</th>
<th>Frames in 1993-1994</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(41/65 = 63%)</td>
</tr>
<tr>
<td>Promoting Strict Father morality *Establishment of right/wrong *Legitimate authority *Competition essential to individual and national strength</td>
<td>Government reforms are socialized medicine Socialized medicine violates legitimate authority Free-market competition is in the best interest of the nation Limited government is in the best interest of the nation Congressional self-interest is immoral Abortion/euthanasia are immoral</td>
</tr>
<tr>
<td>Upholding the Morality of Reward and Punishment a. Preventing interference with the pursuit of self-interest by self-disciplined, self-reliant people b. Promoting punishment as a means of upholding authority c. Insuring punishment for lack of self-discipline</td>
<td>Taxation for socialized medicine is an abuse of government power Malpractice lawsuits harm doctors Socialized medicine harms doctors Socialized medicine enables abortion/denies moral punishment</td>
</tr>
<tr>
<td>Protecting moral people from external evils</td>
<td>Socialized medicine encourages illegal immigration</td>
</tr>
<tr>
<td>Upholding the Moral Order *God *Constitution</td>
<td>The American health care system is the best in the world Socialized medicine is a failure Support for socialized medicine is not authorized</td>
</tr>
</tbody>
</table>

Fig. 16a. Conservative frames in 1993-1994.
Other Lessons from 1993-1994

There are some areas of agreement that emerge in 1994 among liberal and conservative writers. For example, special interest lobbying that is detrimental to the public, wasteful spending, and political corruption are distained by all. Additionally, some letter writers introduce pragmatic versions of the conservative Strict Father or
liberal Nurturant Parent models. Some pragmatic conservative writers express reluctance about health care reforms that include more government involvement, but argue for a system that is authentic, allowing no exemptions for Congress or other groups, as the Clinton plan allowed. Similarly, pragmatic liberal single-payer advocates argue for a system that is uniquely American, giving a nod to conservative views of American exceptionalism.

Letter writers rely heavily on personal experience, such as traveling or living abroad, serving in the military, running a business or working in a medical profession. They also rely on heavily on media and many letters are responses to an article, editorial or letter that was published in their local newspaper. Many writers, liberal and conservative, are critical of the press and object to editorials or news items that they perceive to be biased presentations.

The number of letters to the editor that mention socialized medicine decline in 1995 to under 20 and do not climb above 30 per year until 2007, when the 2008 Presidential election campaign begins. Therefore, in the following chapter I analyze letters written from 1995 through the first term of President George W. Bush in 2000.

Introduction

If national health care reform appeared to be a certainty in 1992, its sudden death after the 1994 midterm elections appeared to some reformers to be the last opportunity to achieve such change, (Hacker 181). But the conditions that contributed to Sen. Harris Wofford’s (D-PA) unexpected election in 1991, and which strongly influenced Bill Clinton to promote health care reforms, lingered. Financial pain and insecurity related to health care experienced by a wide swath of American society, as health care costs continued to grow at 2.4 percentage points faster than GDP (“Trends”). And, as letters to the editor attest, the financial burden for individuals and families grew as Republicans attempted to slow the growth of Medicare and Medicaid. The Clinton presidency was marked by conflicts abroad, in the heartland and in the White House. But despite widespread criticism, Clinton’s popularity remained high, largely due to his struggle to protect Americans’ access to health care.

From 1995-2000, during the Clinton presidency, the occurrence of letters to the editor that mention socialized medicine is sparse but persistent nationwide. Therefore, I have consolidated the letters from these years into one chapter, but will conduct the analysis of each year individually. The table below illustrates that the number of letters per year ranged from a low of 7 in 1997 to a high of 21 in 2000. As in the previous chapter, I present my initial categorization of all the letters to the editor according to expressed rejection or support for the concept of socialized medicine. Table 4 illustrates the number of letters published in each year and the political persuasion as reflected by the writer’s framing of socialized medicine. As in the previous chapter, I interpret
antagonism to socialized medicine as an indication of conservatism and acceptance of socialized medicine and/or health care reform proposals as indicative of liberalism.

Table 4.

Political persuasion in letters to the editor during 1995-2000.

<table>
<thead>
<tr>
<th>Year</th>
<th>Conservative</th>
<th>Liberal</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>7</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>1996</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>1997</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>1998</td>
<td>10</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>1999</td>
<td>6</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>2000</td>
<td>11</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Totals</td>
<td>42 (58%)</td>
<td>35 (42%)</td>
<td>77</td>
</tr>
</tbody>
</table>

Review of Procedures for Analysis

I continue to interpret letters through the lens of Lakoff’s conservative and liberal moral action categories in order to identify and explain the writer’s framing of socialized medicine. I repeat those categories (see Fig. 14) below as a reminder to the reader:
Fig. 14. Moral Action Categories (Lakoff 163, 165).

At the end of the chapter I discuss how socialized medicine was framed from 1995-2000 and how those frames strengthen or add to those described in 1993-94.

The Last of the Clinton Years: 1995 – 2000

1995

In 1995 letters representing the liberal worldview equal those representing the conservative worldview. Early in the year writers who support health care reform continue to cite personal experiences to support their arguments. For example, Pat R. Odt, writing in the February 21, 1995, *Buffalo News* [NY] cites experience with socialized medicine in Europe and states, “The employee, the employer and the doctor are all happy.” Odt does not identify which country in Europe, but says that his/her brother-in-law was a doctor and “never had to worry about getting his money . . . enjoyed
a comfortable living [and] . . . can enhance his income by taking on some private patients, who because of their high earnings, do not qualify for health care [and] have to get their own private insurance or pay cash.” The imagery of “happy” European employees, employers and doctors strengthens the liberal frame that Americans can learn from health care systems in other countries, and contests the conservative frame that Socialized medicine is a failure everywhere it has been tried. Odt’s letter challenges assumptions that a system of socialized medicine requires all doctors to be salaried with no room for private enterprise. This letter also challenges assumptions that in European health care systems, everyone is included in a system of publically-funded insurance. In this example, high earners are not covered, so must either buy private insurance or pay the costs of treatment. This letter is important because the integration of apparently conflicting images like those presented in Odt’s letter can stimulate a mechanism of variation in metaphors called blending. According to cognitive linguist Zoltán Kövecses, blending is the integration of metaphors that are initially interpreted as oppositional or unrelated (267-270), like the imagery of happy doctors and patients blending with a system of European socialized medicine. Such blending could persuade pragmatic conservatives that in some situations government and private enterprise are able to cooperate effectively and everyone involved would be happy.

Other liberal frames under construction in 1995 contest Republican attempts to solve the problems of financing Medicare. For example, August Torreano, writing in the July 29, 1995, St. Petersburg Times [FL], reflects on 1994 health care debates saying, “The big scare words at the time were ‘socialized medicine’! And little old ladies in insurance ads were saying, ‘I want to keep my own doctor; I don’t want the government
to pick my doctor for me.’” But Torreano notes, under the Republican majority that emerged following the 1994 midterm elections, senior citizens were encouraged to join managed care plans and now “the insurance industry, not the government, will tell little old ladies what doctors they can use.” Torreano’s remarks support the liberal frame that because the insurance industry is deceptive Regulation is protection. He also continues the liberal challenge to conservative claims that businesses, unregulated, provide the best services and choices for customers. Torreano closes his letter saying, “Welcome to the real world, Harry and Louise – to socialized medicine, insurance-industry style.” The metaphor references the insurance industry’s Harry and Louise campaign described in Chapter 4. The closing line of the ad, “They [the government] choose, we lose,” epitomized senior citizen fears of socialized medicine at the time. The irony that Torreano’s metaphor illustrates is that in the new “real world” of private managed care, senior citizens are feeling the effects they feared from socialized medicine. Torreano was not alone in his distress over “socialized medicine insurance industry style.” Other writers, however, were angry.

In the Seattle Times [WA] on October 20, 1995, Fred Meitzer states, “To reform Medicare and Medicaid, the Republican health-care plan offers us two health-care systems, separate and unequal, each mainstreaming profits to the same few corporations that write insurance policies.” Meitzer elaborates further, describing the first of the two systems, presumably Medicaid as, “A privatized, for-profit version of the Republican nightmare vision of socialized medicine – the leanest and meanest HMOs making maximum profit providing unregulated minimum service for the poor and most of the elderly.” The complex metaphor is more accurately described as a “Democrat
nightmare” in which lean and mean HMOs provide little service with little regulatory protection provided by the government to the poor and elderly. The vision of Republican-reformed Medicare as “much of the best private medical care in the world that you can afford for the affluent at rates kept down by profits from HMOs but not low enough for the poor and most of the elderly,” highlights the “separate and unequal” aspects of Meitzer’s complaint. His metaphor also recalls the strife surrounding separate and unequal racially segregated schools in the South. The Republican plans violate the liberal moral action categories of **Empathetic** behavior and promoting fairness, and **Helping** those who cannot help themselves. Meitzer’s letter strengthens the liberal frame that the *Quest for profits above public health is immoral*. In closing, Meitzer tells his readers, “I’m letting my congressman know I oppose those ‘reforms.’” Letter writers are also critical of President Clinton and the Democrats.

Conservative writers in early 1995 are critical of President Clinton and the Democrat Party, and include socialized medicine among a laundry list of objectionable actions and policies.

S. Kirk Stanley writes in the June 2, 1995 *Dayton Daily News* [OH] to thank President Clinton “who works long hours to identify policies such as gays in the military, women in combat and taxpayer-funded abortions” for helping the Republicans have the opportunity to gain “another 40 seats in the House in 1996.” In the conservative worldview, gays in the military and women in combat violate two Strict Father moral categories: **Upholding** the Moral Order (Lakoff 227), and; by inhibiting the effectiveness of the military, failing to **Protect** moral people from external evils (165). The military hierarchy, roles, rules and the physical and moral discipline required personifies the Strict
Father morality, and even its purpose, to make the world safe for capitalism, fits easily within the Strict Father morality with no room for gays and women. Relative to health care, Stanley’s inclusion of taxpayer-funded abortions continues previous framings of Taxation as an abuse of government power.

Other suggestions to Clinton include hearing “more from Hillary Rodham Clinton on the subject of socialized medicine . . . taxing all of seniors’ Social Security and . . . ramming and burning a few more facilities with women and children in them as he did at Waco.” Stanley mocks Clinton’s policy choices, like placing authority for health care reform in a woman’s, his wife’s hands, which rankled conservative sensibilities on many levels. As explained previously, Hillary is a demon whom conservatives love to hate. She was not elected to any federal office that would sanction her assumption of a major political role. Secondly, as a wife and as First Lady, her appropriate role through conservative eyes was to support her husband and family, not launch a war on legitimate businesses. And Stanley condemns Clinton’s judgment referring to government forces “ramming and burning” facilities housing women and children, referring again to the disaster at Waco, TX, that ostensibly contributed to the Oklahoma City bombing (“April 19”; Verhovek). Stanley’s criticisms taken together reinforce the conservative frame Limited government is in the best interest of the nation in part because the sponsor of the health care plan, Clinton, violates so many conservative moral action codes. The next writer shares that disdain.

On December 4, 1995, Robert C. Peterson writes in the Orlando Sentinel [FL], “Clinton did all he could to damage our free-enterprise economy.” Peterson cites tax increases, an attempt at socialized medicine, gutting and demoralizing the military and
more, adding, “History will stamp Clinton as a deceptive political animal who ran the national debt toward $6 trillion during a prosperous business cycle.” And he predicted, “The huge bureaucracy that will bankrupt America continues.” The metaphor of Clinton as a deceptive political animal portrays conservatives’ strong distaste for Clinton due to his violation of conservative moral action categories such as *Promoting* Moral Self-Interest and *Upholding* the Moral Order. His reference to a huge bureaucracy that will bankrupt the country adds to the conservative frames that *Free-market competition* and *Limited government are in the best interest of the nation*.

At the end of 1995, conservatives hold Clinton in disdain, and his liberal supporters are disappointed that promised social policies such as health care reform, and gays and women in the military have not materialized. Americans are feeling the effects of Republican efforts to control spending for Medicare and Medicaid programs which liberals frame as socialized medicine insurance-industry style. More dissension is ahead as the politically polarized Congress cannot agree on a budget. From December 16, 1995, to January 6, 1996, the U.S. government was shut down, due largely to an impasse between Clinton and Speaker of the House, newly-elected Newt Gingrich (“Slaying the Dragon of Debt”). The dispute centered on Gingrich’s refusal to allow a vote on increasing the debt ceiling and on Clinton’s refusal to make sharp cuts in Medicare and Medicaid funding in the 1996 budget. Following the shutdown, Clinton and the Congress agreed on a budget in 1996 that included plans for a balanced budget seven years in the future.
In 1996 letters are again evenly split between liberals and conservatives, and reflect the divide between Democrats and Republicans nationally. Republicans guided by Newt Gingrich and his Contract with America believed that they had a public mandate to shrink the federal government and balance the federal budget. But to the surprise of Republicans, Gallup polls in early 1996 showed that the public blamed Republican obstinacy for the shutdown. Respondents said that they preferred Democrats to Republicans in “dealing with the tough choices involved both in cutting programs to reduce the budget deficit and still maintaining needed federal programs,” which was a significant shift from polls just four months earlier in which both parties were viewed similarly on those questions (Blumenthal). It appeared that Clinton’s efforts to secure Medicare and Medicaid had paid off politically. But the problem of controlling health care costs persisted, and letter writers shared their thoughts.

Letters to the editor begin with a provocative exchange between two writers on whether or not health care is a right. The first writer, Patrick Biederman, writing on January 21, 1996, in the *Sun-Sentinel* [FL], describes himself as a young man who does not have health coverage and is “fully aware of the consequences of this.” He states that health care is not a right because doctors and hospitals are not “public domain” and their services cannot be given to someone else as a “right.” Biederman explains that if he needed help and could not pay he “would have to rely on the mercy of the doctor and hospital to render such services.” And he adds, “Socialized medicine should be exposed for the destructive evil it is.” Biederman expresses the conservative worldview that health care is not a right, based on what should fall into public or private domains, and
framed previously as *Socialized medicine violates legitimate authority* and *Limited government is in the best interest of the nation*. His willingness to rely on mercy, aka charity, for provision of services he has not paid for falls outside Strict Father morality of discipline and self-reliance, but could be attributable to the conservative religious value of special consideration (charity) for the poor, by which individuals, not government, are expected to make contributions to charity.

Responding to Biederman in the February 12, 1996 *Sun-Sentinel* [FL], Tanya R. Catapano writes, “Neither the doctor nor the hospital has to be merciful. If someone does not have the money to pay for medical expenses, the cost of the services rendered is shifted in the form of increased health care premiums to people like me.” For Catapano cost-shifting is the destructive evil. According to Catapano, the practice of cost-shifting has contributed to annual increases in her insurance premiums of 20% per year for three years and totaling $4,000 per year. Catapano believes that insurance companies are aware of the practice, which continues unabated because “there are enough of us who, not wanting to be a burden on society will continue to absorb the increases.” Catapano’s letter brings the problem of cost-shifting into the health care discussion. Through the subterfuge of cost-shifting, Americans provide a safety-net by which hospitals can afford to treat the uninsured, but the practice results in numerous problems, one of which is exorbitant premium increases that in no way reflect the policyholder’s actual costs to the insurance company. Catapano challenges Biederman’s metaphor with her own that cost-shifting is a destructive evil. She strengthens the liberal frame that *Socialized medicine promotes fair access*. The metaphor in light of Catapano’s personal experiences dashes the illusion that medical services obtained at a hospital are “free” or paid for out of
charitable donations, and pointedly implies that if all people contributed to health care costs, i.e., socialized medicine, the real “destructive evil” would be destroyed. The reality of cost-shifting and its negative effects on responsible citizens conflicts with conservative expectations that the free market is the best and fairest way to meet all of society’s needs. This exchange is possibly an example of how metaphors might influence thinking about a subject and thereby influence worldview. While conservatives might at first glance identify with Biederman’s metaphor that socialized medicine is a destructive evil, the counter-argument presented by Catapano that cost-shifting is the destructive evil, could create doubt in the current system of private health care and encourage more liberal thinking.

Letters in the fall focus on federal cuts intended to slow the growth of Medicare and the real consequences for senior citizens. Diana Lobranò, in her letter to the October 24, 1996, Atlanta Constitution [GA], recalls, “Congress legislated Medicare in 1965 for two reasons: The first was because employed people retired without individual health insurance. Insurance was job-based, and most lost it when they retired. The second reason was because the income tax discourages savings, and the government did not counteract this with tax breaks to encourage savings. This is still true today.” Lobranò encourages politicians to rein in Medicare costs but to also cut taxes so that people can save money to cover their medical insurance costs when they retire. “Then,” she closes, “Medicare or socialized medicine for the elderly can be phased out.” Lobranò’s suggestions are clearly consistent with the conservative Strict Father worldview that responsible, self-reliant adult citizens should earn and save funds to provide for themselves in retirement, and by implication add to the frame Socialized medicine violates legitimate authority.
But the next writer, already on Medicare, is feeling the effects of cutbacks.

Dorothy Rothfarb, writing in the December 7, 1996, *Sun-Sentinel* [FL] notes, “Cutbacks in Medicare have already begun.” Questioning the profit motive of Blue Cross and Blue Shield of Florida, as agents for the federal government,” she says, “this particular agency receives capitation payment for Medicare members in their HMO and sells insurance (Medigap) that covers what Medicare doesn’t.” She draws the conclusion that as Medicare becomes privatized, entities like Blue Cross and Blue Shield can simultaneously reduce services covered by Medicare and then sell their insurance for those services to Medicare recipients. She concludes, “To minimize cost and maximize profits, the dollar has become the sole measure for determining what services should be paid for.” Her metaphor of the dollar as sole measure for treatment decisions reinforces liberal frame that the *Quest for profits above public health is immoral*. Rothfarb continues, “The campaign contributions paid off. We were deceived about the advantages of a single-payer system, calling it socialized medicine . . . instead we now have “commercialized medicine.” Rothfarb suggests that special interest lobbies have bought political influence through donations to campaigns and that she is among the “we” who were deceived about advantages of single-payer because it was labeled “socialized medicine.” Now she and others like her face a system of “commercialized medicine” in which the ability to pay determines the treatment. Rothfarb laments the reality of a health care system in which senior citizens are trapped between shrinking Medicare benefits and growing costs of supplemental insurance, and she asks, “Where are our elected officials in this picture?” Other writers share her observations and
comment on the political influence and public consequences of insurance company lobbyists.

1997

Steve Messina argues in the August 10, 1997, New York Times that, contrary to an Op-Ed on August 5, 1997, by Douglas J. Basharov, “Americans reacted favorably to the idea of a national health insurance – until opponents began describing it by using scare terms like ‘socialized medicine,’ and ‘putting one-seventh of the United States economy under government control.” According to Messina, “These fear-mongers had deep pockets, and their rhetoric was thus able to dominate the debate and sway public opinion. But the resulting shift in sentiment should not be confused with genuine public opposition to a national health insurance plan.” The metaphors that Messina employs invokes images of powerful, wealthy others overwhelming public discussions with frightening or threatening messages. “But the resulting shift in sentiment should not be confused with genuine public opposition to a national health insurance plan,” Messina argues. A campaign to arouse fear of loss or create uncertainty can be successful in the short run, but a profound change in public attitudes probably has deeper roots. He adds the corrupting influence of special interest lobbying and scare campaigns to the liberal frame that the Quest for profits above public health is immoral. However, public attitudes about reform proposals are only likely to change as people’s knowledge and experiences modify their worldviews.

Although the Balanced Budget Act of 1997, passed in late 1996, was planned to take effect beginning in January 1997, the full impact of those negotiations was not widely felt immediately. Not until August 1997 do letters to the editor reflect writers’
lack of understanding and resultant confusion as to the details of the Act. For example, James F. Glass writes in the September 17, 1997, *Daily News of Los Angeles* [CA], “We’ve hear a lot about the ‘death of socialism’ lately, but it’s alive and kicking – inside the heads of Gov. Pete Wilson and Los Angeles Mayor Richard Riordan.” Glass’ complaint rests with expansion of Medicaid funds to the States to improve health care for children as agreed to in the Balanced Budget Act. He does not understand why his elected representatives are behaving the way they are. His letter is rich with Strict Father morality metaphors. He refers to his elected officials as “these supposed Republicans” who are, to his consternation, “backing yet another utopian socialist plan: this time for socialized health care for ‘children.’” Glass turns his criticism toward the Democrats, whom he believes must be responsible. “The left has discovered that attaching ‘children’ to any crazy scheme makes it unassailable, so now the camel’s nose protruding into the tent always carries a ‘for the children’ label.” Glass uses the metaphor of “the camel’s nose protruding into the tent” to describe illegitimate government intrusion into private lives of citizens. He trivializes progressive proposals as “any crazy scheme,” which by definition do not warrant serious consideration, but gain attention due to the deceptive “for the children” label. The conservative angst that Glass’ metaphors reveal is rooted in the dimension of Strict Father morality that relates to the role of father, or parents, to provide for and protect their children. That role, as discussed earlier, is fundamental in the family and in the Nation as Family. The family unit is intimate and private, with no room for intrusion by others, particularly government. Therefore, from the perspective of the Strict Father conceptual metaphor, government social programs that are conceived as programs for children violate two conservative boundaries. First, government social
programs do not perform in the best interest of the nation and second, they undermine the role of the father in the nuclear family. As Glass’ letter clearly indicates, the idea of selling a government social program by using the welfare of children as bait is repugnant, not just because of taxation but because that kind of intervention undermines the family and robs the family of its rights and responsibilities. His letter adds to the frame that Socialized medicine violates legitimate authority. Liberals, by contrast, view such programs as compassionate, helpful and necessary to shield children from harm, i.e., to provide the protection that parents in some cases have not been able to provide.

Glass laments that these “supposed Republicans” have “forgotten that needs are not rights” and says, “Why ‘Republican’ Riordan would support a time bomb like this is less clear.” Glass is clearly puzzled by the behavior of these “Republicans.” He portrays the proposed expansion of Medicaid as a “time bomb” that is explosive, dangerous and set to explode. The “time bomb” metaphor represents the unfolding disaster of government intrusion in family life that begins with the erosion of parental responsibility and the weakening of Strict Father morality. Without the Strict Father models of self-discipline and self-reliance, children grow up weak and dependent on others. This weakness is bad for them as individuals and also for the nation, and Glass’s comments add to the frame Socialized medicine would efface American self-reliance. Another conservative writer on the other side of the country shares Glass’ discontent.

In the September 27, 1997, edition of the Augusta Chronicle [GA], Andy Windham blames the Clinton administration for the expansion of medical insurance to children by Republican Gov. David Beasley. “Having failed in its attempt to push complete socialized medicine down American’s throats, the Clinton administration has
decided to do it piecemeal. . . Through a process of gradualism and by using deceptive names, they [the Clinton administration] push their programs. The latest program to be pushed is Medicaid to cover children’s medical insurance.” The metaphor portrays the Clinton administration as defying public will and renewing their campaign for socialized medicine deceptively by targeting programs for children. Windham strengthens the conservative frame that *Socialized medicine violates legitimate authority.*

Also noteworthy is that the first mention of using the internet to get information or for political action appeared in 1997. Previously, letter writers referenced newspaper articles, other letters, editorials, and public events.

**1998 and Mid-term Elections**

In 1998 letters representing the conservative worldview appear over twice as often as those representing the liberal worldview but neither appears in large numbers, which is somewhat surprising given that mid-term elections are scheduled for November. However, as the Balanced Budget Act of 1997 continues to unfold, conservative angst derives from the Clintons’ proposals for funding of federal day care projects, proposals to expand Medicare and expansions of Medicaid to children.

W. Ronald Lewis writing in the January 10, 1998, *Times-Picayune* [LA], refers to President Clinton as “Our national nanny,” and states, “Federal day care and extended Medicare are just two strides on the long trek to his version of utopian socialism.” The metaphor of Clinton as nanny on a trek to utopian socialism violates the Strict Father worldview of the Nation as Family because nannies are needed by children, not self-reliant citizens who only need the government to ensure the safety of the nation from external evils. As mentioned previously, conservatives resent the expenditure of their tax
dollars for a “utopian” adventure that is imaginary by definition. Lewis continues, “We have a federal ‘day care’ program right now called public education.” Lewis contends that enormous amounts of money spent for public education have resulted in “ever-increasing numbers of young adults who cannot read the diplomas they are handed.”

Lewis’s metaphor of public education as federal day care along with his criticisms of the costs and performance of public education reveal the conservative worldview that government provision of a social service, even education, is doomed to fail. For example, a service like education that once was private was also a valued privilege to be worked for, earned and valued. But following government intervention, that service became a right provided to all, thereby devalued. It eventually morphed into an obligation to be shirked. Because the realities of human nature, the Moral Order and the morality of Reward and Punishment were discarded by well-meaning liberals, the system of education has suffered inevitable decay. The result is that children, who no longer value education, respect teachers or learn to read, write or compute, are the victims. Conservatives like Lewis fear the same fate for the nation at large and his comments reinforce many frames but most importantly that Limited government is in the best interest of the nation.

Lewis also criticizes Clinton’s proposed expansion of Medicare to early retirees as young as 62 and displaced workers as young as 55. Quoting Sen. Phil Gramm, R-TX, Lewis says, “the existing Medicare system is well on its way to bankruptcy, sinking like the Titanic, and the one thing we for sure don’t need when the Titanic is listing in the water is to put more people on it.” Gramm’s metaphor, via Lewis, of Medicare as a sinking ship is shared by many senior citizens who feel they will suffer losses due to
rising costs, denial of care or inability to choose the doctor they want if more people are added to the program. The metaphor of Medicare as a sinking ship fuels senior citizens’ fears that they will suffer if Medicare or any government health insurance is expanded to the broader population.

In what could have been interpreted as a gift from heaven for the GOP, on January 21, 1998, the *Washington Post* released a story detailing possible charges against Clinton for obstruction of justice that revolved around his alleged affair with a White House intern, Monica Lewinsky (Schmidt). Five days later at a White House press conference, Clinton denied the charges, but Independent Counsel, Kenneth Starr, who had been investigating Clinton on sexual harassment charges by former employee Paula Jones, later sought and won permission from Attorney General Janet Reno to expand his investigation (“Time Line”). Starr’s investigations, however, are not mentioned in letters to the editor that reference socialized medicine.

Writing in the January 27, 1998, *Herald-Sun* [Durham SC], Nancy Strickland continues the conservative critique of socialized medicine stating, “History has proven that socialism leads to loss of freedom.” And she claims that those who support government social programs simply ignore the problems of fraud and abuse. She closes her letter saying, “My only hope is that the medical profession can withstand the assault. What doctor would want to go through such grueling training for a government job?” Strickland continues the 1993 conservative claim that government involvement jeopardizes the private practice of medicine and continues the frame that *Free-market competition is in the best interest of the nation.* Like Strickland, other letter writers view
Medicare’s financial woes as evidence of its failure, and they advocate lower taxes and less federal involvement in health care.

On March 24, 1998, Larry W. Emory responds to an editorial in the *Greensboro News & Record* [NC], and says, “Socialized medicine is the most expensive health care possible. Its appeal is the illusion by the naïve and the intellectually dishonest that someone else is paying for it.” Emory’s statement about cost of health care contradicts international data on health care costs, but reflects the conservative moral action category of **Upholding** the Moral Order that contributes to the frame *Socialized medicine is a failure*. And his premise that the appeal of socialized medicine is that someone else is paying the bill is congruent with the conservative understanding of human nature and the Strict Father frame *Socialized medicine would efface the American self-reliance*. His assumption raises the question of the relationship between patients’ perceptions that medical treatment is needed as a function of who is paying for all or part of that treatment.

The difference between conservative and liberal worldviews about usage of medical services often emerges in arguments over the value or necessity of insurance co-pays. In other words, would a person who is slightly ill spend their time in the doctor’s office simply because someone else was paying for the office call? Or might a person who is slightly ill self-limit visits to the doctor, if co-pay costs were out of pocket? The language and communication about the patient-doctor-payee relationship is worthy of consideration, particularly if/when public tax dollars are at stake. Emory continues his letter saying, “The only fair and workable solution is to divorce health care from employment and every other enticement for someone else to pay for the individual’s
health care. Contrary to your socialist propaganda, all socialized medical programs are overpriced, user-unfriendly and ration care.” It is not clear whether Emory eschews private health insurance, in which the many pay the costs of the few, or if his complaint is strictly directed at government programs like Medicare. But his description of health statistics that are favorable toward socialized medicine as “propaganda” are coherent with the conservative Strict Father frame Support for socialized medicine is not authorized because such statistics are derived from government and international sources deemed illegitimate or not trustworthy by conservatives. Emory adds entailments to conservative frames that were identified in 1993.

James R. Hardy writes in the April 6, 1998, News and Observer [NC], following a meeting called by Gov. Hunt “to promote his socialized medicine proposal to the General Assembly.” He continues, “In fiscal year 1997 the state paid out $11,033,147 of taxpayers’ money for non-citizens’ Medicaid. How much more taxpayer money will be spent for non-citizens under Hunt’s socialized medicine plan?” As government programs expand in 1998, conservative objections increase relative to the provision of services to non-citizens. In the conservative worldview non-citizens who do not pay taxes have not earned the right to access tax-supported services. The primary conservative moral action category of Promoting Strict Father morality rejects the legitimacy of social programs in the first place, but for government to tax citizens then provide tax-supported services to those who have not contributed and earned them violates the moral action category of Preventing interference with the pursuit of moral self-interest. Hardy contributes to the frame that Taxation for socialized medicine is an abuse of government power with the entailment that illegal immigrants receive unearned benefits. Hardy’s solution is to
“lower taxes on the working people and property owners, and people could pay for their own health care. This would be cheaper and simpler,” he says, and would remove non-citizens from the equation.

Terrence G. Linderman writes in the May 12, 1998, *St. Louis Post-Gazette* [MO], “The plan [Medicaid expansion] extends coverage to about 90,000 children who have none.” However, he objects to the generous eligibility rules. “But income three times the poverty level covers nearly all children. Within a few years, employers will find that they cannot compete with the government, and they will be forced to drop dependent coverage,” he says. The result, he fears, is the unintended consequence that private insurance companies will be forced out of business. “Ironically, only those few children best able to afford coverage will find themselves with none. And all the while,” he predicts, “their parents’ taxes will be skyrocketing, to pay the multi-billion dollar cost of health care for everyone else’s children.” Linderman builds the 1993 conservative frame that *Socialized medicine undermines or displaces legitimate private businesses*. And he claims that the children of taxpayers will not be able to have insurance due to the high taxes their parents must pay to insure other people’s children. Both claims serve to strengthen conservative frame that *Free-market competition is in the best interest of the nation*.

Mark A. Peterson responds in the May 19, 1998, *Pittsburgh Post-Gazette* [PA], to comments made in a previous letter about Canada’s “experiments” with “socialized medicine.” First, Peterson declares, “No, Canada has a federally subsidized system of provincially run social insurance for most health care services. As in the United States, physicians and hospitals operate largely in the private sector” . . . [and] “the so-called
experiment is nearly three decades old.” Peterson directly contradicts the previous writer’s portrayal of Canada’s health care system as “socialized medicine” and as “an experiment.” He also states that the writer’s impression that Canada’s “experiment” has been a “flop” . . . “would be stunning news to Canadians,” who recognize that their system of health care, while imperfect, is deemed successful on a wide range of factors. Peterson’s comparison of Canadian and U.S. health care costs before and after Canada’s switch to a single-payer system portray the liberal worldview that in some cases government does a better job of providing social services, like medical care, than private enterprise. Government, in the liberal worldview, does not threaten family integrity, it supports it; government does not weaken the moral fiber of the Nation as Family, it strengthens it, and he shares the evidence. “In the 1960s, before the current Canadian system was in place,” he states, “Canada and the United States spent about the same for health care for both per capita and as a proportion of national income. Today, we [the U.S.] spend as much as 40 percent more than Canada, even though its provinces provide universal insurance coverage for comprehensive services as well as comparable access to appropriately applied high-tech medicine.” Peterson portrays the U.S. and Canada as similar relative to health care costs in the 1960s but the U.S. as less efficient and more exclusive since that time. The difference has been the Canadian adoption of universal health care insurance provided by government in the 1960s and the U.S. insistence on preserving health care insurance as a privately-owned and marketed commodity.

Peterson’s letter strengthens the 1993-94 liberal frames Americans can learn from health care systems in other countries and Government serves the public interest.
In 1998 rising costs for prescription drugs becomes a serious problem for senior citizens as the following letter documents. Pharmacy owner Linda Stewart writes in the July 13, 1998, *Arkansas Democrat-Gazette*, “People didn’t want the change Bill Clinton proposed. They labeled it socialized medicine . . . there are people at my pharmacy who buy only six blood pressure pills for the month and cut them in two . . . these people are not homeless or poor. And in the most graphic metaphor used to condemn the medical establishment, she says, “We have to admit that the medical community is raping all of us. . . .” Stewart’s liberal worldview is evident in her metaphor of frail elderly people forcibly abused by an industry that achieved its power by deceiving the voting public. Anticipating or possibly reacting to conservative claims that government provides services to people who do not deserve them, Stewart describes her clients as deserving and “not homeless or poor.” In her liberal worldview the private, unregulated medical industry is behaving criminally and immorally. Her letter strengthens two liberal frames the *Quest for profits above public health is immoral* and *Regulation is protection*. The next writer brings another kind of unintended consequences to the discussion.

Paula Mann writes in the August 10, 1998, *Herald-Sun* [NC] to reply to a letter supporting Clinton’s American Health Security Act. Mann says, “My interest in this subject came about when my mother’s doctor informed her that he was no longer accepting Medicare patients. The government was demanding too much from him. So much for choosing your own doctor.” At the time doctors had just been notified that their fees for Medicare patients would be tied to an index of general inflation (SGR) designed to keep Medicare costs in line with inflation and to keep the program solvent (“Payment”). The plan, enacted on August 5, 1998, as part of the Balanced Budget Act
of 1997, was not popular among physicians. Mann cites personal experience and concludes, “If the government becomes the only source of income for a doctor, then he or she must follow government mandates to get paid. I believe this is a mistake.” Mann frames doctors as helpless and senior citizens as suffering. In her view the Clinton plan violates the moral action of Preventing interference with the pursuit of moral self-interest and contributes to the frame that Socialized medicine harms doctors by enforcing coercive cost controls. Two weeks later President Clinton admits to having a relationship with Monica Lewinsky, and accuses Kenneth Starr of prying into his personal life (Baker and Harris). However, Starr is not deterred. Meanwhile, liberal writers continue their attempts to enlighten readers about the benefits of other nations’ health care systems.

Also defending Canada’s health care system, Richard R. Stewart, a Canadian who works in health care in the U.S., writes in the November 18, 1998, Columbus Dispatch [OH] to counter a letter by a Columbus physician. “He uses the typical hysterical, fearmongering [sic] argument that Canadians are flocking to the United States for health care, because they have to wait six months for a heart bypass or other lifesaving procedure,” says Stewart. Admitting that some waits for care are longer in Canada, Stewart says that few people die because of those waits, and that many more Americans die because they have no access to health care at all. “Canada's approach is much better than health maintenance organizations, which don't just delay but deny lifesaving operations, such as bone-marrow transplants, to cancer victims,” he adds. His letter adds to the liberal frame Socialized medicine promotes fair access because access to health care in Canada is available to all. And adding to the frame Regulation is protection,
Stewart says that the U.S. needs better government intervention and control of its health care systems to reduce fraud.

The paucity of letters to the editor about socialized medicine during the year prior to a mid-term election is surprising. But inside the beltway, politicians and the media were obsessed with the scandal that erupted in January following allegations by White House intern, Monica Lewinsky, that she had had an affair with President Clinton. A search using the database America’s Newspapers indicates that in 1998 Lewinsky was mentioned over 21,000 times and her name appeared in almost 2000 editorials, in just 30 major metropolitan newspapers. Investigations by Independent Counsel Kenneth Starr resulted in his September 11, 1998, report to Congress citing 11 possible impeachment offenses. The House voted to impeach Clinton before the mid-term elections and those efforts continued through 1998. Republicans, expecting large electoral gains on November 3, 1998, were shocked to find that they had lost 5 seats in the House. GOP backlash targeted House Speaker Newt Gingrich (Seelye), who resigned his post less than a week after the election (Connolly and Kurtz).

1999

Impeachment hearings continued in the Senate in early 1999 but after a 21-day trial, the Senate voted to acquit Clinton on February 12, 1999, with votes falling along party lines (US Senate). Meanwhile, in early January the House of Representatives elected Dennis Hastert (R-IL) to serve as Speaker, replacing Newt Gingrich (Seelye and Henneberger). Despite scandals and the impeachment attempt, polls in 1998 and 1999 indicated that Clinton enjoyed high levels of popular support throughout and following his second term (“Historical”).
Of the 16 letters to the editor that mention socialized medicine about twice as many represent the liberal worldview as represent the conservative worldview, and in both groupings of letters many of the arguments have been mentioned previously. But some concerns arise related to health care that have not been mentioned before such as the American understanding of the relationship between health care and personal liability as the next example indicates.

In the January 17, 1999, New York Times, Joe Rychetnik describes an accident he suffered in Paris, France, in which he was hit by a car and badly injured. His medical costs “were covered by socialized medicine.” The driver of the car explained to the gendarmes that the brakes failed and since the car was a company car, she did not feel responsible for the accident. But Rychetnik says, “I still don’t walk properly nor have I collected one cent from the driver.” His claim that he has not collected one cent indicates that he has not received what he believes to be appropriate financial compensation from the driver for lingering ailments that he suffers. Despite the fact that his medical costs were covered by the French system of socialized medicine, he expects financial compensation because he still does not “walk properly.” Rychetnik’s discontent could be interpreted in terms of the conservative worldview of the Morality of Reward and Punishment and the moral action category of Insuring punishment for lack of self-discipline. Despite the fact that his medical needs were met, Rychetnik is disturbed because the driver shrugged responsibility and was not punished. In the conservative worldview described earlier, punishment for lack of self-discipline is an important moral action. Therefore, the driver should have been punished, perhaps for driving too fast, or failing to have the brakes checked. The letter raises questions about the way medical care
is entangled with liability costs in the United States. Rhychetnik’s letter suggests a possible new frame *People who harm others should be penalized.* Of course, these people would not be doctors, or others who would be protected under the conservative moral action category of *Preventing* interference with the pursuit of moral self-interest.

Along those lines, Kirk Culbertson writes in the July 8, 1999, *Roanoke Times* [VA], “The problem isn’t doctors, but trial lawyers who leech the medical profession, and we have to pay the piper for totally frivolous malpractice suits.” Culbertson’s first metaphor reveals his conservative worldview that lawyers who file frivolous lawsuits are leeches draining the life blood from doctors who have rightfully earned their rewards. His second metaphor, we have to pay the piper, situates the reader and the public as victims. Therefore, his arguments continue the 1993 conservative frames *Malpractice lawsuits harm doctors* and *Free-market competition is in the best interest of the nation.* Tort reform is widely understood as a conservative issue intended to protect doctors because the high cost of malpractice insurance has had the effect of discouraging physicians from practicing medicine in high-risk specialities such as obstetrics and gynecology. Also concerned about costs, the writer in the next example addresses widespread displeasure with HMOs.

Armand P. Gelpi, M.D. writes in the July 8, 1999, *Press Democrat* [CA] to respond to a column by Dr. Glenn Flores (July 2) who represents managed health care as a villain, and advocates organizing doctors as the key to controlling costs. Gelpi says, “not all HMOs are enriching investors and CEOs and organized medicine (AMA) has had every opportunity to reform health care.” Gelpi continues, “American health care needs a complete overhaul, not just the taming of HMOs.” Gelpi writes to defend nonprofit
HMOs but uses the metaphor that taming HMOs will not solve America’s health care problems. The second metaphor that a complete overhaul is required conveys the depth and scope of the problem as Gelpi sees it. He advocates a single-payer system that includes all Americans and adheres to the liberal moral action category of Empathetic behavior and promoting fairness. His letter supports and continues the 1993 liberal frame Socialized medicine promotes fair access. In the next example, another physician contests claims by the head of a state insurance association.

Dr. Carl Rust, President of the NC Medical Society writes in the August 1, 1999, News and Observer [Raleigh NC] to confront an accusation by Paul Mahoney, executive director of the NC Association of Health Plans (July 28), that the NC Medical Society “holds the position that socialized medicine is preferable to private sector approaches.” Dr. Rust responds, “We do not hold such a position.” He then expands on the position of the society:

Rather, in the battle over managed care, we continue to fight for the rights of patients and for the rights of physicians to practice "good medicine" - that care which is best for the patient. The managed care industry prefers "best practice," a concept that too often finds patients being denied care because of cost, not good medicine.

"Continuity of care" is another issue that demands constant watch - just ask the thousands of patients who are affected when health plans close or undergo wholesale changes, forcing unwanted separations in doctor-patient relationships. Patients have become more and more vocal because of these experiences. Now, we as physicians are joining the chorus because good medicine demands that we serve as patient advocates, and it's time the managed care industry learns the tune as well.

In the wake of the Balanced Budget Act of 1997, Republican efforts to protect the private sector insurance business and also rein in Medicare costs resulted in lower fees for physicians and higher costs for consumers. Rust’s letter illustrates that some medical
societies at the state and national level eased away from their historic and traditional pro-
free market positions and became advocates for patients, and for themselves. These
changing attitudes could be explained by that fact that the growth and influence of the
health insurance industry, and HMOs, failed to meet the standards expected by Strict
Father conservatives, i.e. choice and affordability for consumers, and reasonable
compensation for physicians. Rust’s letter supports the liberal frame that the Quest for
profits above public health is immoral. The next letter illustrates another disputed aspect
of HMOs efforts to retain profitability.

Charles Mosher writes on August 15, 1999, in the Columbus Dispatch [OH] to
contribute to a discussion between two other letter writers. In the first letter, Nancy
Dillon (July 27) says that because she had a pre-existing condition which was caused by a
hospital mistake, she was unfairly denied health care insurance and access to her chosen
physician. Reacting to her letter as a plea for socialized medicine, Benjamin Leever
(August 15) responds that medical care should not be a universal birthright. Mosher next
writes to clarify the issue, saying, “Dillon’s letter wasn’t an endorsement of socialized
medicine, it was about the predicament of insurance rejection.” Mosher asks, “How
many of us from the middle class could afford the medical care we want or need without
insurance?” His rhetorical question makes the point that even middle class people
without pre-existing conditions need insurance to cover medical costs. And he continues,
“If DES [diethylstilbestrol, a synthetic estrogen disrupter found to cause birth defects]
daughters, Vietnam veterans harmed by Agent Orange and others with pre-existing
conditions are rejected by insurance companies, where can they turn?” His concern is
consistent with the liberal moral action of Helping people who cannot help themselves,
including those who are ill due to circumstances beyond their control, have pre-existing conditions, and/or are unable to bear the costs of their medical care. His arguments add the entailment of pre-existing conditions to the frame that the *Quest for profits above public health is immoral*. The writers also raise the issue of injuries to patients while in hospital. According to a report published by the Institute of Medicine in 1999, adverse events in hospitals cost an estimated 44,000 to 98,000 American lives annually (“To Err”). The report was based on two large studies of adverse events in hospitals in Colorado, Utah and New York during 1997, and concluded that in most cases processes for drug handling and surgical procedures, not staff recklessness or incompetence, were to blame. However, regardless of who or what is to blame, injured patients need protections. The writers strengthen the liberal frame *Regulation is protection*.

As 1999 comes to a close, some candidates are looking ahead to the presidential campaign in 2000 and floating some political platforms for public response. For example, Senator Bill Bradley (D-NJ) offered his plans to solve the country’s health care woes and the last of the letter writers in 1999 take sides on the proposals. Of particular interest is the letter by Lauren O. Florence, M.D. that appears in the November 24, 1999, *Deseret News* [UT]. Florence writes, “The recent comments about health–care financing and socialism in your editorial pages illustrate well the knee-jerk name calling of those forces opposing any change in our health care delivery system.” Florence’s remarks target references to Bill Bradley’s proposal as “socialized medicine,” when in fact the proposal was supported by the conservative Heritage Foundation and the insurance industry lobby the Health Care Insurance Association of America, neither of which would support socialized medicine.
Florence also objects to a claim that “the private sector” is able to distribute health care more efficiently and save costs more effectively than the public sector. “There is absolutely no way that catastrophic illness, or congenital defects in children, or the treatment of old or really sick people can be efficient or profitable,” Florence asserts, and adds that insurance premiums alone cannot cover their care. Florence’s comments are congruent with the liberal action category of Helping those who cannot help themselves and the associated frame that the Quest for profits above public health is immoral.

Finally, Florence says, “Simplistic references to slippery slopes have no place in serious health-care discussion.” The metaphor of the Slippery Slope is a common one used by conservatives who resist the intervention of government into what they perceive as the domain of private enterprise. The implication is that even small steps of government involvement could initiate a fall into socialism or socialistic practices.

As the final year of the Clinton presidency nears, politicians and the public discuss the upcoming presidential election and the possible influences on health care. Early in 2000 readers of the Washington Times observe a prickly exchange between representatives of the Heritage Foundation and the president of the American Medical Student Association (AMSA).

2000

The exchange begins with the editorial “Prescription for Trouble” by James Frogue of the Heritage Foundation published in the March 24, 2000, Washington Times that attacks the AMSA for rallying on the steps of the U.S. Capitol in support of a single-payer health care system. Frogue, citing statistics from Britain, claims that long lines,
rationed care and frustrated doctors demonstrate the failures of “socialized medicine.”

On April 4, 2000, Dr. David Grande, president of the AMSA, objects to the claim.

Grande asserts that the AMA has a long history of opposition to health care reforms. He cites AMA “attempts to stop passage of legislation to create Medicare” by distributing a record, “Ronald Reagan speaks out against Socialized Medicine,” that used “some of the same fear tactics used today against single-payer.” Grande points out that Medicare is a single-payer system that works and is widely accepted today. Grande closes his letter saying, “While not surprising, it is morally reprehensible that Mr. Frogue and the Heritage Foundation would try to undermine our [AMSA] attempts to establish a universal, comprehensive health-care system that provides medical care based on need rather than the ability to pay.” As NC Medical Association President Rust noted in 1999, Grande cites a long pattern of resistance to reforms by the AMA and fellow opponents who invoke the term socialized medicine. Grande chides Frogue and the Heritage Foundation knowingly try to undermine the work of AMSA that is intended to help the sick. Lastly, Grande contrasts systems of health care that are universal and based on need, and therefore worthy and legitimate, with those that provide care only to those who can pay. Grande counter-attacks Frogue’s claims by exposing a long history of conservative resistance to health care reforms, claiming moral superiority for his organization and contrasting systems that prioritize those in need over those who can pay. His comments are congruent with the liberal moral action of Helping those who cannot help themselves and adds to the frame that the Quest for profits above public health is immoral.
The Heritage Foundation fights back with a letter from Robert E. Moffitt, Director of domestic policy studies, in the April 11, 2000, *Washington Times*. Moffitt begins his rebuttal by referring to the AMSA website that states, “the AMSA supports single payer health insurance with one method of billing.” Moffitt next states that the AMSA members at the rally “dimly comprehended” the financial arrangement they were rallying for. That arrangement, according to Moffitt is “the government: the public ownership of health insurance . . . and thus control of the supply of medical services . . . ‘socialized’ medicine.” Moffitt also mocks Grande’s statement that “Americans can ‘learn’ from Canada,” stating the Canadians health care suffers because of a lack of medical technology and that “U.S. hospitals on the Canadian border report booming business with Canadians desperate to avoid their country’s long lines.” He adds, “Perhaps the quaint old word ‘socialism’ grates on modern ears. It should.” Moffitt then chastises Grande for “calling his intellectual opponents names,” and he admonishes, “Demonizing opponents in public exchange undermines the health of democracy.” Moffitt continues the conservative metaphor that X health care reform is socialized medicine, in this case the single payer system advocated by AMSA. He also attempts to undermine their cause by criticizing Canada’s health care system thereby implicitly continuing the frame that the *American health care system is the best in the world*. Lastly, he denigrates Grande and others in AMSA as dimly comprehending their own website and chiding them for bad behavior in the press thereby strengthening the conservative frame that *Support for socialized medicine is not authorized.*

This exchange is worthy of careful examination because it represents a number of critical issues relative to power and health care reform. First, from the liberal perspective
it references the long and continuing history of the use of the term *socialized medicine* by conservatives as a scare term to resist any health care reforms that increase government control of health care. Secondly, the exchange illustrates and references organized intimidation by groups such as the AMA or the Heritage Foundation against public and or political action in support of health care reforms. And lastly, the exchange indicates changing attitudes, especially among young physicians, to embrace a single-payer system of health care, and a willingness to confront opponents of reform publically, politically and forcefully. Most significant in terms of this research is the refusal of young physicians to be intimidated by the term “socialized medicine and to refuse to allow a system they support, i.e. single-payer, to be rejected as such. They also describe the system they support in terms of comprehensive, universal and based on need for care, i.e. *Empathetic* and promoting fairness and *Helping* those who cannot help themselves.

Grande’s letter adds support to several liberal frames, *Americans can learn from health care systems in other countries* and the *Quest for profits above public health is immoral*. In contrast, from the conservative perspective Frogue and Moffitt’s comments are congruent with conservative moral actions of *Promoting* Strict Father morality and *Upholding* the Moral Order, which support the respective frames *Limited government is in the best interest of the nation* and *Socialized medicine is a failure*. Joining challenges to the American system of health care, the next writer urges veterans to demand better service in return for theirs.

In the May 3, 2000, *Pittsburgh Post-Gazette* [(PA], Frank McDonough challenges veterans’ groups to lobby for better health care. “We have the most powerful military on the planet but are at the bottom of the list for an affordable health-care program,” he
McDonough situates the U.S. military above the rest of the world’s but our health care system below the rest. The metaphor challenges American exceptionalism, i.e. that the U.S. has the best medical system in the world, as well as American financial priorities. His letter is congruent with the liberal action category of Empathetic behavior and promoting fairness. He is not calling for a wholesale change in the system; he only asks for better care for vets. His letter and call for justice for vets suggests a new pragmatic frame that Government should deliver promised care to vets.

By the end August both GOP and Democrat conventions had selected their candidates for the Presidential election scheduled for November 7. Not surprisingly, many of the letters to the editor before the election that mention socialized medicine express antagonism toward the Democrat ticket. Deborah Arangno, writes in the August 27, 2000, Gazette [Colorado Springs CO] that despite issues such as gun control, Social Security, tax cuts and socialized medicine, in her view “this presidential election is more a battle waged over the fundamental nature of our union. It is a contest over the Constitution itself.” She cites concerns about erosion of states’ rights, right to life, and hostility of government to religion. She also objects to the direction the country has taken under Clinton, which she describes as “A path where criminals enjoy more rights than victims. A path where government competes with entrepreneurs in the marketplace, but profits from a monopolistic position while saddling free enterprise with onerous regulations and taxes.” Arangno repeats conservative concerns and contributes to the frames Limited government is in the best interest of the nation, Taxation for socialized medicine is an abuse of government power, and Support for socialized medicine is not authorized. Her letter also shows how conservatives view liberals, i.e. encouraging class
warfare, entitlements and socialized medicine, and illustrates the systematicity of conservative concerns, i.e. the Constitution, states’ rights, right to life, government hostility to religion, and crime and punishment. In the next example, the writer presents a conservative perspective on price controls that have been proposed by candidate Gore.

John Wrisley writes in the September 1, 2000, *State* [Columbia SC] to contest a letter on August 17 that promoted price controls and socialized medicine. He defends stockholders in pharmaceutical companies saying, “They may, in fact, rely on their dividends to help pay their own living expenses, including pill-popping. Think also of the many institutions whose investment portfolios benefit from drug company dividends.” Wrisley rejects government price controls as a solution, but suggests that government could sponsor an informational series on the dynamics of financing sickness care. “In the meantime, consumers would do well to carefully review their drug consumption,” he suggests. “Nothing will drive prices lower more quickly than declining sales. Better diets and more exercise would make the drug people very nervous!” Wrisley frames the solution to high pharmaceutical costs conservatively as a matter of individual responsibility and control. He eschews the suggestion that government should regulate costs. His comments are congruent with the conservative moral action category that *Competition* is essential to individual and national growth, and adds a new conservative frame that *Corporatization of medicine contributes to the economy*. Liberal voices continue to defend socialized medicine in other countries and the next writer attempts to clarify how care in England is funded.

Of particular interest is a letter by June Boyken in the October 11, 2000, *Daily Oklahoman*. Boyken writes to explain how socialized medicine in England works against
charges levied by Win Swanson (September 17) that her granddaughter did not receive required anesthetic for a procedure. Boyken states, “... the problem with socialized medicine in England is mainly due to foreign people who’ve not been in the country paying into the system for years, as the British people have.” And she continues, “They [foreigners] arrive in the country [England] and immediately expect to be treated ... at no charge to them.” Boyken portrays British citizens paying taxes year after year into a health care pool that is drained by foreigners who contribute nothing, then complain. Boyken’s letter explains why some letter writers, who have received “free” medical care in any country with universal health care, actually believe it is free. They fail to realize that citizens of that country have contributed to a system of medical service that does not rely on fee-for-service payments. But that does not mean the service is not costly to someone. Boyken also points out, “We have two ways to go in England for medical care. We can go on a waiting list, which is programmed to take the most critical first, or we can do what you have to do in America – go private and pay.” Letter readers who are critical of socialized medicine as practiced in England might be surprised to learn that their “free” system co-exists with a system of private medicine which is available to those who can pay. Boyken also asserts, “New drugs are released earlier in England than they are in America and don’t cost an arm and a leg,” and they would have been provided free of charge to Swanson’s granddaughter, had she needed them. The metaphor of prescriptions that cost “an arm and a leg” emphasizes the painful losses that Americans suffer to purchase their drugs and contest the conservative worldview that free enterprise will always provide the best products at the lowest costs. Boyken’s letter strengthens the liberal frames *Americans can learn from health care systems in other countries* and
Socialized medicine promotes fair access in other countries, but adds the caveat that there is a price tag. The cost and availability of drugs in the U.S. is a concern voiced by other writers.

Nancy J. Herin notes in the October 23, 2000, *Washington Post [DC]*, that Americans travel to Canada to purchase medicine “at a fraction of what it costs in the United States.” According to Herin, “Canada – like most of the industrialized world – regulates the cost of its drugs.” In Canada the government “ensures that drug prices will not rise faster than the consumer price index. Since we have no such regulatory provision here, the sky’s the limit for what we must pay.” Herin’s metaphors portray drug prices soaring upward out of control in the U.S. as consumers, unprotected by government, journey to Canada to purchase their needed medications. In fact, Herin chides Congress for hearings and reports issued in the 1970s, 1980s and 1990s which found that “Americans pay as much as five times more than Europeans for the same drugs.” The reasons for this disparity, according to Herin, include among other things, “me-too” drugs that are not pharmacological breakthroughs as well as marketing and promotional costs that equal twice the investment in research and development of new drugs. Herin adds to the liberal frames *Americans can learn from health care systems in other countries* and *Regulation is protection.*

In a final reflection by a physician, William B. Hobbins, M.D., writes in the *Capital Times* [Madison WI], that after serving the medical needs of his community for 55 years, he is disappointed in how little he hears from local or national politicians about how to help the needy in our society of abundant money and materialism. “As a young man, I was against socialized medicine, but I can tell all now that we need to have every
person in the United States covered by basic governmental support that allows them to have general medical care, diagnostic tests and X-rays.” And he adds, “This is essential, but even more essential is that we must feed these same people and give them a sense of worth.” His letter strengthens the liberal frame of **Helping** those who cannot help themselves. Hobbins’ experience over 55 years, he testifies, has changed his view of socialized medicine. Now he espouses the liberal worldview that “we” must take care of those who are not able to care for themselves, with both physical and psychological/emotional help. Hobbins’ experience as a physician for 55 years has changed his worldview from antagonistic to socialized medicine to supportive of health care for all citizens, and illustrates Lakoff’s claims that worldviews are resistant but not impervious to change.

**Lessons from the Last of the Clinton Years**

The Clinton presidency was troubled by conflicts abroad in Bosnia, Kenya, and Iraq; by domestic conflicts that erupted in Waco, Texas and in Oklahoma City; by personal conflicts that led to impeachment; and by contentious budget battles with Republicans in the U.S. House over spending for Medicare and Medicaid. Consistent with conservative worldviews, Republicans attempted to control the costs of those programs by encouraging senior citizens to purchase private supplemental insurance policies which resulted in higher costs accompanied by fewer benefits to consumers. And consistent with liberal worldviews, Democrats attempted to expand health care coverage with programs in the states to insure children through Medicaid.

Liberal letter writers described HMOs as “socialized medicine insurance industry style,” or “commercialized medicine.” Some complained that the dollar had become the
sole determinant of treatment decisions, and the most common frame of managed care and private health care insurance was that the *Quest for profits above public health is immoral*. Liberal letter writers were also prone to look outward to other countries for examples of how to solve national health care problems, framing their arguments as *Americans can learn from health care systems in other countries*. They also argued that consumers need government interventions to make health care affordable with the frame *Regulation is protection*.

Conservatives rejected federally-sponsored health insurance plans for children as inappropriate intrusions into the private lives of citizens with the frame that *Socialized medicine violates legitimate authority*. They also condemned Medicare and Medicaid as socialized medicine with the frame that *Limited government is in the best interest of the nation*. And they framed public funding for social programs as *Taxation for socialized medicine is an abuse of government power*.

Letter writers also discussed personal problems that were a consequence of health care policies that affected many Americans. For example, writers discussed the inherent unfairness of the practice of cost-shifting, by which hospitals shift costs of uninsured patients to insured patients, in order to pay the bills. They also discussed the harmful effects of the practice of insurance rejection, by which insurance companies strive for profitability by denying claims on the basis of pre-existing conditions. Letters also raised the issue of medical liability in considerations of malpractice lawsuits and penalties for personal injuries. Some patients discovered that their physicians would not accept decreased Medicare payments and required patients to pay premiums for services. And writers expressed opinions about health care as a right, a need or a privilege.
Liberals claimed that health care should be a right of citizenship. They supported implementation of programs like those in Canada or Germany that would provide health care to all citizens at affordable prices. But conservatives expressed fears of socialized medicine and argued that a right to health care is not guaranteed by God or the U.S. Constitution. As cost-restraining measures intensified and patients were not able to afford prescription drugs and medical services, the traditionally conservative medical establishment adopted a different stance.

Framing physicians as advocates of their patients, the president of the American Medical Student Association and the president of the North Carolina Medical Society respond respectively to charges by the conservative Heritage Foundation and the head of the North Carolina Association of Health Plans that their organizations support socialized medicine. It is clear from these letters that conservative and commercial forces attempted to quash criticisms of HMO practices by making accusations of socialized medicine. But what is not typical is the response by leaders of practicing physicians and of medical students that insurance company policies are not functioning in the best interest of their patients.

By the end of the Clinton years, despite liberal efforts to expand health care to children via State Children’s Health Insurance Programs (SCHIPs), and conservative efforts to rein in Medicare costs by turning much of that program over to managed care organizations, many Americans not covered by Medicare found health insurance premiums and prescription costs rising to unaffordable levels. Writers contained complaints about rising health care costs, expansion of government programs, immigration, tort reform and other issues presented in metaphors that uphold
conservative or liberal worldviews or that contest those world views. For the most part the kinds of arguments presented by liberals or conservatives remained the same as those in 1993-1994, although some new arguments and frames appeared.

Liberal writers continued concerns about fairness and access to services for all citizens and added special consideration for veterans to that list. They condemned what they view as immoral quests for profits that put public or individual health at risk. And they trust government more than private enterprise, and so seek government regulation to protect citizens.

Conversely, conservatives trust private enterprise more than government and resent government intrusions into private affairs. They are strongly guided by the morality of Reward and Punishment so object to taxation for social programs, with particular ire toward programs that give away their money to non-citizens, who are not members of the national family. However, some indications of worldviews moderating or having that potential appeared in the letters.

For example, pragmatic conservatives, those less tightly tied to the Strict Father metaphor, might be tempted by the comparison of Canada before and after the enactment of a single-payer system of health care, or the image of doctors and patients happy with the German system of health care to moderate their antagonism to the concept of government involvement in health care. By contrast, liberals who object to the corporatization of health care might moderate their views in light of conservative arguments that many ordinary Americans rely on retirement funds that are heavily invested in pharmaceutical stocks. These kinds of challenges to worldviews can stimulate blending of metaphors and thereby allow more free and creative thinking to
solve problems. A similar example is the contrast of socialized medicine as a destructive evil with cost-shifting as a destructive evil, in which the specific failures of private health insurance and contrasted with the abstract failures of socialized medicine.

And as the Presidential election approached in November 2000, Democrat candidate Al Gore promised reforms to bring down the costs of prescription drugs, but assiduously avoided association with the Clintons or their health care reform proposals. Texas Governor George W. Bush, the Republican candidate, promised reforms in the form of tax credits for Medicare recipients. But the election of 2000 itself grabbed headlines as the outcome was disputed in Florida and eventually resolved by action of the U.S. Supreme Court.

Figure 17a-c below illustrates the frames from 1993-1994 with new frames from 1995-2000 years in boldface.
<table>
<thead>
<tr>
<th>Conservative Moral Actions</th>
<th>Frames in 1993-1994 (41/65 = 63%)</th>
<th>New Frames in 1995-2000 (42/77 = 55%)</th>
</tr>
</thead>
</table>
| Promoting Strict father morality  
  *Establishment of right/wrong  
  *Legitimate authority  
  *Competition essential to individual and national strength | Government reforms are socialized medicine  
  Socialized medicine violates legitimate authority  
  Free-market competition is in the best interest of the nation  
  Limited government is in the best interest of the nation  
  Congressional self-interest is immoral  
  Abortion/euthanasia are immoral | Corporalization of medicine contributes to the economy |
| Promoting self-discipline, responsibility, and self-reliance | Socialized medicine would erode American self-reliance  
  Government programs replace incentive with entitlement  
  Government programs undermine/displace legitimate business  
  No crisis exists in health care | People who harm others should be penalized |
| Upholding the Morality of Reward and Punishment | Taxation for socialized medicine is an abuse of government power  
  Malpractice lawsuits harm doctors  
  Socialized medicine harms doctors  
  Socialized medicine enables abortion/denies moral punishment | |
| a. Preventing interference with the pursuit of self-interest by self-disciplined, self-reliant people  
  b. Promoting punishment as a means of upholding authority.  
  c. Insuring punishment for lack of self-discipline | | |
| Protecting moral people from external evils | Socialized medicine encourages illegal immigration | |
| Upholding the Moral Order | The American health care system is the best in the world  
  Socialized medicine is a failure  
  Support for socialized medicine is not authorized | |

Fig. 17a. Conservative frames to 2000 with new frames in boldface.

|---------------------|------------------------|
| Pragmatic Conservative Moral Actions | Tax breaks for health care  
  No exemptions  
  Make health care user-friendly | Doctors advocate for patients |
| Pragmatic Liberal Moral Actions | No exemptions  
  Single payer/multiple provider | Medical students for single payer |

Fig. 17b. Pragmatic frames to 2000 with new frames in boldface.
Fig. 17c. Liberal frames to 2000 with new frames from 1995-2000 in boldface.

In the following chapter I will analyze letters to the editor written from 2001 – 2006 from the beginning of the Bush presidency to the beginning of the 2008 presidential campaign.

<table>
<thead>
<tr>
<th>Liberal Moral Actions</th>
<th>Frames in 1993-1994 (24/65 = 37%)</th>
<th>New Frames in 1995-2000 (35/77 = 42%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathetic behavior and promoting fairness *Nurturance for social responsibility</td>
<td>Socialized medicine promotes fair access Americans can learn from health care systems in other countries Congressional self-interest is immoral Government serves the public interest Health care is a right of citizenship</td>
<td></td>
</tr>
<tr>
<td>Helping those who cannot help themselves</td>
<td>Socialized medicine provides care on the basis of need The quest for profits above public health is immoral</td>
<td></td>
</tr>
<tr>
<td>Protecting those who cannot protect themselves</td>
<td>Socialized Medicine is insurance Regulation is protection</td>
<td></td>
</tr>
<tr>
<td>Promoting fulfillment in life</td>
<td>Socialized medicine is good for small entrepreneurs</td>
<td></td>
</tr>
<tr>
<td>Nurturing and strengthening oneself in order to do the above *Investment in people/ community</td>
<td>Doctors have a special duty</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 7: 2001 – 2006

Introduction

In the confusion over who would actually occupy the White House after the November 7, 2000, presidential election, the future of the nation’s health care was also uncertain. According to WebMD, during the Bush v. Gore campaign, “the pharmaceutical industry successfully spent a record $80 million to keep GOP control of Congress, fearing price controls resulting from a Gore drug plan” (Vogin). After the election, according to WebMD, Health Insurance Association of America (HIAA) officials downplayed the importance of health care to voters, but GOP pollster Bill McInturff disagreed, stating that Republicans would “be well advised to try not to lose this focus on health care issues.” However, although candidate George W. Bush promised to cut senior citizens’ prescription costs with his Medicare drug plan, as president he was not able to garner adequate political support in the GOP dominated Congress to bring the measure to a vote. Not surprisingly, letters to the editor from liberals and conservatives contained complaints of rising costs and diminishing benefits throughout the Bush presidency.

Despite special interest lobbying, and political infighting, public concerns about health care have been a driving force behind continued government involvement in health care by both parties. During the George W. Bush presidency from 2001 to 2006 roughly 114 letters to the editor that mentioned socialized medicine appeared in major metropolitan newspapers in the U.S. The number of letters by year that can be described as expressing either antagonism (conservative) or acceptance of (liberal) socialized medicine is indicated in the following table:
Table 5.

Political persuasion in letters to the editor during 2001-2006.

<table>
<thead>
<tr>
<th>Year</th>
<th>Conservative</th>
<th>Liberal</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>8</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>2002</td>
<td>11</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td>2003</td>
<td>10</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>2004</td>
<td>18</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>2005</td>
<td>5</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>2006</td>
<td>8</td>
<td>13</td>
<td>21</td>
</tr>
<tr>
<td>Totals</td>
<td>58 (51%)</td>
<td>56 (49%)</td>
<td>114</td>
</tr>
</tbody>
</table>

Review of Procedures for Analysis

In the following I analyze a sample of letters from each year that continue frames of socialized medicine observed in previous years, strengthen those frames and/or add new frames. Below I review Lakoff’s moral action categories (Fig. 14) for the convenience of the reader.
I continue to be guided by Lakoff’s conservative and liberal moral action categories in my analysis of letters and efforts to identify and explain the writer’s framing of socialized medicine. At the end of the chapter I discuss how socialized medicine was framed from 2001-2006 and how those frames strengthen or add to those described in 1993-1994, and 1995-2000.

The Bush Presidency: 2001-2006

2001

In 2001, letters to the editor are roughly split between liberal and conservative worldviews and reflect changing political, social and technological contexts. Responding to an article about tensions between government and business over availability and regulation of genetic testing, Terry DuBois notes in the April 17, 2001, edition of the

Fig. 14. Moral Action Categories (Lakoff 163, 165).
Arkansas Democrat, that restrictions on medical services are not solely a result of socialized medicine. DuBois argues that since the failure of the Clinton plan “we have evolved a kind of capitalistic, corporate medicine” in which “corporate insurers tell patients which physicians they can see and tells physicians which tests and treatments can be done” just as it was claimed socialized medicine would do. According to DuBois, American medicine “has been reduced to a ‘your money or your life’ philosophy.” DuBois states that the situation will only worsen as the population ages and that while “Big government is not the only solution, big business cannot be trusted to do better” so the solution is for all parties to work in the best interest of all the people. DuBois closes, “...and excessive corporate profits may have to be subordinated to the public well-being.” DuBois’ objections to stereotypes of socialized medicine, comments that neither government nor business alone can solve the problems of health care and the call for cooperation of all parties to serve the public interest indicate a pragmatic liberal Nurturant Parent worldview. Although his remarks also strengthen the liberal frame that that the Quest for profits above public health is immoral, his remarks best represent congruence with the liberal moral action category of Empathetic behavior and promoting fairness and introduces a new liberal pragmatist frame Cooperation of government and business serve the public interest.

A similar view is voiced by Don T. Shaffer in the May 16, 2001, Dayton Daily News [OH], citing recent articles and letters to the editor about rising insurance premiums, restrictions on care and denials of claims due to pre-existing conditions. Shaffer contrasts patients’ problems with soaring HMO profits and outrageous executive salaries and concludes, “We are in the throes of socialized medicine controlled by
unregulated private corporations.” Shaffer calls on legislators to pass a comprehensive Patient’s Bill of Rights to empower patients and physicians, to “make the claim-review process fair and allow patients to sue HMOs” when treatment decisions cause injury. According to Shaffer, “the public is beginning to perceive HMOs as greedy corporations,” and warns the HMOs that their time “for restitution and reparation to the sick and suffering is coming.” Despite his discontent with HMOs, Shaffer says, “I do not favor a government-run health-care-delivery system,” but he does want some accountability and protection from government. His comments indicate many aspects of the pragmatic liberal Nurturant Parent worldview. He describes a relationship between soaring profits and patient suffering as evidence that HMOs are “greedy.” In the liberal system of moral accounting, if patients pay for insurance and then are denied the treatments that they and their doctors deem necessary, the HMO is failing to meet its moral obligation to help those in need. Shaffer strengthens the liberal frame Regulation is protection in calling for government protection of individuals against business in the form of a comprehensive Patient’s Bill of Rights, the first of which was passed in Texas under then Governor George W. Bush.

During the 2000 presidential campaign, Bush claimed credit for the passage of the first such legislation in 1997 and pledged to sign similar federal legislation if elected. However, Bush vetoed the Texas legislature’s first attempt at a patient’s bill of rights in 1995. Proponents of the bill were successful in garnering a veto-proof majority and passed the bill without Bush’s signature, the details of which are described by Charles Conrad and Brad Millay (153). Particularly relevant to this study are Conrad and Millay’s comments that proponents of the bill “developed a complex persona that
simultaneously cast them as populist voices of ‘the community’ and as defenders of the free market” (157). In Lakoff’s terms, proponents of the bill portrayed abuses by the private health care industry as evidence that the industry was failing the standards expected of the free market and thereby endangering it. Their arguments enabled pragmatic conservatives to envision a patient’s bill of rights as protective of patients and the free market. Following the success of the Patient’s Bill of Rights in Texas, numerous other states passed similar bills and Bush promised to pass such a bill if elected. But despite Congressional efforts, there was little real consensus and the issue died in Congress.

On May 31, 2001, Joseph E. Underwood renews conservative arguments in opposition to socialized medicine in the Bangor Daily News [ME]. “Socialized medicine does not work,” he says. “Government has never estimated anything and gotten it right,” he adds, citing Social Security and Medicare as examples. Underwood predicts, “Taxes will skyrocket to pay for this scheme and as taxes go up, or standard of living drops.” Underwood describes government as incompetent and represents conservative Strict Father objections to government involvement because it violates the moral action of

**Promoting** Strict Father morality which yields the frame that *Free-market competition is in the best interest of the nation.*

The following writer blames lifestyle choices for private health insurance rates that are too high.

Writing in the June 19, 2001, Bangor Daily News [ME], Susan Johnson states:

The reason insurance rates are so high is simply, demographics. Medical statistics show there are more unhealthy Mainers than there are healthy residents. Most are caused by unhealthy living, obesity, substance abuse and smoking. Perhaps if
Mainers would reduce their ingestion of whoopie pies, coffee, brandy and Marlboros we could all benefit by lower insurance rates. An added benefit; not being forced to pay into a socialized medicine program for the choices made by the lazy and ignorant.

Johnson’s remarks mirror those voiced by Wrisley in 2000, and reflect the conservative moral action category of **Promoting** self-discipline, responsibility, and self-reliance that values, for example, the discipline required to eat well, exercise and live a healthy lifestyle. Johnson’s comments also adhere to the moral action category of **Preventing** interference with the pursuit of moral self-interest, which in this case refers to government taxing those who live a healthy lifestyle to pay for the health care of the lazy and ignorant who do not. His remarks add to the frame that *Taxation for socialized medicine is abuse of government power* and adds people who do not live a healthy lifestyle as another special category, like non-citizens, to this frame. Continuing another conservative complaint, the following writer reminds readers of the burden imposed by illegal aliens.

On October 20, 2001, Brian Olton, writing in the *Sarasota Herald-Tribune* [FL], makes the first comments that link health care policy in the U.S. to the attacks on September 11, 2001. He attributes high health care and hospital costs to “the illegals and the ‘home grown’ freeloaders” who go to the emergency rooms to be treated for minor ailments, and think that “The hospital is their private doctor, on call 24 hours a day!” Olton states that the events of September 11, 2001, should force a change in U.S. border control and immigration policies, because “we cannot take in nor can we take care of the rest of the world. We should not even be trying!” Olton’s remarks indicate the conservative worldview that it is not charitable to give people services that they have not
earned. Conservatives also regard those who enter the country illegally as law breakers. For government to tax legal citizens to pay for services for law breakers or loafers is theft in the conservative worldview and violates the moral action category of **Upholding** the Morality of Reward and Punishment which in this case contributes to the frame that *Taxation for socialized medicine is abuse of government power*, and applies to illegal immigrants and America’s home grown freeloaders. Adding to the complexity of this problem is that government has not secured the borders, and thus is violating the moral action of **Protecting** moral people from external evils, resulting in the frame *Government should secure the borders*. Another writer offers an alternative approach to prevent freeloading.

Albert Janssens, an American living in Germany, writes in the October 23, 2001, *Sarasota Herald Tribune* [FL] to argue that Germany’s system of socialized health insurance requires everyone to have health insurance. And since everyone pays into the system, there are no freeloaders, and he says, “this is a better way of managing health care and costs than allowing emergency rooms to be used for the common cold.” Janssens depicts the U.S. military as an example of socialism that works, which is a commonly-held liberal perspective. His advocacy for full participation as a way to prevent freeloading supports the liberal moral action of **Empathetic** behavior and promoting fairness and the associated frames that *Socialized medicine promotes fair access* and *Americans can learn from health care systems in other countries*. However, the idea that the U.S. Military is an example of socialized medicine is strongly contested by the following conservative writer.
Michael C. Freeman argues, “National defense, policing, and running criminal and civil justice systems are among the very few inarguably necessary functions of government. They apply equally to every citizen. They do not involve transfers of wealth.” Freeman, writing in the October 30, 2001, Sarasota Herald-Tribune [FL], describes the conservative worldview of the legitimate and limited role of government. Freeman’s comment that military spending does not involve transfers of wealth is significant to conservatives who view such transfers as violations of the moral action code of Upholding the Morality of Reward and Punishment. Freeman also states that the reason Americans reject socialized medicine is “that personal freedom is the most fundamental American principal.” Others might not object to government mandates for full insurance participation in which destructive health habits of some increase medical costs, he argues, but Americans do. His view that those who maintain a healthy lifestyle should not be forced to contribute to the medical care of less responsible people is congruent with the moral action of Preventing interference with the pursuit of moral self-interest, which in turn contributes to the frame that Taxation for socialized medicine is abuse of government. But, as the next writer notes, many of the people who need medical care have not been careless about their health.

Sidney Dounn, writing in the December 31, 2001, Sun-Sentinel [FL], cites a news story about a 14-year-old girl who is dying because she needs a lung transplant which the family cannot afford because their insurance company will not pay. He says, “This is the richest country in the world with the most advanced medical facilities . . . and we allow our leaders to talk us out of medical care.” Dounn’s characterization of U.S. wealth and medical advances and his comment that we have permitted our leaders to “talk us out of
medical care,” suggests the liberal moral action category of **Empathetic** behavior and promoting fairness. That some people are innocently struck by serious illness for which their insurance company will not pay violates the liberal moral action of **Helping** those who cannot help themselves and contributes to the frame that the **Quest for profits above public health is immoral**. To alleviate the problem, Dounn suggests a program of government-sponsored scholarships to pay medical school expenses for “poor but intelligent students” who would then work for a government health care system for 10 years, similar to the arrangement by which some students attend medical school at military expense then repay with service to the military. His idea contributes to the frame that **Government acts in the public interest**. Dounn’s letter was one of just two in the fall of 2001, following the attacks on the World Trade Center on September 11. However, writers pick up their pens again in February, 2002, and letters appear consistently, if not in large numbers, throughout the year.

**2002**

Letters to the editor that reference socialized medicine in 2002 were again evenly divided between liberal and conservative viewpoints. The year opens with arguments that have been heard before. Most letters argue either that health care does not function well as a business in a capitalist setting because costs are too high and too many people are left out, or that the U.S. system of health care is the best in the world and that there is no health care crisis.

David J. Widom, M.D., states in the February 27, 2002, edition of the *Sun-Sentinel* [FL], “It is a myth that people aren't getting medical care in this land of plenty, but if you want private care, this you will pay for.” He claims that whatever advantages
health care systems in other developed nations offer are offset by disadvantages that would be unacceptable to Americans. For example, Widom admits that health care for elderly Japanese is free but implies a 10-year recession is the consequence. He cites long waits for care in Germany and Canada that Americans would find intolerable. His comments about the U.S. health care systems and American consumers adhere to the conservative moral action category of \textit{Upholding} the Moral Order which supports the frame \textit{The American health care system is the best in the world}. Turning his attention to the U.S. he says, “While 45 million working Americans have no health insurance, many of them refuse the insurance offered by their employers because they don't want to share any of the cost. Another large percentage of working people take the least expensive plan offered by their employer.” These remarks support the conservative frame that \textit{No crisis exists in health care} which reflects the moral action category of \textit{Promoting} self-discipline, responsibility, and self-reliance. In the conservative worldview most people who are uninsured or underinsured have options, but choose not to exercise them, so their problems are a result of their own choices and not a result of a flawed health care system. Last, he says of the poor, “The poor get Medicaid and must be treated, as well as anyone who shows up at an emergency room. In America today, crack-addicted mothers deliver 21/2-pound babies who receive care and extensive hospital stays, and due to U.S. technology, many survive.” Widom situates Medicaid recipients in the context of hospital emergency rooms, where the law requires they must be treated. His example of American medical technology coming to the rescue of crack-addicted mothers giving birth to underweight babies serves two implied purposes. First, it re-affirms the extraordinary power of American medical technology to save the lives of critically fragile
children. Secondly, it casts the Medicaid mother as a crack addict who arrives at the emergency room in violation of the conservative moral action category of **Promoting** self-discipline, responsibility, and self-reliance. The crack-addicted mother exemplifies the conservative frame that *Socialized medicine would efface American self-reliance.* Windom adds that anyone who is 65 or disabled is eligible for Medicare, which he describes as the “Rolls-Royce” of care. Widom is convinced that no one in the U.S. suffers due to lack of access to health care, but for others, difficult personal experiences cause reflection and reconsideration of allegiances.

“I think of myself as a capitalist in all aspects of life, except health care,” writes Carr W. Dornsife in the May 21, 2002, edition of the *Sarasota Herald-Tribune* [FL]. He cites Medicare HMO cutbacks described in a recent newspaper article and notes that few people will be able to afford health care and prescriptions which are not covered by Medicare. “For these reasons, and more, let’s have socialized medicine,” he concludes. Dornsife represents a bi-conceptual worldview in that he is willing to support a program of socialized medicine, but continues to see himself as a capitalist. His support for socialized medicine emerged as he became aware that rising costs for care would leave many senior citizens without adequate access to health care and prescriptions. However, the problem of access to health care, many conservatives believe, is attributable to government interference with businesses years ago. And for them the solution is not more government, but different rules.

Stuart Andrews, M.D., writes in the May 23, 2002, *Bellingham Herald* [WA], “Government caused the current situation in the 1940s. The health insurance crisis is the direct result of linking health-care insurance to employment, which, in turn, was
government induced.” According to Andrews, “Government allowed favorable tax breaks for employer-generated health insurance not available to individuals purchasing their own insurance.” Giving those tax breaks to individuals today would help solve the health care crisis if combined with other measures. He recommends:

Allow multiple national insurance pools that evenly distribute the high risk individuals among us instead of using employment pools. Allow tax incentives and guaranteed rates to young, healthy people who sign up for insurance before getting sick. Stop mandating specific benefits let individuals choose their coverage. Have stopgap coverage (a yearly cost ceiling) for the sickest amongst us. Mean test seniors some are poor, but some are well off.

Andrews’ recommendations imply a conservative pragmatist worldview that embraces a solution to health care problems forged from a combination of government actions and free-market enterprises, and adds to the frame that Cooperation of business and government serve public interest. The writer in the next example favors putting health care to a popular vote.

Referring to the article “Cost, Economy Pushing Health Care Toward New Crisis” (August 11), John Culkin writes in the August 18, 2002, edition of the Tampa Tribune [FL], that the insurance industry was not mentioned as part of the problem. He argues that monies paid for health insurance by individuals, businesses and government would be better spent to support a program of health care for all. “Medical care for all Americans should be a service provided by and for the people; it should not be a business,” he declares. Citing the upcoming mid-term elections, he asks, “Why not ask the people? Put on the ballot, ‘Do you or do you not want health care for all?’” Culkin’s remarks are congruent with the liberal moral action category of Empathetic behavior and promoting fairness. He offers a new frame of Health care is a public service for all
Americans, more like education than business. However, Culkin doubts such a plan would be considered because “Our ‘representatives’ would have to check in with the special interests and the upper 10 percent of the population that control 90 percent of the country.” His reference to special interests as obstacles between the public and their elected representatives contributes to the liberal frame that the *Quest for profits above public health is immoral* with the entailment that corporate medicine interferes with governance and the public interest. Lastly, he admonishes readers, “Call, write or e-mail your representatives and ask them why 80 to 90 percent of us have no voice in our government.” His letter is the first to suggest that health care for all be placed on the ballot, and he questions the growing concentration of power and influence on government that gives little voice to the public. In the liberal worldview “voice” if not found at the ballot box can often be achieved through the courts. Therefore, tort reform such as limits on medical malpractice is not typically part of liberal discourse. as the next example illustrates.

Paula Kling writes in the October 5, 2002, *Sunday News* [Lancaster PA], “There needs to be reform all right, but it’s the doctors and insurance companies that need to change. Doctors who commit malpractice should lose their license, just as lawyers who commit misconduct are disbarred by their peers.” Further defending the legal profession, she declares, “Lawyers take many cases pro bono (free) as part of their ethical code. When was the last time your doctor offered that service?” And citing the insidious danger of delayed care, she asks, “How many people don't go for regular check-ups because of high deductibles? By the time they go because of symptoms, the cost has tripled or they are terminal.”
Broadening her critique, Kling states, “There is no logic to our current health-care policies. Our government sends billions to Iraq and Afghanistan so their citizens can have free everything, while our citizens die of red tape.” Kling is the first writer to charge that the costs of the war are having a negative effect on the health of Americans. Kling’s comments are congruent with the liberal moral action category of Protecting those who cannot help themselves and she adds the frame Lawyers are agents of justice. She implies that the well-being of Americans at home, not foreign war, should be the government’s first priority.

But despite liberal concerns, the November mid-term elections solidified conservative control as the Republicans gained surprising majorities in the House and the Senate. “Although a first-term president’s party had not gained ground in midterm elections since 1934, Republicans in 2002 increased their narrow margins in the U.S. House and regained control of the U.S. Senate. Bush’s conduct regarding the “war on terrorism was widely supported. Democrats were generally supportive of that effort . . .” (Beckwith). The resulting concentration of power in the GOP increased the likelihood that solutions to problems associated with health care in the following two years were probably going to be addressed with reductions in regulations and more free-market proposals.

In December 2002, Sen. John Kerry (D-MA) announced his decision to run for President in the 2004 election. And in January, after Al Gore announced that he would not run again, many other Democrats entered the race, marking the beginning of Primary Election season.
In 2003, letters to the editor that mention socialized medicine are again roughly split between liberal and conservative worldviews. The year begins with a letter from Walter A. Hutchens in the January 2, 2003, *Roanoke Times* [VA], in which he argues several points made in a previous letter criticizing Canada’s health care system.

Explaining why Canadians sometimes come to the U.S. for health care, Hutchens says, “Anything free is overused and, because Canadians naturally do not want the unlimited taxes that would be needed to pay for unlimited health spending, their government limits resources such as the number of MRI machines.” According to Hutchens, these cost-restraining measures result in “long waits for routine appointments. Those who don’t want to wait and can afford U.S. prices come here. But no Canadian lacks essential care because he is poor or does not have the right kind of job,” he says. Hutchens advocates an extension of Medicare to cover all Americans which would be advantageous to patients and doctors by replacing numerous insurance companies with one payer.

Hutchens contributes to the liberal frames that *Socialized medicine promotes fair access* and that *Americans can learn from health care systems in other countries.* But for readers who have insurance, cost-restraining or limits on health care spending by government translates into rationing.

As the parent of an infant with significant health problems, Elaine Linn writes in the May 17, 2003, *Sacramento Bee* [CA], that it “terrifies” her to “imagine my health care options --- or lack of thereof --- in a society where the government mandates and pays for health coverage.” Referring to an editorial advocating universal health care, Linn repeats a line of thinking that exemplifies conservative Strict Father morality. She states that her health care benefits are earned and “not an entitlement,” that the uninsured
have “neglected” to apply for available benefits, and that universal health care would “penalize responsible citizens” and “reward those who never appreciate what they are handed on a silver platter.” Linn’s concern for her child, worries about the impact of health care reform and fear of “substandard care” and “rationing” are palpable. She trusts that her current program of health care as a benefit of employment provides the best care for her and her child and protects them both from government programs disdained by conservatives. In Linn’s view, universal health care violates the conservative moral action of Preventing interference with the pursuit of moral self-interest because she believes her earned benefits would be compromised to pay for irresponsible others. In the long run such a program would violate the moral action code of Promoting strict father morality because it causes rationing and sub-standard care. These violations contribute to the frames that Taxation for social programs is abuse of government power and Free-market competition is in the best interest of the nation. But other writers discuss aspects of private insurance that could undermine conservative confidence.

Richard R. Kennedy writes in the May 27, 2003, Sun-Sentinel [FL], about the practice of “safe pooling” by which private insurers attempt to avoid individuals cited as “risky” thereby making health insurance very expensive or unavailable to people with serious or chronic health problems. Kennedy advocates the liberal favorite, single-payer, so as to end safe pooling and suggests, “The existing insurance bureaucracy would be put to better use assisting the government for a reasonable fee in meeting claims.” Kennedy supports single-payer in part because too many people without insurance have only the emergency rooms to turn to. His statement “Common sense would dictate profit from the sick is indecent” is congruent with the liberal moral action category of Helping those
who cannot help themselves and adds safe-pooling to the body of evidence that supports the frame that the Quest for profits above public health, is immoral. But Kennedy’s worldview is contested by another writer whose sentiments sharply illustrate the prototypical Strict Father.

In the September 27, 2003, *Tampa Tribune* [FL], Damon Berryhill responds to a letter in which the writer attempts to frame taxes on the wealthy as “sacrificial patriotism.” Berryhill disagrees, describing the letter as “another bleeding heart liberal plea for socialism in the name of compassion.” Berryhill states, “As a proud conservative, I cannot disagree more.” He continues, “The goal of taxation is to strip freedom away from businesses and give it over to the have-nots . . . this is treasonous,” and his views add to the conservative frame *Taxation for socialized medicine is abuse of government power*. Berryhill supports President Bush’s rejection of taxes on the wealthy as “a way to cut the debt and fund more ‘social investments’ as the socialists call them.” Additionally, Berryhill believes that the President “is right to demand that the poor give over their welfare before the hard-pressed successful businessman gives more of his hard-earned bread to the government.” According to Berryhill, social programs like welfare, food stamps and “our miniature system of socialized medicine” should be cut to reduce the national debt. “This is not just the Republican way, but the American way,” he declares. Conservatives believe that people who are successful should not be punished by progressive taxation, which in their view is nothing less than thievery by the government. In the conservative worldview, taxation is the fundamental moral concern and threatens the entire American way of life. A subsequent writer, writing in support of “socialized medicine,” illustrates prototypical liberal Nurturant Parent thinking.
“Why all the brouhaha about socialized medicine,” asks Richard Asmus, in the October 5, 2003, *Kansas City Star* (MO). “Politicians,” he says, “bleat they will defend us from ‘evil’ terrorists at any cost. Why not defend us from cancer, heart disease and injury as well?” Asmus’ remarks indicate his liberal understanding of the legitimate role of government to protect citizens from injury due to illness and disease, not just injury inflicted by a foreign foe, as conservatives believe. “Why is it a tragedy if a 3-year-old is orphaned by a terrorist attack, but not by a heart attack?” he asks. He continues, “Terrorists do not discriminate between old and young, rich and poor. Neither does disease. But health insurance does.” What Asmus views as discrimination by insurance companies, the safe pooling mentioned by a previous writer is for conservatives the legal and legitimate pursuit of self-interest by businesses. Asmus closes saying, “A decent, honest and sincere America would defend all her children against war, famine and disease with no discrimination against age, income, race, etc. Cost is only an excuse for lack of real concern.” Seeing the Nation as Family, Asmus views the role of government to protect “all her children.” His admonition highlights the difference between conservative and liberal views of who qualifies as members of the Family, who are the Children and what kinds of protections government should provide. He casts all America’s children regardless of demographics as deserving protections against hunger and disease as well as against war, and continues the 1993 frame *Socialized medicine is insurance.* His conclusion, “cost is an excuse for lack of real concern,” reflects the commonly-held liberal opinion that conservative objections to taxation for social programs reflect lack of compassion and selfishness. This fundamental difference in worldview between liberals and conservatives, especially with regard to role of
government and provision of social services continues as the discussion turns to health care technology and costs for premature births.

In the October 8, 2003, Oregonian [Portland OR], Brinn Willis responds to recently published articles about the billions of dollars spent on research for neonatal care in hospital intensive care units. She notes that no information was provided about costs “such as tube feeding and pulmonary care . . . specialists for disabled children . . . [or] care for long-term medically fragile children who cannot live at home.” She also states that many of these children will require special education and other costs to society for “children who cannot learn, cannot work, or are in institutions.” The biggest issue for Willis is the inattention to prevention of premature births. “Countries that have socialized medicine,” she writes, “have far fewer premature births . . . access to good prenatal care would go much further than money pumped into research.” Willis argues that the incidence of premature births as well as suffering and associated costs could be reduced if funds were directed from research to universal prenatal care, and contributes to the liberal frame that Government serves the public interest. But the definition of what constitutes the best health care is disputed.

Responding to a letter about Canada’s low administrative costs for health care, Mark S. Robertson states in the October 15, 2003, Kansas City Star [MO], “The money that Canada saves has not translated into better health care. As with all socialized systems, rationing and long waits are rampant [and] medical equipment is often outdated.” Robertson supports increasing privatization to make health care more affordable with “a return to a more significant role for churches and private charities in health care.” For Robertson, the quality of a country’s health care system is determined
by availability, accessibility and modern technology, which from his conservative worldview can only be provided by private enterprise in a lightly regulated climate. His comments support the conservative frames that Free-market competition is in the best interest of the nation and Socialized medicine is a failure. But international measures of health care do not support this view, as the next writer argues.

Emeritus Professor of Medicine Morton C. Creditor, M.D., states in the October 15, 2003, Kansas City Star [MO], “The quality of health care is not measured by how long one waits for an elective procedure. It is measured by the health of the population served.” Creditor cites World Health Organization (WHO) statistics that place the U.S. at 37th among developed nations and adds that the U.S. spends twice per capita what Canada spends for health care. Creditor brings a public health perspective to the discussion, stating that our system leaves 45 million people without health care coverage. “We should not judge our health care system in terms of glitzy resources,” Creditor continues. The information and perspective that Creditor brings to the discussion challenges the conservative Strict Father metaphor of Moral Order, related to world power and dominance that undergirds American ideals of “best in the world.” Warning against threats of “socialized medicine,” Creditor says, “Without serious reform, we will continue to suffer inferior health even as we march toward bankruptcy.” Creditor’s concern for the collective health of the nation and the authority he grants to the WHO as an institution is coherent with the liberal Nurturant Parent moral action category of Empathetic behavior and promoting fairness and the frame that Americans can learn from health care systems in other countries.
In November, writers discuss the implications of health insurance as a benefit of employment. Sydell Perlstein expresses worries about inflation following union demands for health care in the November 16, 2003, *Daily News of Los Angeles* [CA]. “Business can no longer afford the high rates the health insurance companies are demanding. We must redirect this money to socialized medicine and give business a break,” he says. And Gary Box, writing in the November 23, 2003, *New York Times*, wonders “why employers should furnish health insurance when the large majority of illnesses have nothing to do with employment.” Box advocates for a single-payer system as a sensible solution, but admits that that might not be popular “because conservatives have maligned ‘socialized medicine.’” These comments indicate a conservative respect and concern for businesses to be able to thrive and offer employment to American citizens along with advocacy for health care costs to be broadly shared, indicating a pragmatic worldview in which the ends, i.e. strong businesses, justify the means, i.e. socialized medicine. Their letters strengthen the conservative pragmatist frame that *Cooperation of business and government serves the public interest*.

And, as fall yields to winter, writers wrestle with issues related to prescription drug prices in the U.S. and Canada. Sheri Corallo, writing in the *Orlando Sentinel* [FL], November 26, 2003, responds to a letter (Nov. 24) expressing support for price caps on prescription drugs as a way to control costs. According to Corallo, “Economics show that price caps give companies fewer incentives to spend money on research and development,” and thereby, “as in Canada, prevent the most effective medicines from reaching those in the most need.” The consequence of this approach is that people have longer illnesses and deaths because “cutting edge drugs are not available,” she says.
Corallo says that, “trial lawyers and the FDA play a role in raising the cost for companies to research, manufacture and market prescription drugs in the U.S.” In other words she expresses agreement with the conservative moral action category of Preventing the pursuit of moral self-interest because trial lawyers and the government act immorally by interfering with the drug companies’ legitimate pursuit of self-interest, thereby increasing costs to consumers, which have resulted in prolonged illness and death. She adds a new frame that Socialized medicine inhibits drug research and production.

2004

The Presidential campaign of 2004 begins in January and, if letters to the editor are an indication, the conservative political machine against socialized medicine started strong and stayed on message all year. Of the 22 letters to the editor in 2004 that reference socialized medicine, 18 represent the conservative worldview, and just 4 add liberal perspectives to the mix. The year begins with a letter describing a conservative puzzle.

Joe “Jody” Crawford writes in the January 2, 2004, *Arkansas Democrat-Gazette*, to say, “It is difficult to understand how intelligent, thinking people can think Medicare-for-all is a good idea,” she begins. “Government-run Medicare-for-all would mean putting private insurers out of business and all health care providers on the government payroll,” she declares, continuing the conservative frame that Government programs undermine/displace legitimate business. “This would not be a good idea,” she says, “since the government can't run a railroad or the post office with any financial efficiency,” which supports the frame Free-market competition is in the best interest of the nation. She lists other pitfalls such as “no distinction between tax-paying citizens and
millions of undocumented immigrants,” which supports the frame that Taxation for social programs is an abuse of government power. Such a program is also undesirable because it would not “make any distinctions in the lifestyle choices people make,” and it would “take away choice, and remove the need for anyone to be responsible for his or her own individual behavior,” she claims, adding to the frame that Socialized medicine would efface American self-reliance. Crawford is also worried that physicians are refusing Medicare patients because of frustration with paperwork and bureaucracy and she cites problems in Canada and England and supports the frame that Socialized medicine is a failure. Lastly, Crawford acknowledges that the U.S. system has some problems, but she warns that “changing from one mess to another mess makes no sense at all.” After all, she concludes, “Especially if we burn all our bridges as we leave the finest health care our world has ever known,” supporting the frame that the American health care system is the best in the world. Crawford’s letter carries forward many of the conservative frames that were described as early as 1993. Her letter is also important because it is the first in a stream that are published throughout the year that repeat the same or similar messages, indicating the strong and coherent message that Lakoff attributes to conservative understandings of their own moral values (19). However, the earliest liberal writer in 2004 challenges some basic conservative assumptions.

2004

Ole J. Thienhaus writes in the January 21, 2004, edition of the Las Vegas Review-Journal [NV] to respond to an editorial entitled “Socialized medicine.” Thienhaus argues that the dynamics of free competition do not work relative to essential products and services. “It is no accident,” he says, “that we do not rely on market dynamics to provide
fire protection, law enforcement or military services.” And he continues, “As a society we have implicitly decided that basic health care services are not a discretionary product [and] once it is accepted that, in extremis, health care is a basic right, market dynamics fly out the window.” Thienhaus next argues, “Providing universal access to health care is a great deal more cost-effective than rationing access until the disease progresses to the emergency room or intensive care stage.” He makes the argument that Americans, in practice, have already established health care as a right, but what remains is to get the best return on investment. He reflects the liberal critique of health care as a commodity that should be subject to market dynamics and adds that the U.S. has implicitly assigned heath care the status of a basic right that must be provided in emergency. His letter contributes to the liberal moral action of helping those who cannot help themselves by adding entailments to the 1994 frame that Health care is a right of citizenship.

Continuing the conservative stream, Paul Balluff, R.N. writes in the February 13, 2004, Orlando Sentinel [FL], “Government universal health care would be a nightmare. Imagine the speed of the Post Office, the efficiency of the Department of Motor Vehicles and the compassion of the Internal Revenue Service taking care of your loved ones during their illness.” Balluff also says that citizens from England and Canada come to the U.S. to avoid long waits in their own countries. “Should we now become like the defunct USSR that exists to ‘take care’ of its citizens by taking care of ‘all’ of their needs?” he asks. The theme that government is not efficient or compassionate continues the conservative frame described in 1993 that Limited government is in the best interest of the nation. Additionally, references to the “defunct USSR” continue the link to communism and socialism that was established in the post-WII era.
Andrew Krouse objects in the March 10, 2004, *Patriot-News* [Harrisburg PA] to a “propaganda piece for socialized medicine” published on February 12. “Single-payer health care is a euphemism for government-run health care,” says Krouse. And he repeats sentiments expressed by earlier writers, “The federal government is full of waste, and this would be no exception.” He adds, “Meaningful legal reform would go a lot farther in reducing frivolous lawsuits and combating rising medical costs without the need to overhaul the entire health-care system.” Krouse continues the conservative frames that *Limited government is in the best interest of the nation* and that *No crisis exists in health care* and tort reform is all that is needed to correct the problems.

In early May, two liberal voices offer letters to contest some of the arguments that have appeared in the newspapers. Ralph Caperchione, a resident of Ontario, Canada, writes in the May 10, 2004, *Buffalo News* [NY], to contradict what he calls a “one-sided view of the health care debate.” Specifically, he contends, critics of Canada’s health care system dismiss the best evidence in support of universal health care, i.e. that everyone is covered, which trumps all other arguments. Caperchione admits that wait times are too long for routine care, but rejects anecdotal evidence of deaths due to delayed treatment, and continues the frame that *Socialized medicine promotes fair access*.

And Kevin Nichols, asks in the May 11, 2004, *Kansas City Star* [MO], “Why, in the wealthiest nation on the planet, do our elderly, underinsured and prescription-drug-dependent citizens find it necessary to travel to foreign countries to purchase affordable medicine?” Medicare and the states should be allowed to negotiate with drug manufacturers, according to Nichols. But until or unless that happens, he predicts, “It may be illegal. It may be unsafe. It may enrage drug company CEOs. However, it is
human nature. Fix the problem and the problem goes away.” Adding to the frame that *Americans can learn from health care systems in other countries*, Nichols raises the issue of prescription drug prices that are higher in the U.S. than in countries with socialized medicine where the governments negotiate for lower prices. His argument is congruent with liberal action category of **Empathetic** behavior and promoting fairness. However, the next writer continues the conservative message that provision of health care in other countries is not to be admired or emulated.

Frank Niesen, M.D. in the June 6, 2004, *St. Louis Post-Dispatch* [MO], cites delayed care suffered by his brother-in-law in an Australian hospital that casts a negative reflection on the health care available there. His letter supports and continues the conservative frame that *Socialized medicine is a failure*.

From July 26-29, 2004, Democrat National Convention delegates heard a keynote address by Sen. Barack Obama (D-IL), and selected Sen. John Kerry (D-MA) and John Edwards (D-NC) as candidates for President and Vice-President in the general election. After the convention letters to the editor are typically antagonistic to Kerry and Edwards and mention socialized medicine along with other liberal proposals that the writers find objectionable.

As an example, Don Schroeder worries in the August 16, *USA Today*, that John Kerry’s proposal to allow Americans to buy affordable prescription drugs from Canada will pose a threat to senior citizens and future generations. His concern is not that the drugs will be of lower quality, but that lost revenues will inhibit the development of new drugs. He asks:
So where will research and development funds come from if they're not embedded in the price Americans pay for new drugs? A government-approved program, such as the one Kerry backs, of selling U.S. drugs back to Americans at a lower price by routing them through Canada, ultimately would halt research and testing of new drugs to save the lives of our children and grandchildren.

Schroeder’s argument mirrors earlier letters in 2003 and strengthens the new conservative frame *Socialized medicine inhibits capitalistic investment in drug research and production*, and continues the entailment that research and development of new life-saving drugs will be discontinued if Americans pay less for their prescriptions.

On September 2, 2004, the Republican National Convention begins and delegates nominate incumbent George W. Bush to run for a second term with Dick Cheney (R-WY). Following the GOP convention, a series of debates were scheduled for the presidential candidates on October 3, 8 and 13. The first of these debates focused on foreign affairs and policy, while the last two focused on domestic issues including health care.

Following the GOP convention, letters from conservatives again appear that support the Bush candidacy and present familiar arguments. But new in the discussion is consideration of child euthanasia raised by Jenifer Martin in the October 12, 2004, *Kansas City Star* [MO]. Referencing an article in the Star on October 18, “‘Europe wrestles with child euthanasia,’” Martin urges, “As we the people push for the government to pay for more, we must consider the possibility of facing this type of reality.” Martin’s letter refers to the Groningen Protocol, created in September 2004 and later ratified by the Dutch National Association of Pediatricians (Lindermann). In her letter, Martin describes a scenario in which “the government” decides to inject her newborn with “lethal doses of drugs” because “It is the most cost effective option.” Her
narrative reveals extreme fear and distrust of government to make treatment decisions. Martin closes by saying, “We must be very careful when we make decisions about the role of government. This is a slippery slope. I am certain that when the Dutch first socialized medicine they did not intend to relinquish so much control.” Martin’s fears for the Dutch are not based in fact. According to the Groningen Protocol, among other considerations, parental consent is required. In other words, the Dutch have not relinquished control over the life and death of their children as Martin says. But her letter strengthens the conservative frame that Socialized medicine violates legitimate authority by inserting government into situations that should be private.

Alan Gamis, Medical Director of Kansas City Hospice, writes in the October 23, 2004, edition of the Kansas City Star [KS], to respond to the October 18 article saying, “The desire to ease pain (of an infant or child) is overpowering [and] the Dutch have allowed euthanasia in some cases.” He states that Kansas City offers an alternative, Carousel, which is a pediatric hospice program to address pain and suffering in children, and he describes the services in some detail. But communication about child or infant euthanasia, to limit suffering and costs, is a difficult one regardless of worldview.

Following the re-election of President George W. Bush in November, most letters from conservatives express support for republican policies on health care, like medical savings accounts, and others continue arguments against socialized medicine.

2005

In 2005 the number of letters to the editor that mention socialized medicine fell to 13, with 10 representing liberal and 3 representing conservative worldviews. Herman T. Blumenthal begins the year in the January 17, 2005, St. Louis Post-Dispatch [MO], “We
have three services designed to protect the public’s health: police departments to prevent crime and protect the public from criminals, fire departments to prevent fires and our health care to prevent the spread of disease and treat the afflicted,” and he notes that fire and police departments are not expected to be subject to market forces. “Only health care is designed to reward executives and shareholders of corporations at the expense of those who are unfortunate enough to become ill,” says Blumenthal. Blumenthal situates health care among public protections that are routinely supported by the public through taxation and supports a new liberal frame that Socialized medicine is protection. His letter also highlights the reality that health care has become big business with demands of executives and shareholders to satisfy and supports the frame that the Quest for profits above public health is immoral.

In the February 12, 2005, Star-Ledger [Newark NJ] Larry Siegel objects to the newspaper’s reporting in an article entitled “What’s ailing Europe.” According to Siegel the article misrepresents the levels of satisfaction that citizens in Canada, Australia and Japan express about their health care. “In fact,” says Siegel, “the Canadian Institute for Health Information released a report in 2003 that 47 percent of Canadians said the care they received was excellent and 37.4 percent said their care was good.” The article also made claims about rationing in those countries, but Siegel says, “Unmentioned is the recent U.S. Supreme Court decision establishing that rationing is fundamental to the way managed care conducts business.” In that decision, Pegram v. Herdrich 530 U.S. 211 (2000), Justice Souter, writing for the unanimous decision, “No HMO organization could survive without some incentive connecting physician reward with treatment rationing . . . There must be rationing and inducement to ration care” (Friedenberg). “Rationing in the
U.S. is based on income: If you can afford care, you get it; if you can’t, you don’t,” declares Siegel. And he cites an Institute of Medicine study that found 18,000 Americans die annually because they do not have health insurance. “That’s rationing,” Siegle says. “No other industrialized nation rations health care to the degree we do.” Siegel challenges conservative writers who claim that health care consumers in countries with socialized medicine are dissatisfied and suffer due to rationing. And bringing the Supreme Court decision into the discussion pointedly makes the case that cost-effectiveness and profit incentive call for rationing by HMOs. Therefore, even people with insurance are vulnerable. His letter strengthens the frame that the Quest for profits above public health is immoral.

The only letters from conservatives that reference socialized medicine in 2005 occur in the early spring. James E. Rich writes in the February 23, 2005, Palm Beach Post [FL], that because of Canada’s system of socialized medicine their citizens routinely come to the U.S. for treatment of serious illness. The reason, according to Rich, is that Canada “pays minimum wages to its health-care professionals, giving them no incentive to respond to serious illness. Want to treat a cold or the flu at reduced prices? Go to Canada. Want to cure a serious disease? You'd better seek out a trained professional in the U.S.” Rich concludes his letter saying, “I don't know about our system, but I do know our professionals; and their expertise and dedication are the envy of the world.” Rich continues and adds to the conservative frame that the American health care system is the best in the world. But his comments also add to the frame that Free-market competition serves the best interest of the nation, because without private health care and high pay, specialists would not have incentive to provide care to the seriously ill.
Discussions continue about the high costs of prescription drugs in the U.S. and the burden that health care places on individuals, cities and towns. Ransom B. Turner, M.D., states in the July 26, 2005, *Press Democrat* [Santa Rosa CA]:

Countries with socialized medicine are able to negotiate deals with the drug companies to get drugs at near cost, while the American free-market economy allows those companies to charge whatever they want, limited only by competing companies, which are similarly motivated to keep prices high. Monies necessary for investor profits, ridiculous direct-to-consumer advertising, and research and development are paid by the American consumer.

Many Americans are now getting expensive prescription medicines from Canada and/or Europe. If significantly more were to do so, the whole cabal would fall apart. Not a bad thing in my opinion, but expect more ominous warnings, threats, legislation as things escalate and the drug companies turn the screws on Congress and the administration.

Turner’s argument adds to the liberal frame that *Regulation is protection*, in this case by negotiating affordable prices for pharmaceuticals that are needed by individuals and add to costs of employer-provided insurance plans.

Writing in the September 9, 2005, *Berkshire Eagle* [Pittsfield MA], Barbara Avanzato responds to a proposal to increase excise tax on cars to help health care costs that burden cities and towns. “I think the middle class will soon be eliminated. Health care in our nation is a mess, but legislators refuse to consider the most logical solution, which is to institute a single-payer plan,” she says. “Why doesn’t Massachusetts institute single-payer health care and maybe other states will wake up,” she asks. Avanzato’s support for adoption of a single-payer system of health care reflects her frustration with rising costs and taxes that are borne largely by middle-class citizens, and strengthens the liberal frame that *Socialized medicine promotes fair access*.

Other residents of Massachusetts were experiencing similar concerns because as *Time Magazine* reported on December 4, 2005, plans for a single-payer plan were already
under way in Massachusetts, sponsored by Republican Gov. Romney (Klein). According to *Time*, Romney’s plan was not new and had been known as the individual mandate, but Romney preferred to describe his plan as a “personal responsibility system,” in which all citizens of the state would be required to purchase health insurance according to their ability to pay. Using conservative language and engaging private insurers and federal government funds, Romney was able to build a state health insurance program. Romney illustrates a pragmatic conservative approach to solving his state’s health care dilemma.

2006

Legislators and citizens continue to struggle with the costs of health care and letter writers discuss government’s role, particularly regulation of costs of prescription drugs in 2006. Letters from liberal writers outnumber those by conservatives, but conservative writers continue frames that have been central to their arguments since 1993.

John O’Donnell notes in the March 18, 2006, *Star-Ledger* [Newark NJ], that he has noticed a steady stream of letters from readers who advocate socialized health insurance similar to that in Canada and Great Britain. However, he disagrees, saying, “While the health care system in America may not be perfect, with all its faults, it’s still the best in the world.” He continues the conservative frame that the *American system of health care is the best in the world* and that other countries have “a two-tier system, with long waits for hospital beds or elective surgery or to see a specialist – unless you have private insurance.” He closes, saying, “. . . it’s rare that people don’t get medical treatment when they need it, especially in New Jersey,” which continues the frame that *No crisis exists in health care* in the U.S. In other states efforts are underway to expand
coverage to all residents. Legislators in Pennsylvania propose SB 1085, which is a plan to provide health care to all Pennsylvanians, and letter writers weigh in.

Cindii Donnelly writes in the May 10, 2006, *Pittsburgh Post-Gazette* [PA], that upon reading the bill she discovered that the plan calls for many administrative and board positions that will be funded by taxes. She concludes, “It would be wise to remember the definition of socialized medicine: a government-regulated system for providing health care for all by means of subsidies derived from taxation. Socialized medicine by any other name is socialized medicine.” Donnelly continues the conservative metaphor that X health care proposal is socialized medicine, and objects because it creates and supports a bureaucracy sponsored by government and paid for by taxes. In her conservative view, SB 1085 is socialized medicine which violates the Strict Father worldview of the role of government and supports the frame that *Limited government is in the best interest of the nation* or in this case of the state.

Other writers do the math. Pennsylvanians George Dudash III and Eleanor Mayfield express support for S. B. 1085 in the May 17, 2006, edition of the *Pittsburgh Post-Gazette* [PA]. Dudash says the bill would save his company $64,000 in employee insurance costs and would reimburse him for much more of the costs for the uninsured people he serves. Dudash says, “Bring it on. The only problem is that this bill will never pass --- the insurance lobby will see to that.” Also supporting S.B. 1085, Mayfield writes, “We have been programmed like Pavlov’s dogs, to shudder at the mention of ‘socialized medicine.’ If an efficient system that provides comprehensive health care for all is socialized medicine, I’m all for it.” These writers reflect pragmatic liberal worldviews in their support for a plan to provide health care to all citizens of
Pennsylvania that also saves them money. Their letters support the frame *Government serves the public interest.* They also reflect liberal distrust of insurance company lobbying that could apply political pressure and derail the plan. The competing interests of government regulation and free-market competition and how those interests intersect is the focus of the next example.

Following an analysis of the theories of John Kenneth Galbraith ("Erudite, elegant and wrong, May 21") in the *St. Petersburg Times* [FL], writers respond and relate their views to health care. Writing in the May 28, 2006, edition, David McKalip praises the analysis saying, “Lovers of big government and Galbraith claim price controls, extensive regulation and central planning will solve all our problems. . . We should learn from the fall of the Soviet Union, and the failure of socialized medicine in many countries, the failure of the Great Society and welfare, and failing overly funded and overly regulated centralized education in our own country.” McKalip continues the conservative frame that *Limited government is in the best interest of the nation.* He continues saying, “History repeatedly shows us that economists like Milton Friedman and F.A. Hayek have gotten it right. It is people – possessed of individual liberty and operating in the free markets – that provide the most benefit to all.” These comments continue the conservative frame that *Free-market competition is in the best interest of the nation* and are congruent with the conservative moral action category of Upholding the Morality of Reward and Punishment. However, other writers disagree. Daniel J. Roque argues that Milton Friedman is not the protagonist for free markets that McKalip portrays him to be. He asks:
Would the real champion of the free market, Adam Smith in Wealth of Nations, allow the chairman of the Federal Reserve to arbitrarily manipulate interest rates to force millions into unemployment - to deliberately cause even more millions into underemployment? It appears Friedman does not believe in the free market when he sanctions managing the ‘free’ market economy by manipulating interest rates.

And Rand Moorhead defends Galbraith saying:

Galbraith simply believed that government was (and is) a necessary tool to adjust the cycles of economic swings that are inherent in a free market. Unlike the modern free-market zealots of today, Galbraith promoted government intervention in the economy when needed. Corporations, if left unchecked, may get detached from the people they serve, hence the government imposes safeguards such as antimonopoly laws. Can the government go too far and become a burden? Was Galbraith an idealist at times? Absolutely. Yet his one recurring theme is frighteningly prophetic. He warned that corporations can get so large and powerful that they will control the government and society.

Roque and Moorhead reflect pragmatic liberal worldviews and support the frame that

*Government serves the public interest.* These letters are informative because they illustrate the fundamental economic theories that are associated with liberal and conservative worldviews. In the next example, the writer is less concerned about economic theory than economic realities.

Bill Davidson declares in the July 14, 2006, *Lebanon Daily News* [PA] that regardless of the label, “America needs what our elderly and all of Canada already have. We need a compassionate, quality health-care system that includes everybody.” Davidson compares U.S. Medicare with the Canadian system and argues that eliminating private insurers and forcing pharmaceutical companies to negotiate prices would produce adequate savings to cover the uninsured. Were those changes implemented he says, “Finally, doctors would return to doctoring rather than being business entrepreneurs investing in boutique hospitals that “cherry pick” the profitable and leave the uninsured
to the community hospitals.” Davidson continues the liberal frames that *Socialized medicine promotes fair access, Americans can learn from health care systems in other countries,* and that the *Quest for profits above public health is immoral.* The next writer challenges a local political candidate about his stand on health care reforms and describes his own experiences with the insurance market.

Writing in the *Concord Monitor* [NH] on August 3, 2006, Eric Mart says he decided to do some fact checking after Republican Charlie Bass, candidate for NH Senate stated, “I oppose socialized medicine. I don’t think it works.” However, Mart says, “I was shocked to find that the United States is rated 183rd of 225 countries and that we’re surpassed by countries such as Portugal, Canada and South Korea, all of which have some form of socialized health care and lower GNPs.” Mart believes that Bass is “simply wrong about this important issue.” As a self-employed person in New Hampshire, Mart says, “The market has not produced any choices for me. Instead, I am trapped in a managed care plan from Anthem Blue Cross, as are most people in my situation.” Mart wants politicians to “make health care for the people of New Hampshire more of a priority,” and supports the liberal frame that *Government serves the public interest.* He expresses disappointment and frustration with political leaders who make erroneous claims about socialized medicine, and with failure of businesses to deliver on promises of choice and access. His views are shared by some writers on the opposite coast.

Maggie Ellis writes in the *San Gabriel Valley Tribune* [CA] on October 2, 2006, that Gov. Schwarzenegger vetoed universal health care in California, saying “Socialized medicine is not the solution to our state’s health care problems.” But Ellis says the Governor called the plan “socialized” “to give us the feeling that we have narrowly
escaped falling into communism . . . and that next the government would be seizing the radio and TV stations . . . .” Ellis reminds readers that much in society is socialized: “subversive things like parks, libraries and schools,” she says, “are government-administered systems in which everyone pays and everyone benefits. Imagine libraries for only some people, but not others. Imagine a school system where not every child was allowed in.” Her letter strengthens the liberal frame that Government serves the public interest. Ellis concludes her letter by advising, “We should all use our hard-won critical thinking skills and recognize the loaded message Schwarzenegger is beaming our way for the semantic slight-of-hand that it is. Having some selected government-administered programs does not mean that the country has become socialist.” Ellis brings a liberal perspective in urging readers to critically evaluate political rhetoric and recognize that government involvement in some sectors of society does not necessitate wholesale adoption of socialism.

Toward the end of 2006, conservative writers like Vivian Lova, writing in the October 8, 2006, Morning Call [Allentown PA] continue the claims, “… in Canada and England, the system does not work as it should in theory,” she says, continuing the frame that Socialized medicine is a failure. “Doctors have a set fee, which I believe would motivate some not to give the best treatment.” She adds, repeating the entailment first mentioned by Rich in 2005, that doctors are primarily motivated by money, thereby continuing the conservative frame that Free-market competition is in the best interest of the nation. And she closes her letter, “With all its imperfections, the United States still is the best country in the world,” continuing that conservative frame.
Lessons from the Bush Presidency

Between the years of 2001 and 2006 writers of letters to the editor continued the conservative and liberal frames described in previous years. They also added some new frames. For example, liberal writers added the frame *Socialized medicine is protection* in an effort to situate illness and injury as similar to natural disasters or warfare, against which government would be expected to protect citizens. Liberals also added the entailment that health care is an essential service and a right by default to the frame *Health care is a right of citizenship*, arguing that health care does not work as a commodity when it must be provided to all at hospitals. Bridging liberal and conservative frames, pragmatists argued for cooperation of all parties involved, with variations on public and private programs to solve the problems and expand access. Pragmatic liberals introduced the frame that *Cooperation of business and government serves the public interest* as a reflection of the liberal moral action category of *Helping* those who cannot help themselves. Pragmatic conservatives also added that frame, but as a reflection of the conservative moral action category of *Promoting* Strict Father morality, and preserving competition and limited government. Another new conservative frame that emerged in 2001 was that *Government should secure the borders*. Following the attacks on the World Trade Center on September 11, 2001, some letter writers expressed greater hostility toward illegal immigrants.

Letters often reflected salient political actions and economic conditions. In the wake the Congressional compromises that followed the Balanced Budget Act of 1997, letter writers complained of corporate and capitalistic influences in health care. Consumer protections in the form of a Patients’ Bill of Rights originated in Texas and
spread rapidly to other states. Many letter writers expressed distrust of both government and the free market to provide health care, and liberal and conservative pragmatists began striving for middle ground.

As time passed, liberal writers in 2002 and 2003 argued that insurance industry profits would be better spent to provide care to the uninsured and suggested the new frame that *Health care is public service* because, like education, health care is not well suited to work as a business. And as prescription drug costs rose, conservatives argued that government regulations were behind spiraling costs. The new conservative frame that *Socialized medicine inhibits capital investment in drug research and production* emerged as a violation of the moral action code of *Preventing* interference with pursuit of moral self-interest. And charges that tort reform was needed to quell frivolous lawsuits and rein in malpractice costs, a new liberal frame that *Lawyers are agents of justice* was introduced. Reports of billions of dollars spent for the wars in Afghanistan and Iraq inspired some writers to question the legitimacy of expenditures for foreign war in the face of American health care needs. As liberals praised health care systems in other nations, and conservatives warned of long waits and rationing, writers considered the parameters of what constitutes a good, good enough or best health care system in the world. Readers were asked to judge whether providing access to health care for every citizen should be the objective or having the most modern medical technologies and equipment available only to some.

In 2004 and 2005 letter writers continued discussions of health care as a right or a commodity, and the difficulties of maintaining a sustainable balance among the factors of cost, need for service and timely provision of care. Although some senior citizens
expressed fear that their well-being would be sacrificed in the interest of younger people, the most wrenching topic by far was the exchange of letters regarding protocols for infant and child euthanasia that were undertaken by pediatricians in the Netherlands in 2004. Discussions of rationing continued in 2005 as HMOs sought from and found in the U.S. Supreme Court legal refuge for their rationing practices. Readers were alerted to statistics from the Institute of Medicine that an estimated 18,000 Americans died annually due to lack of access to medical care. And conservatives warned that lower incomes for doctors, if the U.S. adopted socialized medicine, would result in little incentive for doctors to provide good care. As cities and states struggled to meet their contractual obligations to provide health care benefits to employees, a paradigm shift was on the horizon in Massachusetts.

In early 2006 Governor Romney of Massachusetts introduced a program of insurance that required all citizens of the state to buy health insurance. The Governor’s pragmatic conservative approach depended on the combination of mandatory participation, unpopular with Republicans, and participation of private insurance companies, unpopular with Democrats. Despite the doubts and concerns of both political parties, the legislation passed, and Massachusetts became the first state in the country to assure health care coverage to all its citizens.

Figure 18a-c below illustrates the frames described since 1993-94, with new frames from 2001-2006 in boldface.
<table>
<thead>
<tr>
<th><strong>Conservative Moral Actions</strong></th>
<th><strong>Frames in 1993-1994</strong> (41/65 = 63%)</th>
<th><strong>New Frames in 1995-2000</strong> (42/77 = 58%)</th>
<th><strong>New Frames in 2001-2006</strong> (58/114 = 51%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting strict father morality</td>
<td>Government reforms are socialized medicine</td>
<td>Government programs replace incentive with entitlement</td>
<td>Corporatization of medicine contributes to the economy</td>
</tr>
<tr>
<td><em>Establishment of right/wrong</em></td>
<td>Socialized medicine violates legitimate authority</td>
<td>Government programs undermine/displace legitimate business</td>
<td></td>
</tr>
<tr>
<td><em>Legitimate authority</em></td>
<td>Free-market competition is in the best interest of the nation</td>
<td>No crisis exists in health care</td>
<td></td>
</tr>
<tr>
<td><em>Competition essential to individual and national strength</em></td>
<td>Limited government is in the best interest of the nation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abortion/euthanasia are immoral</td>
<td>Congressional self-interest is immoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promoting self-discipline, responsibility, and self-reliance</td>
<td>Socialized medicine would erode American self-reliance</td>
<td>No crisis exists in health care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Government programs replace incentive with entitlement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Government programs undermine/displace legitimate business</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upholding the Morality of Reward and Punishment</td>
<td>Taxation for socialized medicine is an abuse of government power</td>
<td>People who harm others should be penalized</td>
<td>Socialized medicine inhibits drug research and production</td>
</tr>
<tr>
<td>a. Preventing interference with the pursuit of self-interest by self-disciplined, self-reliant people</td>
<td>Malpractice lawsuits harm doctors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Promoting punishment as a means of upholding authority.</td>
<td>Socialized medicine harms doctors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Insuring punishment for lack of self-discipline</td>
<td>Socialized medicine enables abortion/denies moral punishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protecting moral people from external evils</td>
<td>Socialized medicine encourages immigration</td>
<td>Government should secure borders</td>
<td></td>
</tr>
<tr>
<td>Upholding the Moral Order <em>God</em></td>
<td>The American health care system is the best in the world</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Constitution</em></td>
<td>Socialized medicine is a failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support for socialized medicine is not authorized</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fig. 18a. Conservative frames to 2006 with new frames in boldface.
Fig. 18b. Pragmatist frames to 2006 with new frames in boldface.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pragmatic Conservative Moral Actions</td>
<td>Tax breaks for health care</td>
<td>Doctors advocate for patients</td>
</tr>
<tr>
<td></td>
<td>No exemptions</td>
<td>Make health care user-friendly</td>
</tr>
<tr>
<td>Pragmatic Liberal Moral Actions</td>
<td>No exemptions</td>
<td>Single payer-multiple provider</td>
</tr>
<tr>
<td></td>
<td>Single payer-multiple provider</td>
<td>Medical students for single payer</td>
</tr>
</tbody>
</table>

Fig. 18c. Liberal frames to 2006 with new frames added in boldface.

<table>
<thead>
<tr>
<th>Liberal Moral Actions</th>
<th>Frames in 1993-1994 (41/65 = 63%)</th>
<th>New Frames in 1995-2000 (42/77 = 55%)</th>
<th>New Frames in 2001-2006 (58/114 = 51%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathetic behavior and promoting fairness</td>
<td>Socialized medicine promotes fair access</td>
<td>Lawyers are agents of justice</td>
<td></td>
</tr>
<tr>
<td>*Nurturance for social responsibility</td>
<td>Americans can learn from health care systems in other countries</td>
<td>Health care is a right of citizenship</td>
<td></td>
</tr>
<tr>
<td>*Equal treatment</td>
<td>Government serves the public interest</td>
<td>Congressional self-interest is immoral</td>
<td></td>
</tr>
<tr>
<td>Helping those who cannot help themselves</td>
<td>Care provided on basis of need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protecting those who cannot protect themselves</td>
<td>Socialized Medicine is insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regulation is protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promoting fulfillment in life</td>
<td>Socialized medicine is good for small entrepreneurs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurturing and strengthening oneself in order to do the above</td>
<td>Doctors have a special duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Investment in people/community</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In 2007, as the Presidential campaigns targeted the 2008 election, affordable health care for all again became a high priority for the candidates. In the next chapter I
will analyze the letters to the editor that appeared in 2007 and 2008 during the campaign and election.
CHAPTER 8: 2007-2008

Introduction

Letters to the editor in 2007 and 2008 focus on proposals at the state and federal levels to expand government provisions for health care, the influence of Michael Moore’s film, Sicko, and health care plans offered by presidential primary candidates. As health care costs at the state and federal levels continued to rise faster than GNP, as noted in Chapter 7, leaders of both parties examined Gov. Mitt Romney’s (R-MA) health care reforms. Following in Romney’s path, Gov. Arnold Schwarzenegger (R-CA) introduced a plan for reforms that elicited controversy. In most cases, the letters begin with statements of support or opposition to socialized medicine, but also discuss other topics such as illegal immigration, cost shifting, war in Iraq, abortion and health care provision in other countries.

In both 2007 and 2008, letters to the editor appear in low numbers in the first months of each year and in much larger numbers in the summer of 2007 and in the fall of 2008. Therefore, the organization of the chapter follows the distribution of the letters. Also continuing past practice, I sorted all the letters according to the writer’s antagonism or acceptance of socialized medicine as an indication of a generally conservative or liberal political persuasion. Table 6 below illustrates that of the 116 letters to the editor in 2007 that discuss socialized medicine, 47 (41 percent) are generally conservative and 69 (59 percent) represent generally liberal political persuasions. In 2008, of the 64 letters, conservatives and liberals were evenly split.
Table 6.


<table>
<thead>
<tr>
<th>Year</th>
<th>Conservative</th>
<th>Liberal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>47 (41%)</td>
<td>69 (59%)</td>
<td>116</td>
</tr>
<tr>
<td>2008</td>
<td>32 (50%)</td>
<td>32 (50%)</td>
<td>64</td>
</tr>
</tbody>
</table>

In the following, I analyze a sample of letters from each year that continue frames of socialized medicine observed in previous years, strengthen those frames or add new frames. Below I review Lakoff’s moral action categories, which guide my analysis.

*Review of Procedures for Analysis*

My analysis continues to be guided by Lakoff’s conservative and liberal moral action categories, repeated in Fig. 14 below, to the letters in order to identify and explain the writer’s framing of socialized medicine.
At the end of the chapter, I discuss how socialized medicine was framed from 2007-2008 and how those frames strengthen or add to those described in 1993.

2007

The year begins with writers weighing in on Gov. Schwarzenegger’s proposal for health care reform in California. According to his website, on January 8, 2007, Schwarzenegger introduced:

The boldest, most comprehensive health care reform plan in the nation . . . which included a requirement that all individuals obtain health insurance, a ban on insurance companies denying or dropping coverage, tax subsidies to help middle- and low-income individuals afford health insurance, and incentives for prevention.

The plan was designed to “put California on the map as a leader in the national debate on health care reform in 2009,” and presumably to put Schwarzenegger on the map as a 2008 contender for a national office. Following Gov. Romney’s example, but with state
budget problems of much greater magnitude to solve, Schwarzenegger assembled a program that won approval from liberals and most, but not all, conservatives.

Claire Staples, writing in the January 14, 2007, *Press-Enterprise* [Riverside, CA], describes the plan as “socialized medicine” that will burden California taxpayers and “increase the incentive for more illegal immigrants to descend through our porous borders.” Staples suspects that the Governor wants “to increase his Hispanic base so they will vote for him when he runs for his next political office.” Staples illustrates Lakoff’s central prototype of Strict Father conservatism in her opposition to benefits for illegal immigrants. Accordingly, illegal immigrants, by definition, have broken the law, so should be punished, not rewarded with benefits, in keeping with the conservative moral action of Promoting punishment as a means of upholding legitimate authority. Staples continues the frame that Socialized medicine encourages illegal immigration.

The opposing liberal Nurturant Parent worldview is presented by another writer. Lucy Fuchs writes in the January 16, 2007, *Tampa Tribune* [FL] to congratulate Schwarzenegger for his plan which she also describes as socialized medicine and comparable to Medicare. “Now we see that those who are suffering most from lack of health insurance are children, single mothers and other persons who are only hanging on the best they can.” Fuchs portrays liberal empathy and compassion for people who need help from others in keeping with the liberal moral action. Fuchs hopes that “California’s legislators will have the wisdom to follow through . . . [and] do what government is supposed to be all about will start to shine through in our country.” Fuchs continues the liberal frame that Socialized medicine is insurance, understood as protection provided by
government. She is hopeful that legislators throughout the country will expand that help. But that trend produces anxiety for others.

A conservative writer contesting statements by candidate Hillary Clinton, outlines differences between liberal and conservative worldviews.

Nancy Blough, writing in the *South Florida Sun-Sentinel* on February 23, 2007, opposes candidate Hillary Clinton’s support for universal health care, which she equates with socialized medicine. Then, taking a page from the liberal playbook, she argues, “if the government offered free airline travel – you would not be able to get near the airport. There would have to be a system of ‘priorities’ based on need to travel.” According to Blough, the example, if applied to medicine, would result in extensive waits for surgery and doctor appointments, decline in quality of care and a loss of medical professionals.

Her comments continue the conservative frames that *Free-market competition and limited government are in the best interest of the nation.* She continues, saying, “I don’t want to pay the bill for everyone else’s health care.” According to Blough, “Clinton will promote the theme that the leftists who advocate socialist government policies are generous, and those who refuse to redistribute the wealth are opposing Christian principles.” However, Christian principles are also subject to interpretation.

Two models of Christianity are based respectively in the Strict Father and Nurturant Parent models of the family (Lakoff 245-262). Central to the Strict Father interpretation are “God’s authority, his strict commandments, the requirements of obedience, the priority of moral strength, the need for self-discipline and self-denial, and the enforcement through reward and punishment.” The system rests on reward for obedience and punishment of disobedience. Therefore, “An offer of redemption without
making you work for it would be like welfare, and would be an incentive to be immoral.” (251). In this way, conservatives interpret the Bible in terms of Strict Father morality and link that interpretation to politics. For conservatives, rewards and punishments are earned by individuals, and government has no role in individual interactions.

By contrast, liberal Christians interpret the Bible through the metaphor of the Nurturant Parent model. In the Nurturant Parent metaphors, “God is a Nurturant Parent to Human Beings, Christ is the Bearer of God’s Nurturance, God’s Grace is Nurturance, Moral Action is Nurturant Action and Immoral Action is Nonnurturant Action toward Others” (255). Nurturance is a “rich concept,” that besides empathy and compassion also embraces parental love, healing, happiness and protection that are “not earned” (256). This interpretation of the Bible applied to politics is the basis for liberal understandings of politics and the role of government to provide nurturance in instances beyond individual capacity. Blough describes this difference between liberals and conservatives, stating:

   The Christian principle of special consideration for the poor was aimed at the individual, not the state. Liberals mislead people into believing that forcibly redistributing wealth --- something that would be a crime if one individual did it to another --- is a moral good and a foundation of ‘democracy.’

Blough closes her letter. saying, “welfare state politicians only bribe us with part of the money they must take from us. Working Americans will never receive as much as they’ll pay to the tax man.” Her final statement returns to the conservative Strict Father morality of rewards and punishments as politicians “bribe” with money they take from “working Americans” and never fully repay that debt. Blough strengthens the conservative frame that *Taxation for socialized medicine is abuse of government power* with the entailment
that the Christian principle of special consideration for the poor, i.e. charity, was intended
to guide individual behavior, not to be used as an excuse for government to take wealth
from the rich and give it to the poor, i.e. theft. The topic of services and debts arises in
letters again as writers discuss the quality and cost of health care for veterans following
reports in the *Washington Post* in February of poor treatment and deplorable conditions at
Walter Reed National Military Medical Center (Priest and Hull).

Reed is a hospital run by the government ---socialized medicine, expensive, with shoddy
services.” And sharing that view, Antonio Napolitano writes in the March 28, 2007,
*Pittsburgh Post-Gazette* [PA], “If conditions are so deplorable at Walter Reed, why
would one think the government is capable of handling health care on a national level?”
However, Gitai R. Ben-Ammi, writing in the *Seattle Post-Intelligencer* [WA] on April 4,
2007, and Chris Eidam, writing in the *Providence Journal* [RI] on April 5, 2007, are
quick to counter those assumptions. They argue that claims of poor service at Walter
Reed emerged after the Army, pressured by the White House, outsourced facilities
support at Walter Reed to a private company, IAP, a subsidiary of Halliburton. Chris
Eidam adds, “It costs us taxpayers a lot more money to pay for IAP’s ‘shoddy services’
than it did to pay our government to directly provide adequate services.” The exchanges
illustrate conservative assumptions about the necessarily poor quality of government
provision of health care services that build the frame *Limited government is in the best
interest of the nation*. Similarly, implications of political pressure to privatize those
services, and the subsequent poor care to veterans substantiate liberal distrust of private
enterprise to provide efficient and compassionate care and reinforce the liberal frame that the *Quest for profits above public health is immoral.*

In a follow up article the *Washington Post*, reported on March 10, 2007, “The scandal over treatment of outpatients at Walter Reed Army Medical Center focused attention on the Army’s decision to privatize facilities support, leaving maintenance staff undermanned” (Vogel and Merle). In 2006, according to the *Post*, IAP, chaired by former U.S. Treasury Secretary John W. Snow, won a $120 million contract to maintain and operate Walter Reed, following a reversal of a 2004 finding by the Army that it would be more cost-effective to keep the work in-house. The American Federation of Government Employees (AFGE) blamed pressure on the Army by the White House Office of Management and Budget for the decision to privatize, the article reported.

In the wake of the scandal, Lt. Gen. Eric Schoomaker was charged with cleaning up Walter Reed. Stating that the facility was “overwhelmed” with injured soldiers returning from Iraq and Afghanistan, he increased staff at the facility by 3,500 (Bowman, T.). The formerly respected and world-renowned Army hospital was officially decommissioned July 27, 2011 (“Walter Reed Timeline”).

The debacle at Walter Reed provided blame and guilt in abundance for liberals and conservatives, and illustrated that neither publicly-funded nor privatized hospitals can provide adequate care to patients with too little staff or funding. The demise of Walter Reed also illustrated the power of deeply held political worldviews to shape assumptions, filter interpretations, and solidify conclusions about information presented in the news.
During May and June, 2007, letter writers continue discussions about the respective meanings and implications of the terms universal health care, single-payer and socialized medicine and how those systems actually work in other countries. Then they go to the movies and many of them see Michael Moore’s *Sicko*. Kathleen Henning writes in the July 7, 2007, *South Florida Sun-Sentinel*, “You will be sick after seeing how we treat our fellow Americans. In the richest country in the world, a person can become destitute if they get sick, even with health insurance.” The film inspires Henning to reflect sharply on American priorities. “Healthcare is fundamental, just like educating our children . . . in America we are so self-centered and worried about ourselves, and above all, we make our decisions by Wall Street greed,” she laments. Henning also appears moved by the film’s depiction of health care elsewhere. “Other countries look at their citizens as vital to the success of their society . . . Actually, I feel ashamed to call myself and American after seeing how we treat our citizens,” she closes. In Henning’s case, Michael Moore’s film fell on fertile ground. Apparently unaware of the hardships her fellow citizens face due to inadequate health insurance, and of its availability in other developed countries, Henning voices a liberal compassionate and empathetic worldview when she asks, “Why are we so worried about having socialized medicine?” Her comments strengthen the liberal frames that *Government acts in the public interest* by providing services like public education and that *Americans can learn from health care systems in other countries* where citizens, and their well-being, are valued assets in society.

Less moved by the film, Mary Thompson writes in the July 7, 2007, *San Jose Mercury News* [CA], “Clear-thinking Americans know and understand there is no such
thing as ‘free health care’, Mr. Moore. Someone pays for it either privately or through heavy taxation, and in most socialized medicine systems it is both, if one wants state-of-the-art medical care.” In contrast to Henning’s response of empathy, conservatives are quick to bring costs and taxes into the discussion, as Thompson does. One of the puzzles for liberals regarding healthcare is conservative apparent rejection of the often-demonstrated reality that in other countries quality care is provided to all citizens at a fraction of the cost in the U.S. If Thompson’s only concern is cost, she might fit into the category of pragmatic conservatives who could accept government involvement in provision of health care if money could be saved. But central prototype Strict Father conservatives are not convinced by Sicko.

George Braddock writes in the July 10, 2007, Miami Herald [FL], “Michael Moore does a disservice to this country by propagating myths about the quality of healthcare in other countries.” According to Braddock, “experiments with socialized medicine” without a strong profit motive have caused doctors to flee and widespread scarcity of high-tech diagnostic and surgical equipment. Braddock raises the familiar conservative concerns about government rationing of health care services and urges readers, “let’s not let demagogues exploit popular distaste for insurance companies, drug manufacturers and highly compensated health professionals to lead us from the frying pan into the fire.” Through his conservative worldview Braddock interprets reports of good quality health care in other countries as “myths” and the messengers as “demagogues.” His comments continue the conservative frame that Support for socialized medicine is not authorized. He prefers to stay in the “frying pan.”

Commenting on the resistance to change, the next writer says perspective is everything.
Jon Obert writes in the July 12, 2007, *Morning Call* [Allentown PA] to challenge a columnist’s description of the U.S. health care system as an intolerable situation. The situation is not intolerable, says Obert, “... because in our ‘haves versus have-nots society,’ the haves find the system quite tolerable. And he adds, “The haves are quite satisfied with the way things are. When any change is proposed, they simply cry ‘socialized medicine’ to maintain the status quo. The haves neither know, nor care, about the have-nots.” According to Obert, “the haves are those with health insurance, who can afford to pay for medical care.” Comparing the “haves” with Charles Dickens’s miserly character, Scooge, Obert voices what has been described previously as pathological stereotyping, i.e. “the use of a pathological variant of a central model to serve as a stereotype for the whole category, and hence to suggest that the pathological variant is typical” (Lakoff 311). Of course, conservatives also engage in pathological stereotyping when they proclaim that liberals love bureaucracy or value rights over responsibilities. Regardless of which group is making the claim, the practice serves “self-righteousness or propaganda, but it misses all moral understanding” (321). Of course, in some cases letters to the editor appear to offer the writers simply an opportunity to vent frustrations which might be commonly shared. However, in most cases writers appear to want to make productive contributions to discussions.

For example, responding to a critical review of *Sicko*, an unidentified writer argues in the July 12, 2007, *Washington Times* [D.C.] that the reviewer “failed to acknowledge or consider that those of us, conservatives included, who believe the United States needs some sort of national health system or safety net, are more concerned about the efforts to deny people coverage.” Citing Wal-Mart plans to hire only healthy people,
and big businesses to give top executives free health care while cutting options for lower level employees, the writer says, “what is needed is a minimum safety net with options to enhance coverage at the personal level.” The idea of a minimum safety net adds support to the liberal frame that Socialized medicine promotes fair access.

And another writer, Kale Hills, writes in the July 26, 2007, Herald News [Passaic NJ], that Moore’s film is a “caustic portrayal of the American health care system” that is at times one-sided and too dependent on emotion. But “Even if you dislike Michael Moore, you should see this film,” Hills says, “because American health care has problems, . . . solutions are needed [and] Sicko makes a moderately convincing case that socialized medicine is America’s healthcare panacea.” Hills offers a pragmatic perspective that encourages readers to see the film and give thought to the issues and possible solutions. As reactions to Moore’s film quieted, letter writers turned their attention to presidential candidates, their proposals for health care reform and the controversial expansion of federal funding for State Children’s Insurance Programs (SCHIP).

One such candidate, Rudy Giuliani (R-NY), speaking at a town hall forum in Rochester, NH, on July 31, 2007, charged that Democrat health care proposals would lead to “socialized medicine.” "We've got to do it the American way," Giuliani said. "The American way is not single-payer, government-controlled anything. That's a European way of doing something; that's frankly a socialist way of doing something." Giuliani’s speech is an example of elite-to-public metaphorical communication by which complex issues are rendered comprehensible, as described by Schlesinger and Lau in Chapter 3. Giuliani claimed Democrat health care proposals would lead to socialized
medicine which he then framed as European, not American, government-controlled and socialist. These words and phrases both refer to and contribute to the conservative frames *Limited government is in the best interest of the nation* and *Support for socialized medicine is not authorized* because the “American way” is believed by conservatives to be the best way to solve a problem. The remarks were reported widely and letter writers responded.

Writing in the August 7, 2007, *Berkshire Eagle* [MA], Arnold Katz says, “Rudy Giuliani has trotted out the time-worn and threadbare phrase ‘socialized medicine’ in describing universal health care, once again demonstrating the political trick of saying what you have to say to get elected.” Katz’s letter is a response to an article which describes Giuliani’s proposals for private health care plans (“Giuliani pushes private health plans,” *Eagle* July 31). Katz encourages fair evaluation of universal health care plans in other countries, advising:

Mr. Giuliani should look at government-supported universal health care in such socialist countries as Canada, England, France, Germany, and every other developed country. Even the American Medical Association, which originated the phrase "socialized medicine," now largely concedes that our present health care system is inefficient and grossly expensive, and needs to be changed.

Katz also satirizes Republican rhetoric and promises to downsize government by privatization:

If Rudy gets elected, he may attempt to eliminate Medicare and Medicaid (socialized medicine), and Social Security (socialized retirement). He may even go after tax-supported public education (socialized learning) and public libraries (socialized reading), and how about eliminating tax-supported postal service (socialized catalog distribution). He will also likely decline the free taxpayer-supported health care he receives as a public official, and put himself at the mercy of a for-profit insurance company.
Katz’s remarks reflect the liberal worldview that universal health care as practiced in other countries would be more efficient and cost-effective than the present for-profit system. His letter strengthens the liberal frames that Government acts in the public interest and Americans can learn from health care systems in other countries. Katz frames Giuliani as willing to use services he is willing to deny others, continuing the frame that Congressional self-interest is immoral.

Other writers like Carol Withrow in the August 11, 2007, Salt Lake Tribune [UT], chide Utah Congressmen Rob Bishop and Chris Cannon as “out of step with Utah” due to their opposition to SCHIP [State Children’s Health Insurance Plan] because it is “a move toward socialized medicine.” Withrow suggests that Bishop and Cannon demonstrate their opposition to socialized medicine by “rescinding the guaranteed coverage of health care needs that they receive as members of Congress.” Her letter adds to the frame that Congressional self-interest is immoral. In Utah, according to Withrow, “the governor, Legislature and health officials all support this program that assures the health of our children.”

Laura Reifinger writes in the August 13, 2007, Morning Call [Allentown PA] that those who oppose SCHIP on the basis of states’ rights and “socialized medicine” represent “a classic example of ideology trumping progress. “Millions of American children have no health insurance,” she says. “Our priority must be getting them insured, not upholding some abstract principles of states’ rights and small government. How would you explain to a small child that she cannot go to the doctor because the funding for her care comes from the federal government?” Her plea supports the frame that Socialized medicine is insurance because SCHIP would expand health insurance to
uninsured children. The difference between liberal and conservative worldviews becomes crystal clear when the welfare of children is at stake. For liberals the protection of children, anyone’s children, is both a personal and community responsibility and is an expression of several moral action categories. In the liberal worldview, conservative concerns about states’ rights, costs or government intrusion are light years removed from the problem at hand.

Also advocating for SCHIP, Joe Squillace writes in the August 13, 2007, *St. Louis Post-Dispatch* [MO], “There could not be any stronger indication of how far removed from the American people the current administration is than the letter to the editor by Fred Schuster, Department of Health and Human Services Region 7 director (“Using children to advance socialized medicine,” August 7). His conspiratorial theory that the SCHIP is a mechanism for a government takeover of American health care is baseless and filled with paranoia.” Squillace states that the bill was widely supported in Congress and expanded in the states by both Republican and Democrat governors. He adds, “Many of the youth who will be covered have pre-existing conditions, chronic illness or disabilities or are severely underinsured by the limited private insurance options available.” Squillace believes SCHIP is rational and reasonable government action in accordance to liberal moral action of Protecting those who cannot protect themselves, and supports the liberal frame that Socialized medicine is insurance. The next letter represents another attempt to identify some specific problems with the current system of health care in the U.S.

States do so because costs of health care will be far more transparent; there will be a clear connect between what we pay and what we get (how much of your premiums now go to overhead, advertising, etc.?).” Tyson also reassures readers, “We have no intention of dismantling the present health care infrastructure regarding providers – this is a publicly funded, privately delivered system.” He also notes that several bills of this nature are being considered such as HR 676 at the national level and SB 300 and HB 1660 in Pennsylvania. For pragmatic liberals, social programs that unite private and public entities to solve problems are rational and support the frame that Cooperation of business and government serve the public interest.

Richard Downes asks in the September 22, 2007, Palm Beach Post-Gazette [FL], “What is he thinking?” referring to Rudy Giuliani’s proposed $15,000 tax deduction to encourage people to purchase their own health insurance. Claiming not to be a fan of Hillary Clinton’s health plan, Downes describes Giuliani’s plan as “ludicrous.” “Anyone earning enough money to benefit from a large tax cut is already making enough money to purchase health insurance or is receiving it through his or her well-paying job.” The target of health care reform, Downes argues, should be those who don’t have a “job with employer-paid health insurance, nor the extra cash to buy coverage on their own.” Downs appears to favor a conservative pragmatist plan in which Cooperation of business and government serves the public interest, but which does not resemble Hillary Clinton’s proposal. Giuliani appears to be missing his target, according to Downes’s evaluation of the proposal. However, Giuliani’s continuing criticism of Democrat plans as socialized medicine, and counter proposals that feature tax cuts appeal to central prototype Strict Father conservatives who believe that anyone who really works hard will be successful in
America, and be able to take care of themselves and their families. That Strict Father conviction exploded to intra-party conflicts among Republicans when President Bush vetoed the SCHIP bill.

On October 3, 2007, President Bush vetoed the SCHIP bill, and according to the New York Times, angered both Democrats and Republicans who had approved the bill in both houses of Congress with unusual bipartisan support (Stout). According to the Times, Bush defended the veto, saying:

> It is estimated that if this program were to become law, one out of every three persons that would subscribe to the new expanded SCHIP would leave private insurance. The policies of the government ought to be to help poor children and to focus on poor children, and the policies of the government ought to be to help people find private insurance, not federal coverage. And that’s where the philosophical divide comes in.

Senator Orrin G. Hatch, R-UT, along with many other Republicans and most Democrats, disagreed with the President, saying that he had been given bad advice and that the bill was “the morally right thing to do,” according to the Times. The President attributed the subsequent controversy to a philosophical divide, and that divide was significant because it split strict conservatives who framed the bill as a Government program that undermines/displaces legitimate business, and many traditionally conservative Republicans who had formerly cooperated with the President, but supported the SCHIP bill as the correct moral action. Throughout the rest of October and into November liberals and conservatives argued for and against the President’s decision, often in terms of heath care systems in other countries.

Writing in the October 15, 2007, Contra Costa Times [CA], Paul Popenoe contests an article that he says inaccurately denigrates the Canadian health plan. “Health
Canada,” he says, “is not socialized medicine. It is a medical insurance plan, administered by each province . . . available to all legal residents of Canada.” And, he adds, “Doctors are independent contractors and citizens pick any doctor of their choice.” Like any insurance plan, Popenoe explains, “Health Canada members pay premiums. For British Columbia the monthly premiums are $54 for one person, $96 for two and $108 for a family of three or more, with assistance for low incomes.” Popenoe admits that there are waiting lists for elective surgery, but notes, “For the 42 million uninsured in the United States, the wait for necessary surgery may be forever.” Liberal and conservative Canadians universally support the health plan, he observes, and he adds, “They have no fear of bankruptcy or loss of home from catastrophic health conditions as in the United States.” Popenoe frames Canada Health as accessible and affordable, and he frames Canadians as well satisfied with their health care and free from the burden of devastating financial woes compounding serious illness. He also contests conservative claims that Canadians have no choice of physician. And he claims that both liberal and conservative Canadians embrace their system of health care. His letter supports the liberal frame that Americans can learn from health care systems in other countries. However, it would be informative for American readers to understand that Canadians in the 1940s were in many ways as doubtful and reluctant as Americans have been to accept health care as a right or to trust government intervention in health care. The Canadian story is fully described in Pat and Hugh Armstrong and Claudia Fegan’s book, Universal Health Care: What the United States Can Learn from the Canadian Experience. Another writer shares personal experience and details about health care in Germany.
Joseph P. Hovan writes in the November 8, 2007, *Patriot-News* [Harrisburg, PA], and advises that Britain is not a good model for universal health care. In Germany, where universal health care is guaranteed as a human right, “health-care providers, including hospitals are privatized, except for one mainly for welfare cases. Everyone receives excellent care. Waits for specialists and surgery . . . last usually only a few days; referrals aren’t needed.” According to Hovan, co-pays and costs to employers are substantially lower than in the U.S. Hovan says that within strictly enforced laws and regulations “capitalism’s ‘magic hand’ can work” and does. Hovan describes a system of privately operating hospitals and physicians operating within a highly regulated system of government-insured health care that, while not perfect, provides excellent service to all the nation’s citizens. His portrayal of highly regulated, efficient, cooperative public/private health care services provided as a right of citizenship unites many words and concepts that would challenge both liberal and conservative worldviews. For example, private or a combination of private/public operations efficiently guided by “capitalism’s magic hand,” could appeal to conservatives and pragmatic conservatives. And private or private/public operations that were government-insured, tightly regulated and available as a right of citizenship would appeal to liberals and pragmatic liberals. Hovan continues support for the frame *Cooperation of business and government serve the public interest*.

As 2007 comes to a close writers argue about the human and financial costs of the continuing war in Iraq. James Bellerby writes in the December 18, 2007, *Bucks County Courier Times* [Levittown PA], to defend Democrats’ critiques of the wars in Afghanistan and Iraq, and efforts to restore funding to SCHIP (“Sinking to a new low”).
“As far as socialized medicine goes, the Republican Party apparently doesn’t realize that not all hard-working Americans can afford health insurance,” Bellerby states, repeating arguments heard earlier from Downes. “Republicans need to stop taking the side of big companies and stand up for the little guy,” he adds. Bellerby exhibits the liberal worldview that funds expended for war should be re-directed to social programs to help children and “the little guy,” particularly children. His letter adds to the liberal frame that Socialized medicine is insurance. However, in the Strict Father conservative worldview, the U.S. faces serious threats from an external enemy, and protection of the nation is the first responsibility of government.

As conservative Michael Brown writes in the December 25, 2007, Times Union [Albany NY], defending a second Bush veto of SCHIP, “I work hard every week to provide for my family, including health insurance. Why should I have to provide health insurance to other people who can’t or won’t buy health insurance on their own? Blaming insurance companies for the ballooning costs, Brown says, “The real solution is to get rid of the insurance and let capitalism kick in. The market can only charge what people could afford to pay . . . We are not communists, we are Americans.” His letter supports the conservative frame that Free-market competition is in the best interest of the nation. His declaration indicates that the question at hand is not just about how to best spend the national treasure. It is about the very identity of America and Americans.
In 2008 letters to the editor that mention socialized medicine fell to 64 and were evenly divided between those for and against health care reforms that some writers labeled socialized medicine. Among other common themes in letters was antagonism to Presidential candidate Barak Obama and his proposals, $700 billion in bank bailouts, the war in Iraq, illegal immigration and other presidential candidates.

Donald Gilbert writes in the January 3, 2008, *Pittsburg Post-Gazette* [PA], to criticize candidate Mitt Romney’s statement that “we don’t want ‘Hillarycare’ (whatever that is) or socialized medicine.” Such “sloganeering,” Gilbert says, “should be an offense to anyone who can think for him- or herself.” As a member of the U.S. armed services, Gilbert says that his life and many others were saved by socialized medicine. But for those who prefer that their physician not be a government employee, Gilbert advocates for single-payer legislation under consideration in the Pennsylvania House and Senate or H.R. 676 at the federal level. “If your presidential candidate won’t speak clearly about how universal health care will be achieved in his or her administration, switch your vote to a candidate who will,” he urges. Gilbert’s letter adds to the liberal frame that *Government works in the public interest* like the U.S. military so single-payer could be a viable option for civilians. He suggests that a single-payer system would provide universal care with less direct government involvement. The most important issue, Gilbert asserts, is clear communication from presidential candidates about how they will accomplish a health care plan that includes all Americans. The next writer, however, supports Romney.
Gary Lentz complains in the February 1, 2008, Press Democrat [Santa Rosa CA], that his fellow citizens have been “gushing about either Barack Obama or Hillary Clinton for president.” He concludes that these writers want “higher taxes, European-style, nanny-state policies like socialized medicine, want to fight something called ‘global climate change,’ and want retreat and defeat in the war on terror.” He argues that area residents with “common sense” have conservative values like “low taxation, freedom [from] regulation and interference, a strong, offensive posture against enemies who have sworn to kill us and adherence to the Constitution.” Lentz also wants to keep “tax and spend” Democrats out of the White House and “activist judges away from the Supreme Court.” Lentz repeats conservative opposition to higher taxes, socialized medicine and government regulations. He is the first letter writer, however, to include climate change, which he claims would ruin the U.S. economy, and activist judges on the Supreme Court to his list of complaints about Democrats. His letter continues the conservative frames that Taxation for social programs is abuse of government power and Limited government is in the best interest of the nation. His version of “common sense,” does not make sense to less conservative writers.

Dale Ordes writes in the March 19, 2008, Times Union [Albany, NY] to contest another letter writer’s message that “socialized medicine is broken.” Citing statistics from the United Nations that places the U.S. at 32\textsuperscript{nd} in infant mortality and 29\textsuperscript{th} in longevity, internationally, Ordes says, “whatever we have in the country is broken even more.” Ordes describes health care systems in Canada, Great Britain, Germany and the Netherlands and says, “There are many combinations of these systems, most of which provide better and more efficient health care than the current system. Our task should be
to build on the current U.S. system and tailor a universal system that will fit the American experience.” Ordes encourages a pragmatic liberal approach to learn from other countries and implement a system of universal health care coverage; universal coverage, not government control or earned rewards, is the heart of the problem. Ordes closes his letter admonishing, “We should stop hurling around terms like socialism, when all we need is some common sense and a sense of social responsibility.” Ordes continues the liberal frame that *Americans can learn from health care systems in other nations*. Both Lentz and Ordes state that common sense is all that is needed to solve the problems of health care. However, Lakoff describes common sense conceptual reasoning as deep, complex, sophisticated, subtle and subconscious (4). And it is what his models are intended to explain.

In the next writer expresses concern about the costs of health care for U.S. businesses competing in a global marketplace. John Loye writes in the August 15, 2008, *Patriot-News* [Harrisburg PA], “To promote private insurance as the only way to go is fine for those of us fortunate enough to have good, full coverage. Private insurance companies do not make money by paying claims. Their profits are realized by denying claims to marginally or underinsured customers.” Loye also expresses concern about America’s ability to compete in the global marketplace. “Our competitive position in the world economy is handicapped because employers who do provide health insurance for their employees incur significant additional cost when compared to global competitors such as Canada, Japan, France, Taiwan, etc.” Loye presents a liberal pragmatic perspective in his concern for American business and call for an end to “the influence and greed of insurance companies,” and provision of health care for all Americans. His letter
supports the frame that *Cooperation of business and government serves the public interest.*

Making the strict conservative case, Stan Alenka writes in the August 29, 2008, *Lebanon Daily News* [PA] to say, “socialized medicine does not work, not even if you try to disguise what it is by calling it a ‘single payer, universal health-care system.’” Socialized medicine has never worked, according to Alenka, “because it produces severe rationing and even denial of care in some cases; inadequate funding for state-of-the-art medical equipment and overall deterioration in the quality of care.” His initial comments continue the 1993 conservative frames that *Socialized medicine is a failure* and *Free-market competition is in the best interest of the nation.* Alenka argues that the statewide program in Massachusetts has “failed miserably.” Alenka also rejects as “preposterous” arguments provided by a local physician, Dr. Bill Davidson, citing Institute of Medicine (IOM) statistics that 25,000 people die each year because they don’t have health insurance. “No such correlation is possible. Having health insurance does not keep you alive when a truck hits you, and not having it doesn’t kill you if you are healthy,” Alenka states. And he disputes statistics of medical bankruptcy, saying, “And to attribute 1 million bankruptcies singularly to medical bills is equally absurd. This would imply that these 1 million people had no other debts.” Alenka cites the U.S. Constitution as his authority. “Nothing in our Constitution guarantees that every U.S. citizen must have the same level of health care anymore than it guarantees that we should all have the same level of housing, transportation, retirement or education,” he states. These comments continue the 1993 conservative frame that *Support for socialized medicine is not authorized.* Alenka is satisfied that emergency care is available to people whether they...
have insurance or not, and any problems can be fixed with a free-market system and choice in health care. Lastly, Alenka continues the 1993 conservative frame that *No crisis exits in health care*. He speaks for many strict conservatives who do not view health care as a Constitutional protection, reject statistics from the IOM and others that imply that the free-market system of health care they trust is failing Americans, and have full confidence in free-market solutions. His letter represents the consistency and coherence of conservative frames first described in 1993-1994. The following example, a physician in Puerto Rico defends doctors and the medical profession.

José Figueroa Casas replies in the *San Juan Star* [Puerto Rico], to a letter proclaiming that “the days of wine and roses for doctors is coming to an end, “ and that “a life of meaningful public service is going to be open to you.” Casas counters, “In today’s world most doctors are bound to and restricted in their practice by health insurance plans that in most instances dictate what a physician can charge – and in many instances restrict what are the diagnostic tests and even treatments to be carried out.” Casas also says, “This may not be wrong but it is a reality that must be understood.” He also reminds the writer that thousands of physicians have served in the public health system in Puerto Rico and on the mainland. Casas says doctors scapegoated for everything that is wrong with health care indicates ignorance of the extraordinarily complex system. He admits that universal health care might be beneficial for society, but warns against “throwing the baby out with the bath water.” Casas’s letter represents a conservative pragmatist frame that doctors are, like patients, caught up in a complex system, which might be improved by a shift to universal care. However, he is cautious about rushing to another system without first clearly understanding the advantages and
disadvantages. The next writer complains that his newspaper prints “ungrounded claims and political propaganda.”

Nevy Clark writes in the August 30, 2008, Savannah Morning News [GA], “The Morning News repeatedly prints letters intended to scare people about universal health care.” He cites the success and popularity of Medicare and Social Security in the U.S. as examples and then refers readers to a PBS program, “Sick Around the World,” which describes universal health care programs “that all the industrialized nations have (except the U.S.).” “I worked, lived and raised three children in a country with universal health care and only have praise for the system,” Clark says. He also cites a 19-country comparison, “Measuring the Health of Nations,” that placed France first, followed by Japan, Sweden, Germany, Great Britain and the U.S. last. “Instead of making up horror stories, we should take a lead from Taiwan,” Clark advises, “Their government studied all the world’s universal health care programs, cherry picked from them, to create what appears to be the best in the world.” Clark’s personal experience living in a country with universal health care and his satisfaction with that experience strongly support and continue the 1993 liberal frame that Americans can learn from health care systems in other countries. Clark’s support for a system of universal health care is contested in the following letter.

Julian Quattlebaum writes in the September 7, 2008, Savannah Morning News that Clark’s opinion is based on very limited information. He says that he has spoken with a surgeon in Sweden, where Clark lived, ran a business, and raised three children, and concluded that patient care was not well served. He also claims, without reference, that elderly people in England are refused care and that pregnant women see only
midwives. He further claims that the elderly in Canada are refused care, so come to the U.S. if they can afford it. What is interesting about Quattlebaum’s letter is not simply that he supports the conservative frame that Socialized medicine is a failure in Sweden, England and Canada, but that he makes that claim based on a conversation with one Swedish surgeon, and that he uses words and phrases that repeat verbatim what other conservatives have said, particularly the claims that the elderly are refused care if they cannot pay for it in England and Canada. While beyond the scope of this study, it would be informative to explore the roots of conservative and liberal claims that demonstrate common and repeated use of the same words, phrases, and claims.

A few weeks after Clark’s letter was published the attention of the nation was captured by events in Washington, D. C. On September 18, as the 2008 financial crisis accelerated, U.S. Treasury Secretary Henry Paulson asked Congress to approve a $700 billion bailout to buy mortgaged-backed securities in an attempt to prevent further economic meltdown (Andrews). The financial crisis and subsequent bailouts caused liberals and conservatives to question the respective roles of government and the free market. The next writer, reflecting on the financial crisis, suggests implications for health care.

Paul M. Wortman, speaking for many writers, laments in the September 19, 2008, New York Times, “As we watch in awe, dismay and fear at the slow-motion unraveling of our financial system, we need to move from anger and blame to a reconsideration of some presumed truths.” Wortman next offers three recommendations. “First . . . we must recognize that free—that is, unregulated---markets do not always self-correct and that the financial wizards of corporate America do not have all the answers.”
Wortman directs his statements to Republicans, saying, “if this exercise in socialized capitalism is acceptable, then having a government-run universal health care system is also acceptable and should not be denigrated as socialized medicine because it is not controlled by profit-making corporations.” Last, Wortman makes an appeal for unity, saying, “Of course, it is in human nature to be greedy, but it is also in human nature to be altruistic. It is time to learn from this catastrophe by putting aside petty partisan defenses, repairing the damage and improving the quality of life for all Americans.” Wortman’s comments strengthen the liberal frame that Government serves the public interest. Other liberal and conservative writers express anger and discontent over the failings of government to regulate the financial sector.

Michael Carter, declares in the September 29, Intelligencer Journal [Lancaster, PA], “It seems the same people who have been trying to scare us with stories about the horrors of socialized medicine are trying to tell us the advantages of socialized capitalism . . . I want to see handcuffs being used.” And on the same day, Timothy McAndrews writes in the Deming Headlight [NM], “…the same guys who sneer at the ideas of socialized medicine and universal health care want socialized banking and they want it from the same people they would deny medical coverage.” McAndrews continues, “I am outraged at the shameless audacity of the banking industry . . . I am ashamed of my government which has shown itself willing to sacrifice the life savings of its citizens to satisfy the greed and avarice of people who already have more than they can manage. Finally, I am not very happy with the candidates I had been planning to support.” The financial crisis and banking bailout challenged conservatives’ worldviews that free-market competition with little regulation serve the best interests of the nation. However,
liberals’ confidence in government’s willingness and ability to protect citizens was equally shaken, and for liberals and conservatives the bailouts provided the kind of experience that stimulates modifications in worldview, possibly to a more pragmatic stance. Additionally, although federal bailouts of banks and the auto industry fueled liberal demands for public funds to expand health care to all citizens, those same actions also fueled conservative calls for less government.

As Therese Battaglia writes in the October 1, 2008, Chicago Daily Herald [IL], “The Constitution does not provide for those services [health care and medications], which are socialistic.” And she adds:

The government needs to get out of our way, so we can have the freedom to enjoy the fruits of our labor. Government is the problem, not the solution. Our country became great, because of human beings being let alone, to start business, provide employment, and do what they desired with their hard earned wages. Then government came along with more rules, regulations, taxing everything, and manipulation of our lives.

Clearly, Battaglia perceives the nation’s economic problems through her conservative worldview and continues the frames that Limited government is in the best interest of the nation and Socialized medicine violates legitimate authority, because Socialized medicine is not authorized according to strict conservative interpretation of the constitution.

Adding to the conflicts in 2008, the Bush administration approved Conscience legislation (“Ensuring”) that enabled medical professionals to deny contraception and abortion services as a matter of conscience. Women’s rights advocates and others, like the next writer, objected. Tommie C. Lee, writing in the October 2, 2008, Lufkin Daily News [TX] protested, “It seems that while conservative right wingers rant and rave against ‘socialized medicine,’ they have no problem at all with ‘theorcratized medicine.’”
Lee is correct that conservatives, particularly religious conservatives, have “no problem” with government regulations that limit contraception and abortion services, and by which they hope to discourage undisciplined behaviors that result in unplanned pregnancies. But for liberals, conscience legislation is another attempt by conservatives to limit access to legal products and services that enable women to control their own bodies and lives. Such legislation violates the liberal moral action category of **Investment** in individuals and communities. First, teenagers who get pregnant, need help to overcome a serious problem, and be able to continue education or training and mature to a state of maturity to plan a family. Next, a woman who has decided that she is not ready or able to assume responsibility of a child, or another child, should not be forced to do so. These arguments add the new frame that *Access to birth control is essential for individual/community welfare* because in the liberal worldview unplanned pregnancies hinder individuals and families, and contribute to distressed communities.

In the next example, the topic turns to costs of prescription drugs. The writer criticizes Sen. John Sununu (R-NH) for apparent policy inconsistencies. George Kelly writes in the October 10, 2008, *Concord Monitor [NH]*, that Sununu’s conservative record is well known therefore Kelly cannot understand his position on government negotiation with drug companies. “I assumed that you would want drug companies to engage in the free-enterprise system and compete for the huge checks the government would write to the winners . . . . Instead, you replied that you would vote down any legislation that allowed the government to negotiate with drug companies on behalf of Medicare recipients.” Kelly attributes Sununu’s refusal to support government negotiations to active lobbying by drug companies and says that the failure to permit
government negotiations have allowed premiums for Medicare drug plans to jump “13 percent over last year when the drug plan went into effect.” Kelly next asks, “Senator, how can you oppose national health care because it smacks of socialism but advocate locking the government out of negotiating with drug companies for Medicare prescriptions?” Kelly believes the government has a role to play in advocating for lower drug prices for senior citizens, and supports the liberal frame that Government serves the public interest by lowering drug costs for individuals and Medicare costs for the nation. But other senior citizens have other fears.

Carrie Comitz writes in the October 26, 2008, Patriot-News [Harrisburg PA], that supporters of Barack Obama should be wary of socialized medicine. Citing an article in the Irish Times about a 70-year-old man who died waiting for a colonoscopy in Ireland, Comitz says, “. . . socialized medicine is a form of social Darwinism that shows a blatant lack of respect for the dignity of lives that are not considered valuable to society.” Comitz affirms a conservative distrust of government that continues the frame Socialized medicine is a failure, and adds Ireland to the list of countries that conservatives deem unsafe for senior citizens.

Those fears are contested by liberal writer, Bill Rowen, who asks in the October 27, 2008, Peoria Journal Star [IL], why do we “with our ‘greatest health care in the world,’ trail all of them [other industrialized nations] in both life expectancy and infant mortality?” Liberal calls for changes to the health care system that would provide access to health care for all and possibly duplicate health statistics in other countries might have influenced some voters, because on November 4, 2008, Democrat Barack Obama,
running on a platform of change and health care reform, defeated Republican John McCain.

Lessons from 2007 and 2008

In 2007, letter writers voiced discontent that the war in Iraq siphoned funds out of the country. They went to the movies and learned about health care in America compared to other developed and even less developed nations. They watched as the U.S Congress worked together to provide health care to America’s poorest children and families only to see the President veto the bill to protect the interests of private insurance companies. Meanwhile, the cost of health care continued its steady rise, leaving millions unable to afford insurance.

Citizens became disenchanted with the costs and losses inflicted by the war in Iraq, and letter writers called for an end to hostilities abroad and increased attention to domestic needs. Non-news mediated communication, especially Michael Moore’s film, Sicko, generated much discussion and many writers expressed surprise and dismay over the problems faced by fellow Americans without health insurance. Discussion was contentious concerning federal expansion of SCHIP, which enjoyed uncharacteristically strong bi-partisan support, only to be vetoed by President Bush. Many liberal letter writers expressed support for the bill which would expand health care insurance to many children and their families who were not covered under existing programs. However, conservatives argued that the bill was too broad and extended benefits to middle income families that could afford to buy private insurance, but would not do so if a federal program were available to them. Therefore, they argued that private insurers would be displaced.
In 2008, possibly influenced by *Sicko* and greater awareness of how low the U.S. ranks in international health care evaluations, many writers argued that the U.S. could and should improve its system of health care, by expanding Medicare, adopting a system of single payer or cherry-picking from other nations’ plans to come up with a uniquely American system. But conservatives expressed fears of rationing care to the elderly, waiting lists, shortages and increasing costs. Conservatives and liberals were both angered by the federal bailout of banks and other institutions that many writers described as “socialized capitalism.” Strict conservatives argued that the poorly-run banks should be allowed to fail as the competitive free-market would dictate, and liberals argued that if federal aid to heal ailing corporations were sanctioned by a Republican administration, then federally-sponsored health care to heal ailing Americans should be sanctioned as well.

Conflicts erupted between liberals and conservatives over women’s rights to abortion when the Bush administration sponsored Conscience Legislation that would further curb access to legal options for birth control. The proposed legislation would permit a health care provider to deny birth control products or services on the basis of personal conscience.

In November the election of Democrat Barack Obama and Joe Biden encouraged liberal health care reform advocates, but instilled fear in conservatives that more socialized medicine was soon to come.

Many conservative and liberal frames that were described in 1993-94 continued during 2007-2008. Liberal writers in 2007-08 strengthened the frame that *Americans can learn from health care systems in other countries* by adding personal experiences and
details about those systems, such as life expectancy statistics. Conservatives intensified
the frame that *Socialized medicine is a failure* with claims that the elderly are denied care
and often die due to delayed treatments in countries with socialized medicine. Becoming
more frequent were liberal and conservative pragmatist letters that supported the frame
that *Cooperation of business and government serves the public interest*, or simply
expressed support for expansion of health care to accommodate the needs of the under- or
uninsured, with some government involvement. The only new frame in this period of
time, *Access to birth control is essential to individual and community welfare*, emerged
following Bush’s conscience legislation. Figure 19a-c represents the frames identified in
1993-1994 with new frames in boldface.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting Strict Fatherhood *Establishment of right/wrong *Legitimate authority *Competition essential to individual and national strength</td>
<td>Government reforms are necessary Socialized medicine violates Moral Authority Free-market competition is in the best interest of the nation Congressmen self-interest is immoral Abortion/aid/humanity are immoral</td>
<td>Corporatization of medicine contributes to the economy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promoting self-discipline, responsibility, and self-reliance</td>
<td>Socialized medicine would enforce false values of self-reliance Government programs replace incentive with entitlements Government programs undermine/replace legitimate business No crisis exists in health care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upholding the Morality of Reward and Punishment a. Preventing interference with the pursuit of self-interest by self-disciplined, self-reliant people b. Promoting punishment as a means of upholding authority. c. Insuring punishment for lack of self-discipline</td>
<td>Taxation for socialized medicine is an abuse of government power Malpractice lawsuits harming doctors Socialized medicine harms doctors Socialized medicine enables abortion/death and moral punishment</td>
<td>People who harm others should be penalized Socialized medicine inhibits drug research and production</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protecting moral people from external evils</td>
<td>Socialized medicine encourages illegal immigration</td>
<td></td>
<td>Government should secure borders</td>
<td></td>
</tr>
<tr>
<td>Upholding the Moral Order *God *Constitution</td>
<td>The American health care system is the best in the world Socialized medicine is a failure Support for socialized medicine is not authorized</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fig. 19a. Conservative frames to 2008 with new frames in boldface
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conservative Pragmatist Moral Actions</strong></td>
<td>Tax breaks for health care</td>
<td>Doctors advocate for patients</td>
<td>Cooperation of business and government-business emphasis</td>
</tr>
<tr>
<td></td>
<td>No Exemptions Make health care user-friendly</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liberal Pragmatist Moral Actions</strong></td>
<td>No Exemptions Single payer-multiple provider</td>
<td>Medical students for single payer</td>
<td>Government keep promises to vets</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cooperation of business and government</td>
</tr>
</tbody>
</table>

Fig. 19b. Pragmatist frames to 2008 with new frames in boldface.
In November the election of Democrat Barack Obama and Joe Biden encouraged liberal health care reform advocates, but instilled fear in conservatives that more socialized medicine was soon to come. Letters to the editor in 2009-2010 reflect those hopes and fears.

Fig. 18c. Liberal frames to 2008 with new frames in boldface.
CHAPTER 9: 2009-2010

Introduction

Letters to the editor that mention socialized medicine soar in 2009 as writers express hopes and concerns about President Obama's plans to stimulate the economy. Even before President Obama officially took office, Congressional staffers were charged by the incoming administration to develop an economic stimulus package to add jobs and protect Americans who were suffering in the wake of the 2008 financial crisis (Calabresi). Letter writers began to comment on the stimulus plan and the aspects of the plan that pertained to health care immediately following the January 10, 2009, release of a preliminary report, “The Job Impact of the American Recovery and Reinvestment Plan” (Romer and Bernstein). Conservatives continued their objections to expansions of government, but increasingly, as health care as a benefit of employment vanished for millions, pragmatists and liberals looked to government to provide health care to all.

In 2009 letters to the editor appeared consistently but in low numbers during the first five months of the year, increased dramatically during June through September, then dropped in the last three months of the year. In 2010 few letters were published in January and February, followed by a burst of letters in March which dropped to very small numbers the rest of the year. The organization of the chapters follows the frequency patterns of letters published in each year. Table 7 illustrates the number of letters each year as a function of political persuasion. As in previous chapters, I sorted all the letters to the editor according to support for or antagonism to socialized medicine as an indicator of conservative or liberal political views.
Table 7.
Political persuasion in letters to the editor during 2009-2010.

<table>
<thead>
<tr>
<th>Year</th>
<th>Conservative</th>
<th>Liberal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>101 (46%)</td>
<td>118 (54%)</td>
<td>219</td>
</tr>
<tr>
<td>2010</td>
<td>21 (39%)</td>
<td>33 (61%)</td>
<td>54</td>
</tr>
<tr>
<td>Total</td>
<td>122 (45%)</td>
<td>151 (55%)</td>
<td>273</td>
</tr>
</tbody>
</table>

In the following I analyze a sample of letters from each year that continue frames of socialized medicine observed in previous years, strengthen those frames or add new frames. Below I review Lakoff’s moral action categories, which guide my analysis.

*Review of Procedures for Analysis*

As in previous chapters, my analysis is guided by Lakoff’s conservative and liberal moral action categories to identify and explain letter writers’ framing of socialized medicine. Those categories are illustrated in Fig. 14 below:
At the end of the chapter I discuss how socialized medicine was framed in 2009-2010 and how those frames strengthen or add to those described in 1993-1994.

Obama’s Economic Stimulus Plan and Health Care

2009

January – May

Only 35 of the 218 letters published in 2009 appear during January through May. But they present specific illustrations of the increasing difficulty Americans are facing in their attempts to secure adequate health care insurance, and they reflect the intensification of rhetoric and reactions to the health care provisions of President Obama’s economic stimulus plan.
The first letter urges readers to support universal health care. Jerry Kilcourse writes in the January 11, 2009, Rutland Herald [VT], and cites his personal experience as one who has both enjoyed insurance coverage provided by his employer and conversely had to purchase insurance as a self-employed individual. “Unless someone is employed full-time by a large organization, either private or public, a person is stuck with an individual policy with deductibles in the $5,000 to $10,000 range per year to make it affordable plus co-pays and no coverage for preventive procedures such as colon exams,” he says. Noting that insurance coverage varies from state to state, he adds, “The obvious result is a health care system that couldn’t be more convoluted, expensive and unfair or immoral if it had been planned,” and asserts that the current problem in health care “has been perpetuated by those who have vested interests in the current system.” Kilcourse relies on his experience, and credits statistics that show other western countries achieve better outcomes at lower costs than the U.S., so he favors proposed health care reforms. He characterizes the U.S. health care system as unfair and immoral thereby violating the liberal moral action category of Empathetic behavior and promoting fairness, and continues the liberal frame that Socialized medicine promotes fair access. His comments also continue the frame that Americans can learn from health care systems in other countries.

On February 17, 2009, newly elected President Barack Obama signed the American Recovery and Reinvestment Act into law which contained many provisions for health care reforms. Another early contributor to the discussion expresses fear and doubt about those provisions.
An unidentified writer in the February 11, 2009, Lima News [OH] describes his/her perceptions of the stimulus bill:

Hidden and buried deep in the Obama stimulus bill is the beginning of socialized medicine in the U.S. The provisions were the work of Tom Daschle, original nominee for Secretary of Health & Human Services.

The bill creates a bureaucracy, the national coordinator of Health Information Technology, which will be responsible for having all medical records of every individual in the country tracked electronically. The bureaucracy will "monitor treatments to make sure your doctor is doing what the federal government deems appropriate and cost effective." According to Daschle, doctors would have to give up autonomy and learn to operate less like solo practitioners.

Doctors will have to "join the federal community in dispensing treatment so that it is fair and equitable." Hospitals and doctors who are not "meaningful users" of the system will face penalties. The goal is to slow the development and use of new medicines and technologies because they are driving up costs.

The elderly will be the most affected. According to Daschle, "seniors should be more accepting of conditions that come with age instead of treating them." Medicare now pays for treatments deemed safe and effective. This bill changes that and applies a cost-effectiveness standard. Treatments will be approved or rejected using a formula that divides the cost of treatment by the number of years the patient is likely to benefit. Seniors will face real rationing of health care. Treatment can be denied.

All of this becomes law with the passage of the Obama stimulus bill with no hearings before the public, with nobody knowing it's happening. This is not stimulus; it has nothing to do with jobs. This is rather the expansion of "big government." This is liberalism at its worst all done secretly with no public input. This is one big lie to the senior citizens of our country and a death sentence for many.

This letter is unusual because in most cases editorial policy requires that writers identify themselves. More importantly, it reflects the antagonism toward government involvement that is shared by other writers, and which has continued since the Clinton reform efforts. Most importantly, it illustrates the intensified rhetoric and misrepresentations that emerge from opponents of reforms following the 2008 election.

This letter is also unique because the claims were contested and the probable sources of the sentiments expressed were revealed.
The quote attributed to Daschle was actually a statement by Betsy McCaughey, former lieutenant governor of New York and adjunct senior fellow at the conservative Hudson Institute, in a commentary published by Bloomberg News. In that opinion piece, McCaughey was critical of Daschle’s 2008 book, _Critical: What we can Do About the Health-Care Crisis_ and made incorrect assertions related to provisions in the stimulus bill that were repeated by radio host Rush Limbaugh among others (“Doctor’s”). McCaughey’s claims that the health care bill would encourage seniors to die sooner to save money or mandate “death counseling” were debunked (“McCaughey claims”). However, parts of the McCaughey piece were included in a chain-email circulated in July 2009 claiming that the health care reform bill would be a “death warrant” for seniors:

The actress Natasha Richardson died after falling skiing in Canada. It took eight hours to drive her to a hospital. If Canada had our healthcare she might be alive today. We now have helicopters that would have gotten her to the hospital in 30 minutes. Obama wants to have our healthcare like Canada's and England's.

In England anyone over 59 cannot receive heart repairs or stents or bypass because it is not covered as being too expensive and not needed.

I got this today and am sending it on. If Obama's plans in other areas don't scare you, this should.

Please do not let Obama sign senior death warrants
Everybody that is on this mailing list is either a senior citizen, is getting close or knows somebody that is.

Most of you know by now that the Senate version (at least) of the "stimulus" bill includes provisions for extensive rationing of health care for senior citizens. The author of this part of the bill, former senator and tax evader, Tom Daschle was credited today by Bloomberg with the following statement:

Daschle says "health-care reform will not be pain free. Seniors should be more accepting of the conditions that come with age instead of treating them."

If this does not sufficiently raise your ire, just remember that Senators and Congressmen have their own healthcare plan that is first dollar or very low co-pay which they are guaranteed the remainder of their lives and are not subject to this new law if it passes.

Please use the power of the Internet to get this message out. Talk it up at the grassroots level. . . . We have an election coming up in one year and nine months. We have the ability to address and reverse the dangerous
direction the Obama administration and its allies have begun and in the interim, we can make their lives miserable. Let's [sic] do it! If you disagree, don't do anything.

The email was analyzed by Snopes.com on August 2, 2009, and was found to be inaccurate or misleading in every respect except the final point regarding Congressional health care plans (“Senior Death Warrants”).

Conservatives were critical of Daschle’s book because he advocated a single-payer system of health care as the most effective and efficient system and because he had been instrumental in formulating the health care aspects of the stimulus bill. The unidentified author of the letter to the Lima News uses language such as “hidden and buried,” “the beginning of socialized medicine,” “big lie” and “death sentence for seniors” to frame proposed reforms. The choice of words and expressed fears reveal a conservative anti-government worldview and could reasonably be traced to McCaughey’s commentary, Limbaugh’s radio show and/or the subsequent chain email.

Another letter writer who might have been influenced by the same chain-email from Bloomberg News shares a letter he wrote to Sen. Levin (D-MI). Writing in the February 22, 2009, Bay City Times [MI], John W. Grigg, M.D., says that the stimulus bill establishes “socialized medicine.” He adds, “the guidelines have rules that eliminate care for all senior citizens. For those senior citizens who have painful disabilities, it amounts to a slow type of euthanasia.” Grigg’s remarks are shocking, and contribute to the conservative frame that Socialized medicine violates legitimate authority. However, a very different rendition of the stimulus bill appears in the New England Journal of Medicine.
Robert Steinbrook, M.D., writing in the New England Journal of Medicine on March 12, 2009, describes aspects of the bill that pertain to health care, including “initiatives for biomedical and comparative effectiveness research, the adoption of health information technology and the protection of privacy and security of medical records,” and added, “the stimulus law should have major and immediate effects. It directs to health care about $150 billion in new funds.” Steinbrook also mentions that the law would provide $650 million to support prevention and wellness activities and $500 million for health professions training programs. There is, of course, no mention of elimination of care for senior citizens, as Grigg claims. This claim is another example of pathological stereotyping described previously (Lakoff 315). In this case the distortion is that liberals, such as President Obama, are so determined to expand government involvement in health care that they are willing to sacrifice senior citizens in order to be able to afford the desired expansion. Of course, this kind of pathological, distorted thinking is not restricted to conservatives. The next writer, though apparently conservative, has a very different perspective.

Ronald M. Tolls, M.D., writing in the February 26, 2009, Lufkin Daily News [TX], discusses customer service in light of his experience at a local VA clinic. Citing courteous, professional and efficient service, he says, “My first visit at the Lufkin VA Clinic was a most satisfying experience, a glimmer of hope, demonstrating that socialized medicine can be efficient, caring and competent.” Tolls attributes the good service to good leadership. “Customer service has been and will always be command driven, i.e. from top down,” he says and adds, “In our relentless move toward socialism there is still hope because of principled leaders for whom excellence is its own reward.” Tolls
appears to have begun his visit to the VA clinic with characteristically conservative low expectations of this example of socialized medicine. But he expresses a glimmer of hope that good customer service could be expected in the future if such clinics have good leadership. His view that good customer service is “command driven” is consistent with conservative understandings of the Moral Order in that good leadership begets good service. Tolls adds a new pragmatic conservative frame that Socialized medicine depends on leadership. Of course liberals also value good service as the next writer illustrates.

Elizabeth Donaldson writes in the February 27, 2009, Pilot [Southern Pines, SC] to respond to a previous writer’s “diatribe” charging that the stimulus bill is “a sneaky way to slip in socialized medicine,” like Canada’s poor system. Donaldson counters that thousands of Americans buy prescription drugs from Canada because they are more affordable there. Defending the proposal in the stimulus bill to establish a board that would review the effectiveness of drugs and procedures, Donaldson says, “If a drug or procedure is newer and more expensive, but no more effective than established treatments, should the government pay? I think not.” Donaldson’s favorable attitude toward Medicare and the government’s proposals indicates trust and acceptance of government regulation of health care that is associated with a liberal worldview plus a pragmatic focus on efficiencies and value. Her letter adds to the liberal frame that Regulation is protection. Another writer who is supportive of Medicare urges critical thinking.

Barbara Wille, R.N. writes in the March 31, Contra Costa Times [CA], “As a nurse, I wish I could ‘immunize’ the public against the campaign by the health insurance industry that is beginning now that serious talk about health-care reform is taking place in
Washington.” Wille warns readers to be prepared for “false and deceptive advertisements, opinion pieces and ‘studies’ from ultraconservative think tanks, all designed to scare us away from considering the common-sense option of government-sponsored health insurance.” Also warning that strategies by health insurance companies and Big Pharma will be more sophisticated than the “Harry and Louise” ads of the 1990s, Wille advises, “Just remember to use your critical thinking skills.” And she closes, “Medicare is simple, cost-effective and transparent. You can use your Medicare card anywhere, choose any doctor, any hospital. Why not extend Medicare to everyone?” Wille’s advocacy for Medicare expansion indicates her liberal worldview and supports the liberal frame Socialized medicine promotes fair access. But her letter is also worthy of note because she urges readers to use critical thinking skills, which is also a clue to her worldview. Conservatives do not encourage what liberals refer to as critical thinking, i.e. questioning authority. Strict Father moral authority and the metaphor of the Moral Order together assume “rightness” or “truth” that is above challenge (Lakoff 375). Her suspicions that private industries will use deceptive tactics to “scare” the public were documented in research on the wording of messages designed to influence voters to oppose reforms in 1994, and was described previously. That study of the Harry and Louise campaign revealed that the texts were worded to gradually undermine reforms, then released sequentially to present the strongest message in the fall just prior to midterm elections (Goldsteen, et al.). The first message, aired first on June 24, 1994, was described as “undermining the rival,” and questioned the reformers’ claim that everyone is equally deserving of health care (1330). The second message began on July 18, 1994, and was designed to “keep pressure on the rival” by suggesting that maybe the viewer
deserved better health care than others. The final message began on August 21, 1994, and was described as “going all the way” by declaring to viewers, “Don’t give up what you have.” The study authors conclude that the ad campaign, funded by the Health Insurance Association of America (HIAA), influenced public opinion. More importantly, however, their study shed light on “sophisticated advertising skill that blended commercial techniques with an understanding of American values to further the political purposes of the client, HIAA” (1347). An alternative suggestion for critical analysis of upcoming proposals for health care reforms comes from the next writer.

Dan LaVallee complains in the April 10, 2009, *Washington Times* [D.C.], that the paper’s editorial writer, Tony Blankley “insinuates that a public-private partnership is essentially a form of socialized medicine and therefore bad.” LaVallee continues, “Pundits and critics raise the specter of socialized medicine to demean and defeat any government-led health initiative.” LaVallee argues that proposals for a public-private partnership could be characterized as socialized insurance and that doctors and hospitals would remain private, with compensation for each determined by an “unfettered market.” LaVallee admits that a public-private partnership would require sacrifices from all parties involved. He cautions, “. . . let’s not get carried away with false accusations and assumptions that such a partnership somehow would smack of socialized medicine.” LaVallee contests Blankley’s conservative criticisms of possible public-private partnerships and argues that such arrangements should be given fair and unbiased evaluation. His comments and advocacy for private-public partnerships continue the pragmatic conservative frame that *Cooperation of business and government is in the public interest*, and that both government and private enterprises can make contributions
in a free-market environment. In the next example, the writer cites the costs faced by self-insured individuals shopping for health care insurance.

Nick Klaus writes in the April 24, 2009, *Press-Enterprise* [Riverside CA], that conservative columnist, Thomas Sowell and a previous writer make good points about the perils of “universal” health coverage. However, he says, “. . . for most Americans health care is, in great measure, paid for by employers. If people had to pay for insurance out of their own pockets, they would be rioting in the streets demanding reform.” Klaus describes his transition from insurance coverage with a company, for which he paid $177 per month at age 47, to his current situation as a self-employed 60-year-old who has to pay $860 per month for the same coverage. “Unfortunately, in the years since defeating Hillary Clinton’s health care plan, the Republican Party has utterly failed to address the issues of rising costs and availability of coverage, virtually paving the way for socialized medicine,” he says. Klaus’s doubts about universal health care indicate a conservative worldview, which appears to have moderated to a more pragmatist view due to his experience as one who has had to secure health insurance outside the protections of a large company program. His feelings that the Republican Party failed to address issues of cost and availability also indicate a growing pragmatic view that government should exert some regulation of private businesses in the public interest, indicating a new pragmatic conservative frame that *Limited regulation is needed* so that costs are manageable and coverage more available. The next writer, among others, reminds readers of the strict conservative perspective on current proposals.

Andrew Krouse writes in the May 13, 2009, *Patriot-News* [Harrisburg PA], “The proponents of a single-payer health care system ignore the failure of socialized
medicine.” Citing long waits for procedures performed more quickly and with superior quality in the U.S., Krouse adds, “In every country that has socialized medicine, rationed care is the result.” Krouse argues that the U.S. government health care programs are rampant with fraud and mismanagement. He blames presidents Bush and Obama for expanding our “already too large” government and claims that the last thing American taxpayers need is another “ever-expanding entitlement.” “I pray that we will reverse our course toward socialism,” Krause says. And, in a statement that would surprise many Europeans, he adds, “There has never been a socialist country that has had a vibrant economy. Socialism leads to loss of freedom, stagnation and weakness.” Krouse continues familiar arguments that are characteristic of the conservative worldview about the size, scope and role of government, such as “rationed care,” “ever-expanding entitlements” and “fraud and mismanagement.” Krouse continues conservative frames that Socialized medicine has failed everywhere and that because of government waste, fraud and mismanagement Limited government is in the best interest of the nation. He, like many letter writers, also indicates displeasure with Republican as well as Democrat politicians for their roles in growing government and public debt.

June – September

From June through September over 150 letters appear as advocates and critics of health care reform continue their arguments in an effort to influence readers and leaders before the details of a national plan are announced by Congress in August, before the annual recess. Strict Father conservative writers continue their campaign against socialized medicine and against President Obama’s stimulus bill with its accompanying provisions for health care. Nurturant Parent liberals continue to press for reforms, at
times advocating for socialized medicine, and pragmatists attempt to frame health care reforms as an acceptable joint venture between business and government. Also making an appearance in July are *Harry and Louise*, this time as part of a campaign funded by Families USA and Pharmaceutical Research and Manufacturers of America (PhRMA), and this time advocating for reforms (Singer). Due to the large number of letters published in this period, I have grouped them by political persuasion.

*Conservative.*

Gary Stromberg, writes in the June 11, 2009, *Chico Enterprise-Record* [CA], that despite recent praise for single-payer, such a system is a monopoly and will result in mediocrity in health care. He makes several suggestions that are commonly heard from conservatives, including “large deductibles so individuals will have some skin in the game.” But he is not optimistic, saying, “These ideas probably don’t have a chance as the political party in power has all the votes for big government solutions over personal responsibility.” Stromberg’s topic and word choices are congruent with a conservative worldview. His metaphors of “skin in the game,” and “big government solutions over personal responsibility,” reflect conservative concerns that without co-pays or large deductibles, which liberals view as punishments for going to the doctor, people will naturally abuse the system, and that it is human nature to avoid personal responsibility if the government is there to solve people’s problems. His letter continues the conservative frame that *Socialized medicine would efface American self-reliance.*

Writing in the July 4, 2009, *Contra Costa Times* [CA], Ken Hambrick writes a guest commentary that illustrates the continuation of many conservative concerns:
The battle to force socialized medicine is heating up both at the state and federal levels. Even the *Times* had an editorial extolling its virtues.

Whether called socialized medicine, "single-payer," universal, etc., what do all these plans have in common? They are run by the government.

The government, not your doctor, dictates what level of care you get. Quality and timely health care isn't possible because it is too costly and unaffordable. Rationed health care is the best you can hope for.

Many people will lose the health care they have today and their health care will deteriorate. Government-run programs are very ineffective and inefficient (just look at the DMV).

Why should a woman have to wait months for an MRI when it's possible she might have breast cancer? That's what happens in the United Kingdom where the mortality rate for breast cancer is 40 percent higher than in the U.S. The difference is better and timelier care in the U.S.

Just to the north of us in Canada, things are just as bad. After waiting an extensive time to see a specialist, the waiting list for gynolgical [sic] surgery is 12 weeks, to get a cataract removed, 12-18 weeks, to get your tonsils out and a wait for neurosurgery can be as long as 30 weeks. How's that for rationed health care?

If you are over 60, you are in bigger trouble. With rationing of health care, if you need a hip or knee replacement you probably won't get one. Same applies to heart bypass surgery. Medical capacity needs to be reserved for youth.

Proponents of socialized medicine claim we spend far more money in the U.S. than these countries spend. That's true, but we get more and better care. In those countries the lower spending is the result of matching the level of care to the government money available in other words, rationing of health care.

It is claimed that 40-50 million folks are without health insurance. This is a specious claim because 45 percent of these will get coverage within four months. On top of that there are millions who choose not to buy insurance, especially young people. Remember how, when you were in your 20s, you were immortal?

Actually no one, including illegal immigrants, is without access to health care. What with Medicare, Medicaid, Medi-Cal, SCHIP (State Children's Health Insurance Program), etc., most all have access. And, by law, no emergency room can turn away anyone even if they can't pay.

Hambrick concludes his commentary with conservative solutions such as removal or adjustments of regulations on insurance companies, expanded health savings accounts, and encouragement of “a competitive free market.” Many of Hambrick’s statements reflect Strict Father conservative objections to government involvement in health care and associated frames that were present in 1993-1994. For example, he claims that
government involvement “is socialized medicine,” and therefore patients and doctors lose control; government is inefficient so costs will rise; rationing will occur; and, health care in other nations is below the American standard. These statements continue the conservative frames that Limited government and competition are in the best interest of the nation, and that Socialized medicine is a failure. He continues the frame that No crisis in health care exists because of Medicaid expansions and emergency treatment available in hospitals. His claim that senior citizens will be sacrificed to provide health care to the young is tied to concerns about rationing, especially with regard to President Obama’s stimulus bill. Other conservative writers add to the concerns expressed by Hambrick.

George Toth argues in the July 12, 2009, edition of the Raleigh News & Observer [NC] that the problem with health care in America is one of supply, not administration. “The government's socialized medicine will do nothing to alleviate the supply problem. The cost of our health care does not address the huge expense that the tort system adds to the per-person expense,” he states. To address the supply problem he advocates a number of reforms:

What if we lowered costs and increased competition? Used more nurse practitioners for simple medical problems? Added more urgent care facilities to handle care that is not appropriate for an emergency room? Reformed the tort system, allowed health insurance companies to sell nationally and increased the number of medical colleges?

The government could provide a safety net program for those who want insurance but perhaps are unemployed. This way we do not need to bankrupt our country and lower the level of care just to cover everyone. Also the 9 million to 10 million who can afford but elect not to have health care will not be forced into the system.
His advocacy of a public-private solution to the health care problem continues the conservative pragmatic frame that *Cooperation in business and government serves the public interest*, but resists mandates for full participation.

Tim McCourt puts the point more succinctly in his July 14, 2009, letter to the *Philadelphia Daily News* [PA], saying, “I don't claim to have all the answers, as health-care reform is affected by many different realities, ranging from illegal immigration through corporate greed to an aging population, but I trust the free market more than I trust the government.” Like many other pragmatic conservatives, McCourt objects to Congressional exemptions from health care proposals and closes his letter saying, “If we expect real improvements, it's time to put our elected representatives and their appointed friends in the same boat with the rest of us. Only then will the results be the best possible outcome for all of us.” Toth and McCourt speak for many conservative writers in July who are distrustful of government and believe that reforms that favor free-market competition are likely to be more effective. Their thinking and the solutions offered differ in terms of degree but are congruent with the Strict Father model. But the next writer reminds readers of a more fundamental conservative truth.

James R. Taylor writes in the July 20, 2009, *Roanoke Times* [VA] to respond to Paul Scott’s letter (“Health care in America is already rationed,” July 16). Scott argues that health care is currently rationed by insurance companies in the U.S., and that universal health care would be a better solution. But Taylor counters:

> If health care is rationed, then it must be so that all other goods and services offered are rationed as well. What some might call rationing, others might call freedom. True rationing occurs when a government dictates what quantity of goods and services will be provided and who will receive their fair share. This is what socialized medicine brings.
It is informative that Taylor cites as “true rationing” only goods and services provided or restricted by government according to “fair share,” which is an argument that was presented earlier by Hambrick. Given this perspective, liberal claims that health insurance companies “ration” care by denying services to those with pre-existing conditions are invalid, simply because government is not involved. Taylor continues by asserting, “Health care is not a right. Our rights are enumerated in the Constitution. Health care is an individual responsibility and an individual choice.” Taylor’s comments reflect Strict Father conservative values of individual responsibility and rejection of reliance on government to provide goods and services that individuals should, according to conservative worldview, provide for themselves. His letter strengthens and continues the conservative frame that Support for socialized medicine is not authorized by the U.S. Constitution.

In August the Congressional recess begins and legislators hear directly from constituents at public meetings, and letters to the editor about socialized medicine increase again. David Rauschenberger writes to the August 6, 2009, Orlando Sentinel [FL], to object to AARP support for the President’s health care reforms. “AARP is nothing more than a cheerleader for those ramming socialized medicine down our throats. It is selling the elderly down the river with this Obamacare fiasco,” he says. As evidence to support his objections, he demands:

Please stop the madness. Nobody goes to Canada or Europe because of substandard care in the United States. Just ask the poor seniors in the United Kingdom and Canada which health-care system they would prefer. Anyone who thinks this huge government takeover of 17 percent of our economy will be successful ignores how inefficient and wasteful every other entitlement program is.
Rauschenberger repeats conservative assertions that no one in the U.S seeks out health care in other countries; that the President’s plan is a huge takeover of the economy, and; that all government “entitlement” programs are wasteful and inefficient. His letter supports several conservative frames and illustrates the systematic use of those frames, i.e. *Health care is too much of GNP to trust to government; Socialized medicine is a failure;* and *The American health care system is the best in the world.* Other familiar conservative arguments against reforms are continued by other writers.

Harold Peterson argues in the *Modesto Bee* [CA] on August 6, 2009, that the U.S. health care system is the best in the world, and Americans are much better off than citizens of Canada, Europe, the UK, and Massachusetts. In 2009, conservatives like Peterson begin to present arguments that situate American states that have extended health care to more residents with other developed nations that have universal health care. For example, Jake Zobrell writes in the August 18, 2009, *Savannah Morning News* [GA], “It is common knowledge that Hawaii, Massachusetts and Tennessee have tried similar programs, and these programs have almost bankrupted these state governments.”

Although Peterson admits that too many people in the U.S. are without health care insurance, he adds that they can receive care at hospital emergency rooms. But he says, “As for illegal immigrants, we shouldn't have to take care of them.” As noted before, conservatives view undocumented immigrants as law breakers who deserve punishment, not benefits from the U.S., because they are not legitimate members of the Nation as Family. Peterson’s letter adds the entailment that U.S. states that attempt universal
coverage will go bankrupt to the conservative frame *Socialized medicine is a failure* and that *Socialized medicine promotes illegal immigration*.

The cost of Medicare and Medicaid is a continuing concern for conservatives like John Rogers who writes in the August 20, 2009, *Philadelphia Inquirer* [PA], “Medicare seems powerless to control its own costs. If politicians want to show how government can do medicine correctly, they should fix Medicare first.” Conservative objections to Medicare derive in part from antagonism to government social programs of any kind, but unfunded mandates by federal Medicare and Medicaid programs represent both an expansion of federal power and intrusion on individual states to set and fund their own programs, presumably without going into debt. Therefore, Rogers’s comments add to the conservative frames that *Limited government and competition are in the best interest of the nation*.

Although few new conservative arguments against socialized medicine appear in August, many conservative and liberal writers express frustration about demonstrations and protests that occurred during public meetings with legislators during the August recess. For example, Paul M. Clements wrote in the *Recorder* [Greenfield MA] on August 26, 2009, that after living in New Hampshire for 14 years, “I know that Obama’s people packed the hall with ringers they knew would be loyal to the Democratic Party. No conservatives were to be allowed, no word of dissent would be heard.” Comparing the meetings in New Hampshire to “raucous” meetings in Pennsylvania with Senator Specter, Clements adds, “The civility, acceptance and support from the audience was [sic] disturbing.” And on the same day but the opposite coast, Jerry King writes in the *Chico Enterprise-Record* [CA]:

303
Town hall meetings are being filled with paid and unpaid agitators, usually old white guys on Medicare screaming about the evils of socialized medicine. This is a well-funded effort by the insurance lobby to keep their scam going on.

Isn't our system about free enterprise and competition? There is no competition when it comes to health insurance.

The health insurance lobby is an evil empire like the old Soviet Union. They pay GOP lawmakers to be Refusenicks when someone tries to reform the system. Are there no moderate Republican lawmakers left in this country?

Clements and King express frustration with what they believe are planned interruptions of the political process of open meetings and discussions that are fundamental to public deliberations in a democracy.

In September the number of letters to the editor about socialized medicine drops to 42 with a large majority representing liberal views. However, letters by conservatives voiced their concerns about choice, taxes and the value of self-reliance, and many conservatives tied concerns about health care to disdain for President Obama.

Quoting Ronald Reagan’s opposition to socialized medicine, Tom Ashby writes in the September 8, 2009, Owensboro Messenger-Inquirer [KY], to caution readers about stipulations of the public option. “Those stipulations would be far reaching since many government officials think they are more capable of making better decisions when it comes to one's health care than the patient himself. That's where freedom of choice ends and government mandates begin,” he states. Ashby speaks for many Strict Father conservatives who object to the “meddling parent” aspect of government of social programs which they frame as Socialized medicine violates legitimate authority. Like other conservatives, Ashby objects to “some unknown faceless government agency” making life and death decisions for citizens, and those objections are based in the Strict Father moral authority that socialized medicine is not in the best interest of the individual
or the nation. He closes his letter claiming, “People simply don't want government controlling their health plan. Chances of any government health care plan in its present form of passing both the House and Senate are near zero. That's good news.” And another conservative concern, higher taxes, is repeated by the next writer.

Richard Quinn, writing in the *Austin American-Statesman* [TX], on September 9, 2009, does not contest statistics or anecdotes that praise medical care around the world, but reminds readers that citizens in those countries get what they pay for. “Higher income taxes and value-added taxes of 20 percent or more add considerably to the cost of living. If you want a medical system like Europeans have, be prepared to pay taxes like they do,” he says. However, according to Quinn, there are good ideas about ways to reduce costs in the U.S. “Let's try those first and see if we can remain a nation of people who are self-reliant,” he closes. Quinn is guided by the conservative worldview that is based in Strict Father self-reliance and the moral action of Promoting self-discipline, responsibility and self-reliance, and continues the frame that Socialized medicine would efface American self-reliance. Recognizing that high taxes do contribute to high quality medical care in other developed countries, Quinn appears similar to other conservative pragmatists that can accept limited government involvement in health care as long as conservative-friendly measures are taken to control costs. A less moderate perspective comes from the next writer.

Kathy E. Hondares writes in the September 11, 2009, *Intelligencer Journal/New Era* [Lancaster PA] that President Obama’s health reform is socialized medicine. “The very word ‘socialized medicine’ reeks with visions of Moscow's Red Square. It does not belong in a free and capitalist society,” she says. Hondares writes that more study is
needed to develop a plan that is fair and beneficial to all. “As a child, my family had no health insurance, but my dad paid for our health care on the installment plan with payments to our doctor. As an adult, I knew it was my obligation to pay for my own care and not burden my country,” she says. She closes her letter saying, “It is our obligation to see that children, the elderly and handicapped people have good health care, but we are not obligated to cover illegal immigrants and those people who abuse the system and give nothing back.” Hondares represents a Strict Father conservative, who learned those values as a child and models them as an adult. She has a strong sense of self-reliance and responsibility to her family and country, but rejects any responsibility for those who break the law or do not contribute. Her reference to Moscow and Red Square are also probably remnants of childhood experiences, as many Americans remember fears of the Soviet Union as expressed by parents and grandparents (see Chapter 1). Her statement that more time is needed to develop a plan that is fair to all is mentioned frequently by conservatives, who complain that the President and the Democrats are pushing a poorly developed plan. Her letter adds to the conservative frames Limited government is in the best interest of the nation and Socialized medicine would efface American self-reliance.

Conservative objections to the public option are often linked to antagonism toward President Obama. On September 17, 2009, in a letter to the Washington Times [D.C.], Mark Tackett criticizes the President for his acceptance of Mahmoud Ahmadinejad as the legitimate president of Iran and for avoiding “tea party” demonstrators in Washington, D.C., “to peddle his socialized medicine scheme” in Minnesota. “If Mr. Obama were a true leader who rose through the political ranks based on his own merit he would have had the courage to face democracy in action by meeting
with these protesters, who were exercising their right to free speech and assembly,” he says.” Tackett’s comments are as hostile to President Obama as they are to his proposals. His implication that Obama is not a legitimate leader is consistent with false charges by the political right that Obama is not a citizen (Bowman, Q.) and that his academic records have been sealed (“Obama’s Sealed Records”). Tackett’s letter strengthens the conservative frame that Socialized medicine violates legitimate authority by attempting to de-legitimize actions by the President and the President himself. Tackett closes his letter saying, “I wouldn’t be shocked if Mr. Obama appoints a czar to control tea partyers [sic] and town-hall meetings.” However, although Obama’s efforts to reform health care in the U.S. exacerbated Tea Party activism, that activism had started well before Obama’s election.

According to Jeff Zeleny of the New York Times, the September 12, 2009, the Tea Party protest on the lawn of the Capitol and the National Mall was “the largest rally against President Obama since he took office [and] a culmination of a summer-long season of protests that began with opposition to a health care overhaul and grew into a broader dissatisfaction with government.” However, Zelney reported, “The messages on their signs told of an intense distrust of government, which several people said began long before Mr. Obama took office.” The Tea Party’s origins are somewhat disputed, but are widely believed to be derived in concept from the Boston Tea Party of 1773 and from Tax Day (April 15) protests throughout the 1990s. Jeffrey Gettleman of the Los Angeles Times, states that by 2001 a custom among some conservative activists included sending tea bags to legislators as a symbolic protest. That anti-tax sentiment continued during the Bush administration but culminated in February 2009 when CNBC personality Rick
Santelli complained that Americans were being forced by the Obama administration to “subsidize the losers’ mortgages,” and called for a “Chicago tea party” to show his and others’ anger (Montopoli). The rhetoric struck a chord and soon organizers had planned hundreds of demonstrations across the country.

Conservatives, who had for years expressed discontent about social programs such as SCHIP, were outraged that the government would tax them to pay for “losers” who were not able to pay their mortgages. In the conservative worldview it is not only unwise to reward someone for poor judgment or poor management, it is immoral. And although the Tea Party is not strictly structured, members generally hold strong Strict Father conservative values, often espoused by supporters such as Sarah Palin, Newt Gingrich, Dick Armey, Michelle Bachman and others.

The antagonism toward Obama continues when Larry Mackel writes to the September 19, 2009, San Gabriel Tribune [CA], “President Obama was elected by puffing up his thin and checkered resume into an image that is untrue, unreal and unsustainable. He was not vetted by the media . . . One good way to oppose this administration’s policies is to let the air out of his phony image . . .” These complaints follow well-known efforts as described earlier to discredit Obama’s presidential candidacy on the grounds that he was not born in the United States, and later attempts to insinuate that he had something to hide by “sealing” his academic records. These attacks from conservatives can be explained in part by the metaphor of the Moral Order. This metaphor as described previously places God over man, man over woman, Americans above other nations, and can be understood to have a racist clause in which whites rank above nonwhites. “The Moral Order is the conceptual mechanism by which assumptions
of superiority – and the moral standing of that superiority – are expressed” (Lakoff 275-76). Such assumptions were at one time generally accepted but have since been dropped by some, but clearly not all, Americans. Conservatives ascribe to the conceptual mechanism of The Moral Order, and some who also ascribe to the racist clause would naturally be conflicted at the notion of a nonwhite President, and perhaps not even be able to identify with that person as leader of the nation. Such perceptions could fuel efforts to construct myths intended to discredit the President.

Throughout summer and fall, like conservative writers, liberals repeat many of the themes heard previously such as the poor health outcomes the U.S. demonstrates despite high costs compared to other developed nations; the need for a public option to give citizens authentic alternatives to private health insurances; the efficiency and fairness of Medicare and appropriate role for government in health care; and, the immorality of placing corporate profits ahead of health care. But as noted earlier, most writers in 2009 expressed support for more government involvement in health care and those views continue in June.

Liberals.

In the June 3, 2009, Herald-Journal [Spartanburg SC], Les Dyer chides Sen. Jim DeMint’s (R-SC) criticism of single-payer health care systems in other countries as “socialized medicine.” Dyer cites World Health Organization statistics of poor health care outcomes and high costs in the U.S. and says, “We ration care by leaving 46 million uninsured. Also, insurance companies ration benefits through such devices as ‘pre-existing’ conditions, thereby denying coverage to the most needy.” Dyer notes that in August the Congress is expected to define a national plan, and he advocates a
combination of single-payer and private insurance. Dyer’s comments and language indicate a pragmatic liberal worldview. And since he wants health care for all and he suggests a role for private insurance, his letter supports the liberal pragmatist frame that cooperation of business and government serves the public interest. However, he is not optimistic, saying, “But the insurance companies have bought Congress (like Wall Street did), and single-payer is not being considered, so we are likely to get more of the same big profits for insurance.” Dryer adds to the shared liberal and conservative frame that Congressional self-interest is immoral as is evident in his discouragement that insurance companies have “bought Congress,” thereby ensuring their profits above the well-being of the uninsured.

In the July 9, 2009 Los Angeles Examiner [CA], Lowell Denny contests conservative fears that establishment of a public option as part of health care reforms would ruin the private option. Denny notes that the U.S. Postal Service is a public option that for a very small price will deliver a letter any place in the country. The USPS, Denny says, “has not undermined the United Parcel Service, DHL, or Federal Express,” which are all private options. Similarly, he argues, public school systems have not undermined private schools. “Stanford or Harvard do not attack University of Massachusetts or California State University at Long Beach for undermining their existence.” Denny concludes, “So public options in and of themselves do not undermine private ones.” Denny identifies himself as a socialist, so his worldview is clear, and his argument could appeal to pragmatic liberal readers who are dissatisfied with the status quo but also fear that a public option in health care would undermine private enterprise.

The next writer endorses the public option but favors a single-payer plan. Nick
Daskalas writes in the July 9, 2009, Salt Lake Tribune [UT], “Fact: the United States spends more per capita on health care than any country in the industrialized world, yet infant mortality and life expectancies rank low.” Opponents of health care reforms, he says, “conflate physicians, nurses, hospitals and other health providers into the aforementioned ‘system.’ Fact: we have the finest, best-trained providers; however, the system itself is broken.” Daskalas continues the liberal argument that insurance of any kind is “socialized,” so the word itself should not inspire fear or rejection of socialized medicine. Daskalas next argues that a system of socialized medicine would be good for business. “When they provide insurance to employees and retirees, American employers are at a competitive disadvantage because companies in other countries do not,” he says. And he adds, “health care expenses are the primary cause of bankruptcy. Eventually, we all pay. It's time for a public option, or better, a single-payer system.”

Daskalas represents many liberal writers who support reforms that include a public health insurance option, but prefer a change to a single-payer system, like Medicare, that would be extended to all Americans. For these liberal writers denial of health care services in order to guarantee insurance company profits violates the Nurturant Parent moral action category of **Helping** those who cannot help themselves and supports the frame that the** Quest for profits above public health is immoral.** And furthermore, it is unfair, unjust, bad for businesses and bad for the nation. The next writer expresses the moral conundrum that drives liberal support for health care reforms.

Michael Blowers asks in the July 30, 2009, St. Petersburg Times [FL], “Tell me, what are the politics of cancer? What are the politics of leukemia, of diabetes, of autism, of dementia? What are the politics of a very sick child?” And he continues:
The free market conservatives seem to believe that life and health belong only to those who can afford it. If you're not rich, too bad. You get sickness, bankruptcy and early death under their plan. The real scare of "socialized" medicine to them is that working people might have access to the health they deserve, to work hard and keep this country great working for companies not strapped with astronomical health care costs.

Blowers’s comments reflect precisely the assumptions that liberals make about conservatives’ motives for opposing social programs. That is, liberals view conservative opposition to health care reform as simply putting profits over people, which is a reprehensible concept to Nurturant Parent liberals who value Empathic behavior and Helping those who cannot help themselves above all other considerations. Blowers’ letter adds to the liberal frame that the Quest for profits above public health is immoral.

The last liberal writer in July highlights another of the chasms that divide liberals and conservatives.

Charles Wright asks in the July 31, 2009, Coeur d’Alene Press [OR], “Why are we so willing to go take lives, but not to save them?” Wright notes that the country is engaged in wars because people died in the 9/11 attacks on the World Trade Center, but asks, “How many are left to die due to a lack of medical care? How many health issues are exacerbated by a lack of medical attention due to costs?” In Wright’s liberal worldview, it does not make sense, and is not moral action, to conduct a war to avenge the deaths of 2,700 people, while allowing an estimated 45,000 fellow citizens die annually of illness and disease that access to health care could prevent (Woolhandler, et al.). His letter strengthens the liberal frame that Socialized medicine is insurance which for thousands of Americans would be the difference between life and death.
Gradually liberal writers are less likely to defend reforms as “not socialized medicine” and assert affirmatively that they support socialized medicine, universal health care, single-payer or Medicare for all. Writing as a farmer and small businessman, Joseph Hart says in the August 1, 2009, Watertown Daily Times [NY], “I think we need to evaluate the consequences and benefits of a socialized system as it might apply to the problems we face as a country.” Many of the 40 million Americans who are without health insurance are hard-working people, he says, “who cannot afford the fantastic amounts medical coverage costs. We need to look at all the options and apply resources where they will benefit people most. Irrelevant terms of the past should be forgotten.” His letter supports the liberal frame that Socialized medicine promotes fair access, because he is advocating for deserving Americans who have been shut out of an essential service. Hart speaks for many liberals and pragmatists when he objects to the negative associations that are attributed to the term socialized medicine that inhibit consideration and discussion of health care reform proposals that offer alternatives to the current private plans. Another writer considers the issue from a public health perspective.

Paul Ashby writes in the Tulsa World [OK] on August 7, 2009, saying:

I am for universal coverage for a pragmatic and selfish reason. I worked in San Diego in the early 1990's and there were no problems with tuberculosis. Then cases broke out in Los Angeles and due to a lack of access to health care, the victims weren't treated. The disease spread throughout the West Coast.

He cites a Biblically based moral obligation that includes a healthy dose of informed self-interest, saying:

If we breathe the same air, shop in the same grocery stores, attend the same public fireworks displays, pump gas at the same stations as our neighbors without health care, then our refusal to be our brother's keeper could cost us far more than a few tax dollars.
Ashby offers a liberal pragmatist perspective emphasizing that the well-being of the public also contributes to the well-being of the individual, especially in arenas such as public health, where individual control and responsibility are limited. **Investments** in people/community. He adds a new liberal frame that **Socialized medicine protects public health**.

Writing in the August 14, 2009, *Star Democrat* [Easton MD], Robert Wieland offers numerous ways that the U.S. can fight socialism in addition to opposing socialized medicine. He suggests privatizing Social Security, Medicare and Medicaid, public roads and education as well as de-funding the EPA and commercial law. “Shouldn't commerce be left to the ‘private sector’”? (A Chinese doll with red or is that lead paint, anyone?),” he asks. He then invites opponents of socialism to do some traveling:

For those who are truly serious about keeping our government from being so socialistic, I suggest a brief trip to Somalia, or perhaps the Democratic Republic of the Congo. There you will see how good things are when the government is reduced to an ineffective, un-taxing and non-intervening entity. If you are rich and well-armed, you might like it there.

Wieland uses humor and satire to reinforce the liberal argument that government and taxes provide much of what makes the U.S. a safe and healthy country where opportunities like public education are accessible to all – with the implication that health care should be, too. He strengthens the liberal frame that **Government serves the public interest**. The next writer continues the liberal perspective on the benefits of collective well-being.

Rose Fairchild writes in the August 20, 2009, *Tulsa World* [OK]:

It strikes me, after watching videos of the red-faced, angry mobs attempting to shout-down congressional town-hall meetings that the majority of mobsters
appear to be senior citizens. I wonder if they had the good grace to burn their Medicare cards and take the personal responsibility of buying a private insurance policy before showing up to scream about the evils of socialized medicine. Or perhaps they plan to burn their Medicare cards and pay for their health care needs out of their own pockets. What's that you say? They would like nothing better than to rid themselves of Medicare, but have no other choice because private insurers discriminate against people with pre-existing medical conditions and a cardio bypass can cost upwards of $100,000 and who has that kind of money to throw around? Well, tea partiers, I suggest you stop your screaming, take a sit [sic] at the meeting and listen carefully to what our elected representatives have to say because that's the very boat that most of us out here in the real world are sinking in. And it's a conversation we would very much like to hear.

Fairchild repeats many liberal arguments regarding socialized medicine, and constructs the image of the audience as passengers in a sinking boat who need a lifeline from elected officials and their fellow citizens. Her letter supports the liberal frame that Socialized medicine is insurance, pointing out that many senior citizens have pre-existing conditions or serious health problems that private insurers would prefer to avoid.

A more personal reflection is offered by retired pastor Mike Bullard in the Coeur d'Alene Press [ID], August 23, 2009, when he writes, “Words like ‘death panels,’ ‘euthanasia,’ ‘socialized medicine ,’ and ‘rationing’ strut and fret a moment on the stage of politics, but medical reform, for me, is not about words.” Bullard describes the life and early death of his sister, a widowed mother, as she sought employment to support her daughter, found a new job with health care benefits, but delayed seeing a doctor about a persistent pain in her side because she did not want to risk diagnosis of a pre-existing condition that might interfere with her health insurance coverage. But the gamble cost her life:

In the greatest, wealthiest, most advanced country in the world, people shouldn't die because they put off getting treated for appendicitis. The proposed legislation specifically forbids the exact fine print my sister feared, the fine print which
caused her daughter to be left alone in the middle of college. I really miss my sister.

Bullard trusts government. Adding to the liberal frame that *Government serves the public interest*, he says, “After all, government is the one thing ultimately open to citizen scrutiny, free press and voters. If it weren't for the governments' Medicare and VA programs, the only control on health care would be big private corporations.” And referring to the “biggest lie,” that health care reforms will result in rationing of care for senior citizens, Bullard says, “It's not euthanasia to admit there is a time when grandma, or anyone else, no longer benefits from tubes, tests and probes in every possible opening.” Admitting that many of his friends will disagree, he says, “I am for the health care bill, 10,000 percent even if I have to say it in North Idaho where it is unpopular. I'll say it for those I love. I'll say it for my sister.” Bullard’s letter is tragic and powerful in many ways. As a pastor he has been a loving and trusted member of his community; he says that he has served as a trustee on the board of the local hospital, so understands the financial difficulties hospitals face; his sister was a widow and responsibly trying to find work and take care of her daughter; but the system failed her. Her legitimate fear of being denied health insurance coverage due to pre-existing conditions, i.e. the liberal sin of priority of profits over provision of care, cost her life. Even the most conservative readers would have to admit that a responsible and worthy person died and left a daughter alone in part because the free-market had not provided the abundance of affordable products promised. Personal experience or even imagining that such an experience could happen to oneself or a loved one can challenge and possibly fracture a given worldview,
opening the possibility for different perspectives to be embraced (Lakoff and Johnson 105).

In the next example, the writer cites personal experience and asks readers to imagine positive changes that could result from the availability of a public option. Noel Ward reminds readers of the September 4, 2009, Telegraph [Nashua NH] that many aspects of society are government operated or funded, like public education and sanitation, and no one is encouraging privatization of those services. He adds, “Sure, not everything works as well as it could or should when the government is running it, but the private sector is hardly a paragon of efficiency. Does anyone really believe insurance companies are efficient, waste free and altruistic? And why are these companies so afraid of competition?” Ward says that he is self-employed and recently faced a 53% increase in health insurance costs for his “reasonably healthy family.” Ward supports the public option plan and says, “Do it right and it can work, the lies of the fearmongers notwithstanding.” Ward continues the liberal frame that Government serves the public interest. He values tax supported pubic services and urges a public option in health care to provide affordable choices, thereby supporting the frame that Cooperation of business and government serves the public interest.

The next writer warns of a coming plague based on her personal experience. Helen Odgen writes in the September 12, 2009, Monterey County Herald [CA], “There is a disease sweeping this country that is far more threatening than the H1N1 virus. It is called fear and ignorance. I am dumbfounded at the resistance by many in this country to a public option national health care plan.” Odgen describes her family’s experiences in Europe and Asia, where their medical care was excellent and affordable. She empathizes
with people who do not have good health insurance and says, “We allowed our governmental representatives to become hostage to insurance companies, big pharma and other powerful special interests.” Odgen declares that members of Congress have the best health care available and dare not deny that level of care to all American citizens. “If socialized medicine is good enough for them, why shouldn't it be good enough for us?”

Liberal moral actions of Empathic behavior and Promoting fairness are paramount in Odgen’s worldview. Citing her personal experience with national health plans in other countries, she expresses confidence in the proposed public option and attempts to debunk myths that have been promulgated by opponents. Her letter adds to the liberal frame that Americans can learn from health care systems in other countries.

The next writer attempts to defend health care reform proposals by debunking common misrepresentations. Ed Selender writes in the September 22, 2009, Connecticut Post Online [Bridgeport CT], to express agreement with columnist Froma Harrop’s contention (September 6) that much of the public’s fluctuating opinions about health care reforms stem from lack of clarity about the final details of the legislation. According to Selender, one myth that appears in letters to the editor is that health care reform bills advocate socialized medicine in the form of a single-payer system or a government system. But he counters, “According to an Aug. 20 ‘Health Policy Brief,’ from the Robert Wood Johnson Foundation, the health care reform bills being considered in Congress do not propose either of the aforementioned features of a nationalized health care system.” And a second myth that Selender says is promulgated in letters to the editor is that most Americans are satisfied with the current health care system. But, he says, “A June 2009 report from the Robert Wood Johnson Foundation found that 69
percent of Americans rated the current health care system as 'fair or poor.’” And a third myth that Selender cites is that many of the uninsured in the U.S. are illegal immigrants. However, he says, citing the National Coalition on Health Care, “85 percent of the nearly 46 million uninsured are "native or naturalized citizens," which comes to 39 million people or 13 percent of the total population . . . With so many myths being circulated about health care reform, it's no wonder people's views on the subject are so mutable.” Selender appears to hold a liberal pragmatic worldview and attempts to re-align his readers’ opinions with facts and figures to combat obfuscating myths.

*October - December*

From October through December letters to the editor about socialized medicine decline to a trickle. Writers from the liberal worldview continue praises for socialized systems of health care in Canada, Switzerland and Germany, while conservatives continue claims that Canadians come to the U.S. for medical services, that legislators should fix Medicare, and that tort reform, medical savings accounts and more free enterprise are the reforms that are most needed. A novel argument, however, comes from Gene R. Nichol, writing in the October 17, 2009, *News & Observer* [Raleigh NC]. Nichols notes that the states with the greatest percentage of uninsured residents, i.e. Texas with 24.9, Louisiana with 20.1, Mississippi with 19.1, Oklahoma with 17 and North Carolina with 16.6, are all governed by Republicans and/or represented in the Senate by Republicans. Conversely, he says that the states with the lowest percentage of uninsured residents are governed and/or represented by Democrats. He concludes:

It is curious, in a democracy, that senators from states having so many locked out of the system would cling tenaciously to the status quo. For me, it follows
inexorably from a politics in which those at the bottom, economically, simply don't count.

Of course, the uninsured by definition don't make much money. They have neither the time, nor the energy, nor the organizational capacities to publicly press their claims. They don't vote in great numbers. They don't run political action committees or finance campaigns. They don't manage large corporations that allow them to purchase loyalty and largess from their politicians. They are, disproportionately, persons of color. They believe they have little to gain from our electoral politics. We consistently prove them right. To most political leaders in their heavily uninsured states, they are invisible. They always have been.

These statistics and Nichol’s interpretation strengthen the liberal frame Socialized medicine promotes fair access. The next writer describes the lack of fairness in vaccine distribution.

As 2009 closes, Denise Cumbee Long writes in the November 15 News & Observer [Raleigh NC], and responds to criticisms regarding the production and distribution of the H1N1 vaccine:

I'd much prefer to have Europe's socialized medicine system, which allows people who need the vaccine first to receive it in an orderly way without a mad scramble or wealthy corporations jumping to the front of the line.

Those who proclaim that a public option health care bill is a slippery slope from government inefficiency to dangerous shortages remain oddly silent about the injustice of Wall Street giants like Goldman Sachs and Citigroup receiving the vaccine while many health departments and doctor's offices still have none.

Socialized medicine is not the enemy. Rather, the finger should be pointed at the broken system we have right here at home, where it's the survival of the fittest and the richest.

Long voices her support for socialized medicine based on the liberal moral action of Empathetic behavior and promoting fairness. She prefers a system that distributes resources according to need rather than wealth or status, which strengthens the frame that Socialized medicine promotes fair access. She speaks for many liberal writers in 2009 that use language that is less defensive and more directly affirmative about “socialized medicine” proposals that appeal to them.
2010

Of the 54 letters to the editor in 2010 that referenced socialized medicine 39% reflected generally conservative views and 61% reflected generally liberal views. I have presented the letters in 2010 in chronological order to maintain the coherence of some exchanges between writers of different views.

The first letters of the year reflect conservative antagonism to health care reform proposals viewed as socialized medicine as well as a sense of political disenfranchisement. As an example, Christina Stoner writes in the January 14, 2010, *York Daily Record* [PA], to respond to an article describing Congressional Democrats’ intention to bypass traditional negotiations with Republicans so as to move their health care legislation forward. “That means that any American citizen who has a Republican in the Congress will not be represented,” Stoner states. “The majority of Americans do not want the Obama/Reid/Pelosi brand of socialized medicine,” she says, continuing the frame that *Socialized medicine violates legitimate authority*. And she adds, “Americans do not want forced taxpayer funding of abortion,” continuing the frames that *Taxation for social programs is abuse of government power* and *Abortion/Euthansia are immoral*. Returning to the problem of representation, Stoner complains that coverage of the Tea Party protests on September 12, 2009, received little coverage from the “liberal, Obama-idolizing mainstream media.” She closes her letter with a cheer for the Tea Party and asking, “How many of us are going to stand by while the government . . . continues to steal from our pockets to pay off the debts of huge corporations and force socialized, rationed healthcare on us?” Stoner expresses conservative antagonism toward the corporate bailouts paid for by taxes, which she regards as stealing. In another early letter
in support of single-payer health care, the author exemplifies the liberal misunderstanding of the conservative mind.

Ernesto De La Torre writes in the January 17, 2010, *Winston-Salem Journal* [NC], “Republicans and Democrats have been arguing about how to pay for health care, with much hate and aggression and hysteria over the so-called socialized medicine that exists in Canada and most of Europe.” De La Torre continues his letter describing what he perceives to be the actual sources of “mushrooming” health care costs during the past 20 years. His list of culprits includes technology upgrades in hospitals, the practice of defensive medicine, advertising, prescription drugs and medical equipment. His solution is to avoid rationing by using a single-payer system “run by a private company or the U.S. government. His word and topic choices reveal his liberal worldview, but that is tempered by his suggestion that a single-payer system might be managed by a private company, so De La Torre can be described as a pragmatic liberal. But like other liberal writers who offer solutions, he is not optimistic about change and expects the “powerful health-care industry” to undermine reform proposals.

The next writer opposes socialized medicine, but brings a different argument to the discussion. William T. Griffin, writing in the February 19, 2010, *Daily Press* [Newport News VA], repeats conservative arguments that government is inefficient and not capable of saving money, continuing the conservative frame that *Limited government is in the public interest*. He adds that even if a way could be found that government could manage health care affordably, he says, “The government does not have the capacity to love.” Griffin also says, “It is naïve to pretend that health care is a mere commodity, like cotton or petroleum, to be obtained as cheaply as possible.” Griffin
advocates a private solution. “Compassionate care from the private sector, motivated by love for one’s fellow man,” he says, “is the best approach to helping the poor.” Griffin offers an example of a clinic in Yorktown that offers free medical and dental care to the needy and, he says, provides an “opportunity for caring health care professionals to give back to our community, far more efficiently and compassionately than the government ever could.” Griffin’s preference for private solutions to reform health care are congruent with the conservative worldview of limited government, but his empathy for the poor and advocacy for medical and dental services to be provided freely to the needy have a liberal ring. His remarks sound less like a pragmatic conservative, willing to accept expansions of government, and more like George W. Bush’s invocation of the “compassionate conservative,” i.e. historian Doug Wead’s vision of “bleeding heart” conservatism that trusts the free market to solve the problems of the poor (Wead).

However, another writer responds to Griffin’s rejection of socialized medicine with praise for it. Mike Langrehr writes in the February 28, 2010, *Daily Press* [Newport News VA], to question what Griffin means by “love” and to challenge Griffin’s criticism of socialized medicine. Langrehr states that he has used “socialized medicine” since his childhood when his father was a disabled war veteran, then as an adult in the Army, and now as a senior citizen on Medicare. “I would not trade my ‘socialized medicine’ for any one of the current rip-offs called health-care insurers,” Langrehr declares. In fact, he says that he prays daily for uninsured children and for others who are sick and uninsured that they “could someday have the same privileges that we old folks are guaranteed. “I have never understood why old people deserve health care when we do not provide the same for others,” and adds, “A person 64 with cancer is just as sick as his neighbor who is 65.”
As a person who has seen how “socialized medicine” benefits people with disabilities and families in the military, Langrehr portrays the liberal worldview that health care should be provided according to need, not according to social status or ability to pay and strengthens the frame Socialized medicine promotes fair access. But the exchange continues as Griffin counters Langrehr’s assumptions.

In the March 11, 2010, Daily Press [Newport News VA], Griffin claims that Langrehr has misrepresented his position on military medicine. “The military is a job, and the government is an employer, so to offer one’s employees health care does not seem to fit the description of socialized medicine,” Griffin argues. On the other hand, Griffin says, Langrehr “rightly represents my position with regard to Medicare, Medicaid and Social Security. I wish they had never been created; they are badly broken in many respects; perhaps beyond repair.” Griffin writes that he is a cosmetic dentist and enjoys “treating needy patients in other countries” such as Jamaica, Peru, Belize, Nigeria and Mexico City. Griffin says that his experience in other countries has influenced his view and then concludes “no one ‘deserves’ health care, and living in America is a “great blessing, that distinguishes us from most of the people in the world.” Griffin also responds to Langrehr’s charge that he does not define “love” in his letter, and cites the Bible as his source. Griffin’s worldview is strongly Strict Father conservative and his experience with patients in the developing world has strengthened his conservative stance that health care is not simply “deserved” by Americans, no matter how poor, because they have been blessed with the “gift” of living in America. His comments support the conservative frame that Socialized medicine would efface American self-reliance. The implication that needed goods and services are available in America to those who work
for, and thereby, earn them, reflects the Strict Father belief in the land of opportunity myth. According to Lakoff:

Anyone who has been in the country long enough and is not successful has either not worked hard enough or is not talented enough. If he has not worked hard enough, and is not successful, he is a sloth and morally weak. If he is not talented enough, then he ranks lower than others in the natural order, and hence the moral order (83).

Therefore, it follows that the hard-working and successful have earned their wealth, and along with it moral authority over the poor, and moral responsibility to tell the poor how to live and climb the ladder of success. In the next exchange, two writers continue conservative and liberal arguments that by now are familiar.

Joseph Yula writes in the March 1, 2010, *York Daily Record* [PA], to urge readers to tell their congressmen to oppose proposed health care reform bills in both houses of Congress. Both bills, Yula says, “are pathways to socialized medicine which will increase costs and lower quality and availability,” and he adds, “The Constitution does not give the federal government the power to run our nation’s health care.” Yula writes that authentic health care reform “will increase competition, never subsidize abortion, and guarantee explicitly not only the right to opt out of socialized medicine, but the promise never to discourage competition among insurers through legislation that favors government (i.e., taxpayer) provided health care.” Yula closes his letter stating that the current legislative proposals are “morally wrong” not just because of the abortion provisions, but “most importantly because it is unnecessary.” Yula expresses Strict Father conservatism in his opposition to government involvement in health care, references to the Constitution and opposition to abortion and his letter is another example of the kinds of arguments that coalesce within the Strict Father model. But more
importantly, it is morally wrong because private insurance provide services so no
government solution is necessary. Such action violates the Strict Father moral action of
Preventing interference with the pursuit of self-interest by self-disciplined, self-reliant
people (163). But Yula’s letter is soon contested.

In the March 17, 2010, *York Daily Record* [PA], J. Edward Mulhbach challenges
Yula to “opt out” of the socialized medicine systems he so disdains. “If he is a senior
citizen, he could tear up his Medicare card and purchase his own medical insurance on
the open market,” says Mulbach, “Or simply pay cash when he goes to the doctor. This
is a free country.” Furthermore, Mulbach contends, if Yula served in the military or
merchant marines, he could reject medical and dental treatment offered to veterans. “Or
if he is indigent, he could just do without medical treatment altogether,” says Mulbach.
Like others with a liberal worldview, Mulbach views Medicare as socialized medicine
and also services provided to veterans. And like many liberal letter writers, Mulbach
suggests that those opposed to socialized medicine are free to opt out and take their
chances in the free market. Mulbach does not directly advocate for socialized medicine,
his comments add to the liberal frame that *Socialized medicine promotes fair access*. The
following letter writers share their views about health care reforms and regulations being
proposed in Washington, D.C.

For example, Carlo Cofrancesco asks in the March 19, 2010, *Times-Picayune*
[New Orleans LA], “If we can bail out our sick financial institutions, care manufacturers
and other industries that are ‘too big to fail,’ can’t we bail out millions of Americans?
Aren’t they too big to fail?” His question is a reminder of the discontent liberals and
conservatives feel about the bailouts for banks and industries in the wake of the 2008
financial crisis. His letter supports the liberal frame that *Socialized medicine is insurance* which should be available to individual Americans who need to be bailed out of health crises. Of course, Strict Father conservatives are angered because in the free market businesses should be allowed to fail, whereas Nurturant Parent liberals believe that needs of individuals are as important as needs of banks and businesses.

The next writer brings up the issue of a proposed federal mandate that everyone purchase health insurance. Writing in the March 20, 2010, *Pioneer Press* [St. Paul, MN], Steve Baird says, “The effort by Republicans to sue the government for requiring everyone to have health insurance is based on flawed logic.” Baird disagrees with the conservative contention that “requiring citizens to carry health insurance is like forcing everyone to buy a car.” According to Baird, the difference between buying a car and buying insurance is the way in which each decision affects others. As an example, he states that if he chooses not to buy a car, only he, his friends and family are affected. “However,” he continues, “if I choose not to have insurance, and I have a serious illness or injury, guess who pays when I show up at the emergency room – taxpayers and health insurance policyholders.” Therefore, the current system “perpetuates another type of ‘socialized medicine’ that we are all forced to pay for in the form of higher premiums and taxes,” he says. And closing he adds, “It is time these folks recognized that our lives are all interconnected and that we each have responsibilities to one another.” Baird’s argument is based in Nurturant Parent liberalism of collective care for the protection of all. His letter adds to the frame that *Socialized medicine is insurance*. The next writer shares Baird’s view on the wisdom of requiring all citizens to buy insurance, but suggests a different perspective on the source of opposition.
In a subsequent letter the writer tackles one of the puzzles that boggle liberals and conservatives --- the question of rights. Richard Amerling, M.D., states in the March 21, 2010, Las Vegas Review-Journal [NV], that after years of discussions with liberal friends and colleagues he concludes, “The absurd notion of a ‘right’ to health care underlies the movement towards socialized medicine.” In other words, he says, “If this right does exist, it becomes a moral imperative to guarantee it for all, i.e. ‘universal coverage.’” Amerling notes that President Obama expressed his belief that health care should be a right for every American during the 2008 campaign. However, Amerling argues, “No right to health care has yet been unearthed in the Constitution, the Declaration of Independence, or in any Supreme Court decision.” While the Declaration of Independence assures “unalienable right to pursuit of happiness,” Amerling states, “There is no right to happiness itself, nor can there be.” He continues with other arguments, such as the Second Amendment, which guarantees the right of citizens to bear arms, but does not require the government to provide arms to all citizens. Similarly, he argues, the Sixth Amendment includes the right to legal counsel, if needed, but does not guarantee universal access to legal services. The fundamental problem, according to Amerling, is that the right to bear arms is free, but a right to arms requires someone to provide them and “such a ‘right’ ultimately treads on the liberty of the producer, i.e. trampling of another’s true rights to the pursuit of happiness.” Amerling’s letter exemplifies Strict Father conservative perspective on Moral Accounting and the relationship of rights and duties (Lakoff 56-59). As Amerling recognized in his letter, if someone has a right, it becomes a moral imperative to provide it for all. And since taxation is the means of provision, it is easy to see why conservatives object so
strenuously to social programs. As Amerling writes, “Should there be a right to food or shelter?” Liberals have answered “Yes.” And this liberal belief, according to Amerling has led to government programs such as Freddie Mac, the Department of Housing and Urban Development, “all taxpayer-funded wealth transfers that diminish the liberty and property of many to help a few.” Amerling disputes the idea of health care as a right and states that “government meddling has all but destroyed the greatest health care system in the world.” Amerling’s examples illustrate conservative concerns with the impact and consequences of language and subsequent policy decisions of framing an individual need as a social right. Amerling closes his letter by saying, “The government cannot provide health care; it can only compel others to provide it, with great loss of individual liberty, not to mention financial calamity. The best way to improve access to health care is through free-market competition.” Amerling’s comments support the conservative frames that Limited government and competition are in the best interest of the nation. As March comes to a close President Obama signs the Patient Protection and Affordable Care Act, and the next writer is grateful.

Daniela Sartori writes in the March 30, 2010, Red Bluff Daily News [CA], “I would like to thank the congress [sic], the senate [sic] and the presidency [sic] for the passage of the patient protection and affordable care act . . . on behalf of those who, like myself, some of my family and friends, suffer from pre-existing conditions.” Sartori shares her fears in the past of losing her private insurance coverage and not being able to replace it, and of difficulties she faced as a small business owner to provide insurance coverage for her employees. “What passed congress [sic] was Civil Rights for sick people. Since nobody knows how their own health will fare tomorrow, that may very
easily be you,” she closes. Sartori’s liberal moral focus, unlike Amerling’s, is tied to the needs of people who are ill and because of pre-existing conditions have difficulty securing health care insurance. She also focuses on the needs of her employees and her desire to help them provide health care for their families. For Sartori, illness strikes the innocent and the guilty at random and causes widespread social and financial harm. Sartori describes herself as a fiscal conservative who believes that the U.S., like other industrialized countries, should get more value from the health care dollars spent, so she can be described as a pragmatic conservative.

And another grateful writer, Stephan C. Paliwoda, says in the May 3, 2010, Anchorage Daily News [AK], “Congress has now passed the foundations of a universal health care program. . . Ultimately, just as many retired persons today cheer for Social Security and acknowledge they could not live without it, so I predict that seniors living 50 years from now (i.e., our children) will thank today’s adults for our wisdom and foresight.” Paliwoda situates the passage of the health care act in historical perspective, noting that in the 1960s he heard many jokes about “England’s quirky ‘socialized medicine’ program,” which like universal health care programs of many other nations “works just fine.” And he reminds readers that Americans now embrace and rely upon Social Security, which was also highly controversial at the start. His letter supports the liberal frame that Government serves the public interest because government programs like Social Security improve the lives of many Americans. However, not all letter writers are grateful, and letters to the editor throughout the summer continue to reflect conflicting views.
Jim Bibber suggests that readers consult fact-checking websites in his June 20, 2010, letter to the *Philadelphia Enquirer* [PA]. Contradicting remarks made by Rick Santorum (R-PA), Bibber says, “There was no government takeover. It’s not socialized medicine. The government won’t be choosing your doctor. There are no death panels and no rationing, no direct public funding of abortion services, and no funding for illegal immigrants. Nor does Obamacare add a trillion dollars to the deficit.” But such assurances, even if verifiable on fact-checking websites, do not calm the fears of opponents of the bill.

Dr. Paul Leithart, writing in the August 8, 2010, *Columbus Dispatch* [OH], says, “The survival rate for all cancers is much better in America than in any other country because of our doctors, technology and, up to now, free society. All this will change with Obamacare socialism. We are heading for rationing, deteriorating research, doctors retiring, costs that will be unsustainable and shorter life spans.” His concerns are shared by others like Jan Livingston, August 17, 2010, who writes in the *Tulsa World* [OK], “I quake at the thought of our country having socialized medicine that is so costly with mediocre care.” However, liberals are puzzled by conservative attitudes and behaviors.

For example, Elizabeth Pegg asks in the August 23, 2010, *Providence Journal-Bulletin* [RI], “How can you be against socialism and cash your Social Security check, or be against socialized medicine and whip out your Medicare card at the doctor’s office?” And Fred Boest writes in the September 21, 2010, *Red Bluff Daily News* [CA] that while many of his friends share his opinion on a wide variety of subjects, they “get practically hysterical when it come to their perceiving something as being socialized. Obama’s health care program is socialized medicine and they are practically foaming at the
mouth.” Boest does not understand why people in northern California are loyal to the GOP, and argues, “The major construction projects that facilitated the economic growth of our part of the state were all built under democratic [sic] administrations.” Later returning to health care, Boest says, “Republicans are against socialized medicine. Of course they are. They can buy all the doctors they need.” He charges that if the GOP and Tea Party displace Democrats in the upcoming fall election, they will “cut Social Security and any other program designed by a Democrat.” He asks, “Are we really that resentful of the working class? Are we really that selfish?” These letters clearly illustrate the puzzles for liberals and conservatives as they pertain to health care and can be better understood if observed through Strict Father and Nurturant Parent worldview models. The objective of each worldview is similar, i.e. the best possible system of health care for the most people. But conservatives are convinced that that goal can only be achieved through free-market capitalism and charity, while liberals are convinced that only government can, through taxation, meet the needs of all of the citizens.

With the 2010 mid-term elections scheduled for November 2, many letters to the editor are written to support a favorite candidate and summarize complaints or support for the current administration.

Clifton J. Jester writes in the October 27, 2010, Bluffton Today [SC] that “most citizens are not thrilled with socialized medicine, a rapidly growing deficit or an economic recovery program designed for the ‘big guys’ . . . Not to mention a preoccupation with throwing money at a war-torn country . . . Afghanistan is a money-sucking black hole.” Referring to administration calls for patience, Jester says, “Hopefully, employment, immigration, border security and political honesty will become
government priorities. With any luck at all, it will happen before pigs learn to fly.”

Many voters, like Jester, express dissatisfaction with both parties, as the November 2 elections reveal.

On November 3, 2010, according to the New York Times, “The Democrat Party lost ground in the largest reshuffling of the House of Representatives in 50 years,” as women, Catholics, independents and voters age 60 and older sided with the GOP (Connelly and Marsh). Democrats held on to a slim majority in the Senate, but Republicans in the House led by Rep. John Boehner, R-Ohio, vowed to “roll back the Obama administration’s health care ‘monstrosity’ (“Boehner”). However, exit polls, according to CNN, indicated that Democrats were battered by a weak economy, unemployment stuck at 9.6 percent and an energized conservative electorate fueled by the anti-establishment Tea Party movement that emerged in 2009. Additionally, the economy was rated the most important issue by 62 percent of voters, while health care reform was cited by 19 percent, and the war in Afghanistan by 7 percent, according to CNN. If these exit polls accurately reflected voter priorities, GOP efforts to dismantle the Patient Protection and Affordable Health Care Act could backfire, as access to health care for all continued to be a matter of concern.

For example, Zach Haas writes in the November 20, 2010, Savannah Morning News [GA], “Socialized medicine will only happen when everyone in America decides they have a moral duty to ensure American citizens are safe from treatable diseases, and have reasonable access to preventive care.” Haas compares opponents of socialized medicine to opponents of civil rights “who argued America was not ready for equal rights in the 1950s, but as an enlightened country today know that that was simply not true.
Likewise, the time for socialized medicine is today.” And similarly, Patrick McGinnis writes in the November 29, 2010, Modesto Bee [CA], “It’s estimated that 45,000 Americans die each year because they don’t have health insurance. Single-payer universal health care would have saved them. When are we going to cultivate a sense of the common good?” These last writers in 2010 reveal their liberal Nurturant Parent worldview in their support for health care for all and remind readers that, despite GOP gains in the House, they continue to believe that the time for socialized medicine in the U.S. is now.

Lessons from 2009 and 2010

Letters from conservative and liberal writers in 2009 and 2010 continue all the frames that were documented in 1993-1994 and others that were added during the intervening years, as well as some new frames. Most interesting in this time period are letters from liberal and conservative pragmatists who argue for a government-sponsored public option. Conservatives advocate for a public option in order for access to health insurance to be provided to the poor while maintaining the system of private health insurance for those who can pay. Liberals who advocate for a public option frame it as competition for the private insurance companies. However, liberal writers increasingly argued for a single-payer system similar to Canada’s or Germany’s, and strict conservative writers continued their campaign against further government involvement in health care.

Rhetoric against reforms became more heated and polarizing in 2009 and 2010 as the Patient Protection and Affordable Care Act, commonly known as Obamacare, was developed and signed into law. Claims that government rationing would sacrifice the
elderly to serve the young or lead to child euthanasia emerged repeatedly in letters to the editor. Conservatives claimed that no crisis existed or alternatively argued that rising costs in health care were a result of services provided to illegal immigrants and others called “homegrown freeloaders.” Fears of growing national debt and the gradual displacement of private health care industries by government bureaucracies increased in 2009 and 2010 as the national debt soared in the wake of government bailouts of banks and industries in 2008. And although conservatives and liberals both objected to the bailouts their reasons and rationales differed. Strict conservatives argued that banks and businesses should be allowed to fail as a natural consequence of free market processes. But liberals argued that if government was willing to bail out businesses, then people who needed health care should be bailed out as well.

Some novel conservative arguments appeared in 2009-2010. For example, letter writers claimed that government efforts to meet the needs of the poor undermines or violates the Biblical principle of special consideration for the poor, by which individuals, not governments, are expected to be charitable. And in considerations of whether or not health care should be a right of citizenship, some conservatives argued that the Constitution guarantees only the freedom to pursue happiness or right to bear arms; it does not directly guarantee or provide “happiness” or “arms,” so should not be expected to provide health care.

Liberal letter writers continued to argue that a vast array of goods and services that Americans value and depend upon are “socialized.” Liberals point out that many social reforms, like Social Security and Medicare, were fought by conservative politicians. They argue that many services, like the U.S. Postal Service, co-exist with
private businesses like UPS ultimately broadening the choices of services available to
customers. Government, according to liberal letter writers, should do for individuals
what they cannot do for themselves, and they frequently cite health care systems in other
countries as examples that government can and should function along with regulated
private enterprise to provide the best values and services to all Americans.
The figures below illustrate the frames identified in 1993-94 to 2010, with new frames in
boldface.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting strict father morality *Establishment of right/wrong *Legitimate authority *Competition essential to individual and national strength</td>
<td>Government reforms are socialized medicine Socialized Medicine violates Moral Authority Free-market competition is in the best interest of the nation Limited government is in the best interest of the nation Congressional self-interest is immoral Abortion/euthanasia are immoral</td>
<td>Corporatization of medicine contributes to the economy</td>
<td></td>
<td></td>
<td>Only government relations services</td>
</tr>
<tr>
<td>Upholding the Morality of Reward and Punishment</td>
<td>Taxation for socialized medicine is an abuse of government power Malpractice lawsuits harm doctors Socialized medicine harms doctors Socialized medicine enables abortion/denies moral punishment People who harm others should be penalized</td>
<td></td>
<td></td>
<td></td>
<td>Socialized medicine inhibits drug research and production</td>
</tr>
<tr>
<td>a. Preventing interference with the pursuit of self-interest by self-disciplined, self-reliant people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Promoting punishment as a means of upholding authority.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Issuing punishment for lack of self-discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protecting moral people from external evils</td>
<td>Socialized medicine encourages illegal immigration</td>
<td></td>
<td></td>
<td></td>
<td>Government should secure borders</td>
</tr>
<tr>
<td>Upholding the Moral Order *God *Constitution</td>
<td>The American health care system is the best in the world Socialized medicine is a failure Support for socialized medicine is not authorized</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fig. 20a. Conservative frames to 2010 with new frames in boldface

337
Fig. 20b. Pragmatist frames to 2010 with new frames in boldface.
Fig. 20c. Liberal frames to 2009 with new frames in boldface.

Whatever the specifics of given arguments, letters to the editor reflect moral values that are consistent and coherent with Lakoff’s descriptions of liberal and moral action categories. In the following chapter I will discuss the results of my analysis, the theoretical value of the model, the research questions that stimulated this research project, and the implications of these results.
CHAPTER 10: FRAMING SOCIALIZED MEDICINE: 1993-2010

Introduction

Background

As described in the introduction, my journey began with an effort to understand why access to affordable health care constituted such a serious problem for many of my family members and friends and for others like them. After several years of interacting with the public as a health care reform activist with the advocacy group Single Payer Action Network of Ohio (SPAN-OH), I came to the conclusion that obstacles to policy reforms were rooted in failures of communication about health care. I began a course of study to unravel and understand those failures, and focused on the most contentious term, socialized medicine.

My explorations began with a search for the derivation and history of the term, followed by an examination of its occurrence in major metropolitan American newspapers. I discovered that it first appeared in 1917, has persisted every year since, and was most associated with Democrat presidencies, the last of which, prior to Obama, was President Bill Clinton. I conducted a content analysis pilot on a random sample of 470 newspaper articles from major metropolitan newspapers beginning with the Clinton years in 1993 through the 2008 presidential campaign. Among other things, I discovered that over half of all mentions of socialized medicine appeared in letters to the editor so I decided to examine how ordinary citizens framed socialized medicine in their letters, and what meaning their framing conveyed to others. Of course, political elites also talk about socialized medicine, as candidates in the 2008 presidential campaign illustrated.
When Democrat candidate Barak Obama called for health care reform and endorsed the concept of single-payer systems like those in Canada and several European countries, his Republican rival, Rudy Giuliani declared that Obama’s reforms would “lead to socialized medicine” (Stenhauser). Soon thereafter, Professor Robert Blendon of the Harvard School of Public Health (HSPH) conducted two public opinion surveys to determine if and how respondents understood the term, and to what extent they believed that a system of socialized medicine would be an improvement over the current U.S. system. Survey results indicated that respondents were sharply divided along political party lines, with Republicans unfavorable and Democrats more favorable to a system of socialized medicine. Independents were more evenly split. Blendon and his colleagues concluded that the term, socialized medicine, had lost its historical scare power. However, the term remains alive in political speech, news reports and letters to the editor. And, while the body of literature behind framing research provided some direction for my research interests, it did not explain how and why the words, socialized medicine, conveyed vastly different meanings to different people. Fortunately, cognitive linguist George Lakoff had developed a plausible theory to explain those differences.

George Lakoff’s Theory of Moral Politics

According to Lakoff’s theory as described and illustrated in Chapter 3, framing provides for the commonplace variations in meaning or interpretation, with which we are all familiar. “Moreover, the meaning of that framing depends on worldview” (Lakoff 373). That is, words and sets of words refer to and are understood through a conceptual whole, or worldview, that both enhances and limits communication. Therefore, people who share a given worldview use words, sets of words, and framing that have mutually
understood meanings for them beyond the mere definition of the words. Conversely, other people with other worldviews might understand the common definitions of those words and sets of words, but fail to understand the meanings. In such a case, communication of meaning would be limited or non-existent. Lakoff’s liberal and conservative moral action categories, also described in Chapter 3, provided a methodological approach by which I was able to interpret the framing of socialized medicine in letters to the editor. As a reminder, I present the moral action categories for conservatives and liberals below:

<table>
<thead>
<tr>
<th>Conservative Moral Action Categories</th>
<th>Liberal Moral Action Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting strict father morality in general</td>
<td>Empathetic behavior and promoting fairness</td>
</tr>
<tr>
<td>*Establishment of right/wrong</td>
<td>*Nurturance for social welfare and responsibility</td>
</tr>
<tr>
<td>*Legitimate authority</td>
<td>*Equal treatment</td>
</tr>
<tr>
<td>*Competition essential to individual and national strength</td>
<td></td>
</tr>
<tr>
<td>Promoting self-discipline, responsibility, and self-reliance</td>
<td>Helping those who cannot help themselves</td>
</tr>
<tr>
<td>Upholding the Morality of Reward and Punishment</td>
<td>Protecting those who cannot protect themselves</td>
</tr>
<tr>
<td>a. Preventing interference with the pursuit of self-interest by self-disciplined, self-reliant people</td>
<td></td>
</tr>
<tr>
<td>b. Promoting punishment as a means of upholding authority</td>
<td></td>
</tr>
<tr>
<td>c. Insuring punishment for lack of self-discipline</td>
<td></td>
</tr>
<tr>
<td>Protecting moral people from external evils</td>
<td>Promoting fulfillment in life</td>
</tr>
<tr>
<td>Upholding the Moral Order</td>
<td>Nurturing and strengthening oneself in order to do the above</td>
</tr>
<tr>
<td>*God</td>
<td>*Investments in people/communities</td>
</tr>
<tr>
<td>*Constitution</td>
<td></td>
</tr>
</tbody>
</table>

Fig. 14. Moral Action Categories (Lakoff 163, 165).

In the following, I address the research questions posed in the Introduction. First, what frames emerge as revealed by conceptual metaphors used in letters to the editor that
refer to socialized medicine in 1993-1994? Second, have those frames changed or new frames emerged between 1993 and 2010? Third, what are the practical and theoretical implications of this frame analysis for our understanding of public deliberations of health care reform? I also discuss the limitations of this study and of Lakoff’s model, and last, ask, what is the general heuristic value of Lakoff’s model for communication research?

Frames Related to Socialized Medicine in 1993-1994

*Conservative Frames*

Analysis of letters following deliberations of Clinton’s proposal for health care reforms in 1993-1994 illustrate that the framing of socialized medicine and associated health care reforms was well established in conservative minds. As Fig. 16a below indicates, socialized medicine, in theory and practice, violated all five Strict Father moral action categories.
Fig. 16a. Conservative frames in 1993-1994.

These frames were present in letters to the editor during the Clinton presidency, as he and Hillary Clinton attempted to develop a plan for health care reform that would provide affordable access to health care for all Americans.

Violations of the first moral action category, Promoting Strict Father morality, resulted in six major frames related to the legitimacy of socialized medicine:

A. *Government reforms are socialized medicine*

B. *Socialized medicine violates legitimate authority*

C. *Free-market competition is in the best interest of the nation*

D. *Limited government is in the best interest of the nation*
E. Congressional self-interest is immoral

F. Abortion/Euthanasia are immoral

In the following I will provide a brief summary of the analysis presented in the previous chapters for each frame.

Government reforms are socialized medicine

Largely thanks to the AMA public relations campaign to undermine President Truman’s efforts to provide access to health care for all Americans, the term socialized medicine has become a metaphor embedded in conservative language. Lay persons and leaders alike invoke the term to express antagonism to government-sponsored reforms that would expand access to health care at taxpayer expense.

Socialized medicine violates legitimate authority

According to Strict Father morality as applied to politics, the individual adult citizen is analogous to a child who has become a self-disciplined, self-reliant, independent adult, who is capable of taking care of him or herself in most cases. In that light, government involvement in individual lives of citizens is analogous to a meddling parent whose interference is neither needed nor wanted. The words and word sets that contribute to the first frame include the notions that socialized medicine is illegitimate because it intrudes, paternalistically, into areas of individual, personal life that should be private, such as conversations between doctors and patients. Words like meddling and intrusive contribute to this frame. Socialized medicine is not trusted by conservatives to set guidelines for health care treatments. And some writers fear or resent a loss of personal freedom and/or an undesirable power differential with words like serf and lord.
Free-market competition is in the best interest of the nation

Conservatives believe that socialized medicine is not in the best interest of the nation in part because they believe that the government is a poor manager of their tax dollars. They describe government programs as wasteful and poorly managed. They cite unsustainable costs of Medicare, and poor outcomes of welfare programs and public education as evidence that reinforces their fundamental confidence in a competitive, free-market environment to provide needed products and services effectively and efficiently. Poor management, they believe, necessarily results in lower quality of services, rationing, and the eventual destruction of the private practice of medicine. They describe government programs as wasteful and poorly managed. Conservative letter writers use the terms government bureaucrats, coercive cost controls, and loss of quality and choice in framing their objections to socialized medicine. Conservative angst turns to anger at the thought that their hard-earned tax dollars would be taken from them, unconstitutionally, and wasted on the doomed utopian fantasy of socialized medicine.

Limited government is in the best interest of the nation

Another reason that Strict Father conservatives do not believe that socialized medicine is in the best interest of the nation is because provision of health care is beyond the legitimate purview of government. The role of government should be as limited and as local as possible. Appropriate roles for government at the national level include national defense, international trade negotiations, and assistance to civilians following natural disasters, but not social programs. Some conservatives admit that legislators have had good intentions when they attempted to solve social problems. Many conservative
letter writers express objections to Social Security, Medicare, Medicaid, and public education. Their objections stem in part from a belief that government has overstepped its appropriate role by sponsoring those programs. Government involvement in health care, i.e. socialized medicine, conservatives fear would inevitably undermine and erode the American medical system. Conservatives view health care as too much of the gross national product to trust to government because it unites their objections to expansions of government to their confidence in the free market. As one writer said, “I just trust the free market more than the government.”

Congressional self-interest is immoral

Strict Father morality places high levels of expectation on the father figure. The father in the family, and relative to the nation, must protect and guide, and always act in the best interest of the family or nation. Therefore, when government officials act in their own interest and in ways that are not in the best interest of the nation, they violate the conservative moral action of Promoting Strict Father morality. For example, letter writers were antagonistic when members of the U.S. Congress sought exemptions from the Clinton health care reform plan during 1993-1994. That action undermined public confidence in the plan and letter writers accused legislators of hypocrisy and of putting themselves above the people they were elected to serve.

Abortion/Euthanasia are immoral

The issues of abortion and end-of-life medical care are complex, and weave together several conservative moral quandaries, but represent violations of Strict Father morality in general because the Strict Father is expected to protect and act in the best interest of his metaphorical family. For many conservatives, the unborn are innocent and
deserving of protections. Similarly, the elderly have earned the right to protection from other people and potentially coercive legal action. And some religious conservatives believe that only God should end a life, at any age, and therefore human interventions to end life are immoral.

Violations of the second moral action category, **Promoting** Moral Self-Interest: Self-discipline, self-reliance and responsibility, result in four additional conservative frames of socialized medicine:

- **A. Socialized medicine would efface American tradition of self-reliance**
- **B. Government programs replace incentive with entitlement**
- **C. Government programs undermine/displace legitimate business**
- **D. No health care crisis exists**

**Socialized medicine would efface American tradition of self-reliance**

Nowhere does the Strict Father model apply more precisely to the metaphor of the Nation as a Family than when it is applied to government social programs. Conservative letter writers express great confidence in the power of hardship to build qualities they describe as American traditions of self-discipline and self-reliance.

**Government programs replace incentive with entitlement**

Conversely, they express great concern that without hardships American character weakens. Just as a good parent helps a child learn self-discipline and self-reliance by experiencing the natural consequences of his or her actions, so, conservatives believe, should the government allow citizens to learn from their mistakes. Government social programs that shield citizens from the natural consequences of their actions undermine
personal growth, trap the poor in systems of poverty and thereby hurt the people they are intended to help.

**Government programs undermine/displace legitimate business**

The third frame that violates this moral action category is that government social programs undermine and displace legitimate businesses. Words like *efficiency*, *inefficiency* and *competition* are applied to government programs like the U.S. Postal Service, which conservatives say function inefficiently because they are protected from the rigors of competition. And word sets like *better services, more choices* and *lower costs* refer to the benefits to consumers if the government were to get out of the business of delivering the mail. Additionally, conservatives describe health care as too great a part of the nation’s GNP to be under government control. Again, they claim that management is not the government’s strong suit, and employ the words *high costs, poor quality, fewer choices* for consumers, and a competitive *free market*.

**No health care crisis exists**

Lastly, conservatives argue that no health care crisis exists. Americans have access to health care by virtue of their employment; the elderly are covered by Medicare; the poor are covered by Medicaid; laid off workers can buy COBRA coverage; and, hospitals must provide emergency care. There is no crisis, they claim, only an attempt by the government to take control of health care. The uninsured are, conservatives claim, those who are young and healthy, those who choose not to buy insurance, undocumented workers, and people who have not applied for benefits. Conservatives who admit that health care insurance is too expensive for many families invoke the words *tax law changes or medical savings accounts* as solutions.
The third moral action category, **Upholding** the Morality of Reward and Punishment, is subdivided into three categories with the associated frames:

A. **Preventing** interference with the pursuit of moral self-interest

1. *Taxation for socialized medicine is an abuse of government power*

2. *Malpractice lawsuits harm doctors*

3. *Socialized medicine harms doctors*

B. **Promoting** punishment as a means of upholding authority

C. **Insuring** punishment for lack of self discipline

1. *Socialized medicine enables abortion/denies moral punishment*

*Taxation for socialized medicine is an abuse of government power*

The Morality of Reward and Punishment is an essential element of the Strict Father model by which self-disciplined, self-reliant people strive for success, i.e. the pursuit of moral self-interest. Interference with that pursuit is deemed immoral; it denies rewards that have been legitimately earned and are deserved. The most noxious kind of interference with the pursuit of moral self-interest is government taxation to pay for social programs. Conservatives refer to taxation to pay for social program as an illegitimate transfer of wealth from the earning deserving to the un-earning undeserving who do not work or contribute to society. They also object to the idea that self-disciplined people who take care of their health are taxed to pay for treatments for others who do not.

*Malpractice lawsuits harm doctors*
Another frame that emerges from violations of this moral action category target malpractice lawsuits which conservatives believe are often frivolous and unfairly punish the vast majority of doctors who are competent.

*Socialized medicine harms doctors*

Doctors are regarded as people who have been successful by virtue of the Strict Father moral values of self-discipline, responsibility and self-reliance, so they have earned their rewards. Therefore, government interventions that seek to control rising medical costs, for example, by restricting Medicare payments for doctor visits, are viewed by conservatives as coercive. Such measures contribute to disincentives for talented young people to become doctors, and thereby threaten the practice of medicine.

*Socialized medicine enables abortion/denies moral punishment*

This frame draws on the notion that people learn and respond to punishment, therefore, interference with punishment is immoral. Conservatives are disturbed by statistics that report millions of abortions yearly nationwide, and attribute those numbers to undisciplined, immoral behavior for which the mother, not the baby, should pay.

Violations of the fourth moral action code, **Protecting** moral people from external evils, produces one frame in 1993-1994: *Socialized medicine encourages illegal immigration.*

*Socialized medicine encourages illegal immigration.*

For conservatives, the most important role of government is to protect legal citizens from external evils. Illegal immigrants or undocumented workers are viewed by conservatives as criminals and law breakers who should be punished. Providing benefits
to illegal immigrants paid for by tax revenues is doubly damaging. That kind of policy fails to punish the law breakers and encourages more people to enter the country illegally.

The final conservative category of moral action, **Upholding the Moral Order**, evokes three frames:

* A. *The American health care system is the best in the world*

* B. *Socialized medicine is a failure everywhere it has been tried*

* C. *Support for socialized medicine is not authorized by God or the Constitution*

**American health care system is the best in the world**

The first frame in this set backs up their claims saying that foreign citizens come to U.S. for prompt services/technology, Americans are accustomed to superior care, and therefore socialized medicine would not be acceptable in the U.S.

**Socialized medicine is a failure**

The second frame contends that British and Canadian systems are wasteful, slow and bureaucratic. In 1993 and 1994 the British and Canadian systems were the only ones that Americans mentioned in letters to the editor.

**Support for socialized medicine is not authorized by God or the Constitution**

This frame argues that the U.S. Constitution is the sole authority by which to interpret the role of government relative to citizens. Conservatives cite the Constitution as authority for their resistance to government involvement in health care, or other social programs. They claim that advocates for reforms have no legal or moral authority for their support for socialized medicine and for government involvement in health care.

**Pragmatist Frames**

Conservative and liberal pragmatist frames emerged in 1993-1994 (see fig. 16b).
Pragmatists recognize the need for reforms in health care that would make services more affordable and available to uninsured and underinsured people. However, conservative pragmatists prefer less government, especially lower taxes, and more incentives for private insurance companies. Conversely, liberal pragmatists favor an expansion of government support or regulation.

**Conservative Pragmatist Frames**

*Tax Breaks for Health Care.*

This conservative pragmatist frame emerges from writers’ arguments that historically tax breaks were provided to businesses that offered health care benefits to their employees. Were similar tax breaks allowed to ordinary citizens, writers argue, citizens could save money and buy the health care services they require from private insurance companies. Other tax breaks such as medical savings accounts are also recommended.
Make Health Care User-Friendly.

Following the demise of the Clinton plan, some pragmatic conservatives encouraged the GOP to take steps to resolve the problems in health care that the Democrats had tried and failed to solve. Some writers expressed concerns that if some solutions were not found, the public demand would return for government interventions.

No Exemptions for Anyone.

All pragmatists, like their more conservative or liberal counterparts, objected to the idea that Congress would exempt itself, or any other groups, from a national health care plan. They expressed their expectation that a national plan would only be good for everyone, if members of Congress also had to participate.

Liberal Pragmatist Frames

Single payer-Multiple Provider.

Many liberals encouraged adoption of national health plan like Canada’s, though uniquely American, in order to make health care less expensive nationally, and produce better health outcomes nationally. They emphasized that services would continue to be provided by private physicians, clinics or hospitals, so the magic hand of the free market would remain engaged. Only private insurance companies, with their burdensome paperwork and legions of clerks, would be sacrificed.

Liberal Frames

In the following I present the frames that emerge from liberal moral action categories as identified in 1993-1994 (see fig.16c).
The liberal moral action category of Empathetic behavior and promoting fairness is the heart of the Nurturant Parent model. If one is able to empathize with others, the desire for fairness is a natural consequence. The following four frames emerged from this moral action category:

A. Socialized medicine promotes fair access

B. Americans can learn from health care systems in other countries

C. Congressional self-interest is immoral

D. Government serves the public interest

E. Health care is a right of citizenship
Socialized medicine promotes fair access

Nurturant Parent liberal writers value universal access with provision of care is based on need, not ability to pay. They express support for a collective system, funded by taxes and similar to Medicare.

Americans can learn from health care systems in other countries

Increasingly as Americans discussed health care in the early 1990s, writers framed the U.S. as an outlier among developed nations in its failure to provide access to health care to all citizens. They quoted international statistics that ranked the U.S. as suffering higher infant mortality rates and lower life expectancy rates than other “civilized” nations. Writers with knowledge of and/or experience with systems in other countries like Great Britain and Sweden portrayed health care in those countries as “good enough and available to all.” And they portrayed health care as a highly appreciated, respected public service.

Congressional Self-Interest Is Immoral

Like the Strict Father conservatives and the pragmatists, they object to Congressional exemptions. Elected public servants who put themselves ahead of the people they are sworn to serve and represent violate four of the five liberal moral action categories, and thereby earn exceptional disdain.

Government serves the public interest

Many liberal writers attempt to re-frame government involvement in health care as “not socialized medicine” by emphasizing the many government-funded or –sponsored programs and services that improve the quality of life of all Americans. They cite postal
services, roads and highways, public parks, libraries and more as examples, and argue that health care for all need be no different.

*Health care is a right of citizenship*

In more comparisons to other developed nations, some writers called for health care in the U.S. to be given as a right of citizenship. These writers framed health care as similar to public education that is guaranteed to all citizens.

The Nurturant Parent moral action category of **Helping** those who cannot help themselves is derived from the liberal metaphor Morality as Nurturance, which makes it moral to help those in need, and immoral not to help if one is able. Many writers addressed violations of this liberal moral action category, which produced the following frame:

*A. Socialized medicine provides care on the basis of need*

*B. The quest for profits above public health is immoral*

*Socialized medicine provides care on the basis of need*

Liberals argue that it is fair and reasonable for good quality health care to be provided according to medical need, and not strictly according to ability to pay.

*The Quest for Profits above Public Health Is Immoral*

One of the most frequent and persistent liberal frames targets businesses and corporations that profit at the expense of the ill and injured. Generally, Nurturant Parent liberals contend that health care is not a moral profit-making enterprise. Specifically, liberals were vexed by the corporatization of hospitals to turn them into lucrative sources of income for stockholders instead of shelters for healing.
The third liberal moral action category, **Protecting** those who cannot protect themselves, requires moral action to protect the vulnerable and helpless. To fail to protect is immoral and two frames emerge from this category:

_A. Socialized Medicine is Insurance_

_B. Regulation is Protection_

*Sociaized Medicine Is Insurance_

In another attempt to re-frame socialized medicine, many liberals write that the Clinton plan or similar reforms are simply a means of providing insurance for health care to all Americans. Like home or car insurance, they argue, the many pay the costs of the few, the burden of expense is shared and those who need help can get it.

*Regulation is Protection_

Liberal writers also attempt to re-frame socialized medicine as protection from the ravages of sickness and injury much like the military, police, fire departments, EPA other government agencies protect the public. Writing in defense of government social programs, liberals express confidence that such programs can work if properly regulated.

The fourth liberal action category, **Promoting** fulfillment in life, encourages individual development so as to be able to have meaningful work, recreation and happiness. This category produced one frame: _Socialized medicine is good for small business and entrepreneurs._

*Socialized medicine is good for small business and entrepreneurs_

Some liberal writers contested conservative claims that socialized medicine would hurt businesses, saying that plans in their states and the U.S. Congress would actually
reduce the tax burden on small businesses and make it more like that of large corporations.

The final liberal moral action category, Nurturing and strengthening oneself in order to do the above, calls for individuals to take good care of their own health and well-being so as to be able to provide for oneself, not be a burden to others, and be able to be of service to others. Conversely, it is immoral to fail to take care of oneself or to impede others from doing so. This moral action category produced one frame: *Doctors have a special duty to help expand access to health care to all.*

*Doctors Have a Special Duty to Help Expand Access to Health Care to all*

Liberal writers find it particularly galling that doctors and/or organized medicine has a long history of combating health care reforms that would expand access to more or all citizens. That resistance is perceived as deep moral hypocrisy by a profession founded on health and healing. Adding to the conflict, liberal writers charge that physicians, particularly the AMA, have not worked to solve the problems that are harmful to so many Americans.

During the intervening years from 1994-2010 most of the frames already described were carried forward, but a few new liberal and conservative frames emerged. In the following I will discuss those new frames.

Frames Related to Socialized Medicine in 2009-2010

*New Conservative Frames That Emerged Since 1993-94*

During 1995-2000 one new frame emerged from the conservative moral action category of Promoting Strict Father morality which was related to the premise that competition is essential to individual and national strength. That frame, *Corporatization*
of medicine contributes to the economy, brought attention to the role that businesses play in paying dividends and funding investments for retirement and other savings accounts. Another new frame during this time emerged from the moral action category of Insuring punishment for lack of self-discipline. That new frame, People who harm others should be penalized, concerns the issues of restitution versus retribution, i.e., personal liability. Strict Father conservatives ascribe to the notion that if one person harms another due to carelessness, intoxication, or some other personal failing, the injured person is entitled to both restitution, e.g. costs to repair a car or cover medical costs, and retribution, e.g. a financial penalty for the personal failing, aka personal liability. The problem of personal liability intersects health care reforms because, socialized medicine typically promises only restitution, not retribution. The separation of restitution from retribution relative to health care saves the government money. It does not forbid legal action, but forces that legal action into a different context.

Two new conservative frames emerged in 2001-2006. First, in 2001 writers’ concerns about illegal immigration shifted from complaints about unearned benefits and services, required by law to be provided to everyone in the U.S. such as emergency room care, to demands that the government close the nation’s porous borders. The new frame, Government Should Secure the Borders, arises from the conservative moral action category of Protecting moral people from external evils, and became pronounced following the World Trade Center attacks on September 2001. The second new frame, Socialized medicine inhibits drug research and production, became a frequent concern of conservatives who worried that Democrat calls for government importation of less expensive prescription drugs from Canada, or negotiations with pharmaceutical
companies to reduce drug prices for Medicare recipients would cut profits, and negatively impact research and production.

The last new conservative frame emerged in 2009, *Only government rations services*, emerged from the moral action category of **Promoting** Strict Father morality regarding competition. Several conservative writers attempted to counter liberal claims that the private insurance industry actively rationed health care by excluding people who could not afford insurance or denying services due to pre-existing conditions. Conservatives argued that by that definition, every privately-provided product or service was “rationed” if someone could not afford it. True rationing, they said, only happened when government took control of and distributed products and services.

**New Pragmatist Frames That Emerged Since 1993-94**

**Conservative Pragmatists**

In 1999 a new frame emerged, *Doctors advocate for patients*, as individual physicians, and in groups, like the NC Medical Association, join their patients in voicing objections to the influence and control of medicine by HMOs and others. These physician advocates retained their conservative credentials, however, by asserting their opposition to socialized medicine.

Another new conservative pragmatist frame, *Cooperation of business and government-with a business emphasis*, was first mentioned in letters to the editor in 2001, but was a continuing frame through 2010. Writers urged cooperation between businesses and government to expand access to health care. These writers represented conservative worldviews in that their recommendations usually included tax reductions, less government regulation so as to encourage competition, and no mandates to participate.
The third new conservative pragmatist frame did not emerge until 2009-10 and framed socialized medicine as capable of providing good service, but only under the direction of principled leaders. The frame that Leadership is essential for good service emerges from Strict Father expectations that the head of the family (or business) should act in the best interest of that family (or business) and is also congruent with Strict Father thinking that service is, as one writer put it, “command driven,” i.e. dependent on the quality of the leadership. Also in 2009-10, conservatives wrote letters to support the public option, offered by the Obama administration, but they framed their support for the idea as contingent on Limited regulation.

**Liberal Pragmatists**

Letters from liberal pragmatists in 2000 urged a stronger role for government in health care for veterans in the wake of the Walter Reed Army Hospital scandal. Liberals and conservatives were outraged by poor treatment and unsanitary conditions, but liberal writers were prone to demand that government honor the nation’s Promises to Veterans by restoring quality services. Young medical students add the frame Medical students support single payer in demonstrations in Washington, D.C. with physicians who are members of the organization Physicians for a National Health Program (PNHP). Later liberals also engaged the frame of Cooperation of business and government to serve the public interest. However, not surprisingly, liberal pragmatists saw increased government regulation and mandatory participation as essential to the success of any reform that would achieve the goal of full access, resulting in the frame Regulation needed. Liberal pragmatists fully supported the public option recommended by the Obama
administration, seeing it as competition for private insurance companies that would be forced to modify their exclusionary practices.

New Liberal Frames that Emerged Since 1993-94

During 2002 two new liberal frames emerged from the moral action category of Empathetic behavior and promoting fair access. Reacting to conservative demands for tort reform and an end to frivolous lawsuits, liberal writers argued that many people are victims of private insurance companies’ practices and of poor practices by hospitals and doctors. The frame that Lawyers are agents of justice situates lawyers as a necessary element to provide justice to injured patients. The second new frame in 2002, Health care is a public service, emerged from the same moral action category and re-defines health care as service, not a business through which one would expect to become wealthy. In 2008, in response to conservative efforts to reduce access to contraception and abortion, liberal responses reflected the moral action category of Nurturing and strengthening oneself in order to fulfill the other liberal moral actions. The frame that emerged, Access to birth control is essential for individual and community welfare, highlighted the need for women, especially poor women, to be able to control the size of their families and the timing of their pregnancies. Unplanned pregnancies place an unreasonable and unfair burden on women, they argued, that impacts their families and, eventually, their communities. Women who have routine, affordable access to birth control, including abortion services, are able to plan and care for their families, and contribute to community well-being. The last new liberal frame emerged in 2009 as a reflection of the liberal concern for Investment in people and communities. The frame,
Socialized medicine promotes public health, highlighted the importance of public health, as people from all around the world live, shop, and work together.

Continuing Conservative Frames 1993-94 to 2009-10

Most of the conservative frames described in 1993-94 were present in 2009-2010. The frames that appeared most consistently during that period included the following:

- Government reforms are socialized medicine
- Socialized medicine violates legitimate authority
- Free-market competition is in the best interest of the nation
- Limited government is in the best interest of the nation
- Abortion/Euthanasia are immoral
- Socialized medicine would efface American self-reliance
- No crisis exists
- Taxation for socialized medicine is an abuse of government power
- Socialized medicine encourages illegal immigration
- The American health care system is the best in the world
- Socialized medicine is a failure
- Support for socialized medicine is not authorized

The consistency and coherence of conservative frames is illustrated by the words and topics that were repeatedly employed from 1993-94 to 2009-10. However, the intensity of language appears to have increased over the years. For example, concerns that the elderly would suffer accompanied charges that the Clinton plan was socialized medicine in 1994. Those concerns evolved to fears of denial of treatment and euthanasia of the elderly by 2010. Similarly, general concerns that government involvement in health care
would displace private insurance and other businesses in 1994 evolved into concerns by 2010 that any reduction of pharmaceutical company profits due to government interventions would undermine research and production of potentially life-saving drugs.  

*Continuing Liberal Frames 1993-94 to 2009-10*

Most liberal frames also continued from 1993-94 to 2010. The liberal frames that were most consistently present during that period of time included:

*Socialized medicine promotes fair access*

*Americans can learn from health care systems in other countries*

*Government serves the public interest*

*Congressional self-interest is immoral*

*The quest for profits above public health is immoral*

*Socialized medicine is insurance*

*Socialized medicine is protection*

*Socialized medicine is good for small business/entrepreneurs*

Liberal frames, like conservative frames, remained generally consistent from the early 1990s through 2010. However, liberals were able to strengthen their primary arguments that Americans can learn from other countries and that profit-making at the expense of the health and welfare of American citizens is immoral. As time passed more Americans had personal experience with health care systems in other countries and/or learned about the advantages of those systems. At home, more families were experiencing problems related to health care, as good jobs with health care benefits were outsourced, people with pre-existing conditions could not afford insurance, and the public became more aware of widespread hardship from media reports and other sources like the film *Sicko.*
Changes in Public Perceptions of Socialized Medicine from 1993-2010

Letters to the editor from 1993-2010 indicate that most conservative frames and liberal frames have continued during this period, with some new frames emerging and with added entailments that strengthened the frames. These findings are congruent with the Harvard School of Public Health (HSPH) surveys in 2008 that most strict conservatives do not support any program they perceive as socialized medicine, while most liberals generally do support such programs. More importantly, this study provides an explanation for the observation of the study’s leader, Robert Blendon, referring to socialized medicine, “It’s still an emotionally charged term for Republicans. The phrase itself gets them very angry. But Democrats and independents don’t see it as a term they drives them away.” The term makes Republicans angry because it violates every moral action category that undergirds the conservative worldview. Conversely, socialized medicine supports and is congruent with the moral action categories that undergird the liberal worldview, so it poses no threat, and therefore no emotional antagonism.

The most important and significant finding of this study is the growth and development of both conservative and pragmatist frames, which advocate a role for business and government in health care reforms. Pragmatist thinking was present in 1993-94, however, the number of letters that advocated a pragmatist view increased markedly from 1999 through 2010. Figure 21 illustrates the relationship of pragmatism to idealism and emphasis on cooperation between government and business regarding health care reforms as indicated in letters to the editor.
Fig. 21. Increase in pragmatism and support for cooperation between government and business sectors to solve problems in health care.

These observations are also consistent with Blendon’s findings in 2008 that independents were more evenly split than Republicans or Democrats, with 45% saying socialized medicine would be an improvement and 38% saying it would make matters worse. The independents in Blendon’s study can be understood as liberal and conservative pragmatists, who are not as strictly aligned with either the conservative or liberal ideal. The increase in letters to the editor by pragmatists from the early 2000s through 2010 is also consistent with the 2008 HSPH study results indicating that a wide majority of respondents understood the term socialized medicine simply as a system by
which the government makes sure everyone has health insurance comparable to Medicare. Therefore, this study supports the HSPH study conclusion that the term socialized medicine has lost much of its scare power. However, this study also indicates that a strong, if small, percentage of the population remains, like Strict Father conservative prototypes, adamantly opposed to any form of socialized medicine.

Practical and Theoretical Implications

This study of letters to the editor indicates a shift in public attitudes about socialized medicine away from Strict Father conservative and Nurturant Parent ideals about government involvement in health care, toward a more pragmatist approach. Also indicating that shift, results of an Esquire/ NBC News poll broadcast on October 15, 2013, found that a large number, possibly a majority, of Americans make up a new “American Center” that is not either strictly Democrat or strictly Republican. “More than anything, these voters are pragmatic. They are still liberals or conservatives, but are liberated from tunnel vision and absolutism” (Esquire). According to the poll, “While they are ready to disagree on issues, they want politics to move forward and achieve results instead of being stuck in the quagmire of endless, unproductive debate.” These poll results confirm Lakoff’s assertion that liberals and conservatives operate from distinct moral centers that do not overlap, as Fig. 12 illustrates, but that pragmatists in each group are able to find common ground that enables compromise and problem solving. The poll results also validate letters to the editor, like those in this study, as legitimate historical records of public comment on current events which can reveal undercurrents of public opinion. Practically speaking, the results of this study, strengthened by the poll results, could guide policy makers, legislators and others to a
better understanding of the importance and influence of liberal and conservative moral frames. While frames and framing can be understood as something “everybody knows,” I believe the depth, persistence, and pervasiveness of moral frames has been underestimated, even by people as well-informed as Harvard’s Robert Blendon. Similarly, ordinary citizens rely on perceptions of “common sense” to guide decision making, only aware of the blindness of others. Challenging the validity of our own worldviews and moral frames is a frightening prospect, as Burke described, “like peering over the edge of things into an ultimate abyss” (5). So it is not surprising that people prefer to live and think within the comfort of their own worldviews, largely resistant to contrary evidence, except personal experience.

Limitations of This Study and the Lakoff Model

This study is limited somewhat by the fact that it includes only letters to the editor published in major metropolitan newspapers, and by definition excludes letters written to news magazines, or shared in online discussions or other formats. More significantly, letters to the editor are subject to editorial gatekeeping and space constraints. Because this was a chronological study, it was not advisable to select a random sample from the letters because important writer-reader-writer exchanges can occur in rapid succession, and those important exchanges could be lost if letters were selected purely at random, as would be expected of a quantitative approach. Another limitation of this study is the dependence on interpretation. As an interpretive, not quantitative, study, it cannot be generalized as representative of widespread public opinion; therefore it is difficult to know to what extent the results might apply to the broader population. Interpreting hundreds of letters poses many challenges, and must be theory driven in order to explain
rather than simply catalog letter writers’ arguments. George Lakoff’s theory of moral politics provided a theoretical foundation for organizing letters to the editor and explaining writers’ framing of socialized medicine. The model proved extremely useful, and I believe that my study supports Lakoff’s primary claims. However, I do not claim to have uncovered every frame that might be found within the letters, nor do I claim that I have documented every metaphor, word or set of words that could contribute to the frames. Lakoff’s model is a product of cognitive linguistic analysis, and since I am not trained in that type of analysis, my expertise as a critic of his work is limited. However, I believe that his model could suffer from critics’ 20/20 hindsight and oversimplification, which could possibly be explained by Lakoff’s presentation of his theory and model in books intended for lay readers. My more substantive criticism is the inherent assumption that everyone operates from a deep moral frame, and that the pragmatists are most removed from the ideal. I contend that another group, those who lack a moral base, beyond pragmatism, should be part of the model. However, his theory has other critics.

For example, communication studies scholar Matthew S. McGlone claims that despite the wide acceptance and use of conceptual metaphor, the theory has not been adequately critiqued and empirically tested. McGlone describes two problems that proponents of conceptual metaphor theory have failed to address. First, McGlone argues that linguistic evidence alone is insufficient to support deep connections between thought and language (114). Conceptual metaphor theory, according to McGlone, suffers from circular reasoning. For example, McGlone says:

Lakoff’s claim that metaphors transcend their linguistic manifestations to influence conceptual structure rests solely on these manifestations. How do we know that people think of theories in terms of buildings? Because they use
building-oriented terminology to talk about theories. Why do people think about theories in terms of buildings? Because they use building-oriented terminology to talk about theories. CM theorists clearly must abandon circular reasoning of this sort and seek substantiation of their claims that is independent from the linguistic evidence.

McGlone also claims that conceptual metaphor theory fails to explain figurative language comprehension because it does not recognize the differences in processing familiar versus novel expressions (121). Despite his criticisms, McGlone credits conceptual metaphor theory for bringing scholarly attention to the possibility of linguistic coding of abstract concepts such as love and time, and for generating interest in how language structure might reflect conceptual structure.

Another vocal critic is Harvard’s Stephen Pinker. Lakoff and Pinker have long debated different perspectives on the nature of language and the mind, but those differences were shared with the general public in October, 2006, when Pinker wrote a harshly critical review of Lakoff’s book, *Whose Freedom?: The Battle over America’s Most Important Idea* (Pinker). In his review, Pinker disputes Lakoff’s theory of conceptual metaphor as well as the science behind it. Pinker accuses Lakoff of one-sided, simplistic, unsubstantiated thinking that portrays liberals and conservatives in “ludicrous” prototypes. But his most serious charge is that Lakoff’s theories represent “cognitive relativism, in which mathematics, science, and philosophy are beauty contests between rival frames rather than attempts to characterize the nature of reality.”

According to Pinker:

Lakoff tells progressives not to engage conservatives on their own terms, not to present facts or appeal to the truth, and not to pay attention to polls. Instead they should try to pound new frames and metaphors into voters' brains. Don't worry that this is just spin or propaganda, he writes: it is part of the "higher rationality"
that cognitive science is substituting for the old-fashioned kind based on universal disembodied reason.

In the end, Pinker’s critiques are founded on his view of rationalist thinking and acting, a view which is antagonistic to Lakoff’s view that reason is embodied and that the brain gives rise to thought in the form of conceptual frames, image-schemas, prototypes, conceptual metaphors and conceptual blends.

Heuristic Value of Lakoff’s Model for Communication Research

Framing has been described as the “most central and powerful semantic domain type of them all” (Fillmore 283), and some scholars claim that framing research deserves a place at the core of communication study (Gandy 356). However, framing research has suffered from a lack of consistent definitions of core terms and any generally applicable statement of theory. Scholars interested in framing have struggled with how to define frames, what methodologies to use to study them, what texts to study, and how to incorporate the dynamism by which frames interact with popular culture, media, personal experiences and other forces.

According to George Lakoff, framing and the meanings conveyed by framing depend on worldview, and worldview is largely derived from the family. If one accepts Lakoff’s premise, then framing is a clue by which to understand how someone thinks, i.e. what makes sense to them. Frames are usually coherent and consistent with other frames that are reflective of the same worldview, as the systematicity of conservative and liberal letters in my analysis of letters to the editor illustrates. Lakoff also claims that worldviews are not easily changed, but are influenced by personal experiences, or the experiences of trusted others, that demonstrate that the assumptions that hold the
worldview together, e.g. moral action categories, are somehow flawed. For example, some letter writers expressed consternation that the competitive free market they had trusted to deliver needed health care services at affordable prices had failed them, and that their thinking about the role of government in health care had moderated.

Interestingly, Conrad and Millay described the process by which advocates of a Patients’ Bill of Rights persuaded members of the Texas legislature to pass the first such bill in the nation. To gain support for that bill in a strongly conservative state, proponents had to convince the members of the legislature that the unregulated free-market was not performing as expected, and citizens of Texas needed some protections. Conrad and Millay concluded that in order to successfully argue for government interventions in health care reforms, “. . . advocates must recognize the central role that free market romanticism plays in the American political psyche . . . Instead of casting reform as a story that competes with the narrative of a self-correcting free market, an approach that has typified past efforts at both the federal and state levels, proponents can operate within free market ideology, searching for fissures and contradictions, and arguing that reform can strengthen and purify the free market system.” That advice to reformers admits, knowingly or not, that conservatives can sometimes be moved to a more pragmatist position on an issue, but they retain their conservative confidence in free-market competition. Therefore, direct attacks on the failings of the free market are more than just policy disputes; they are perceived as attacks on conservative thought and morality. The same advice holds for conservative reformers. For example, liberals might be more willing to discuss and approve of modifications to improve social programs, if reformers refrain from attacking the character of people who need those programs.
People’s worldviews can also render them more vulnerable to clever language and messages. For example, during the presidential campaigns of 2000 and 2008, Democrat candidates promised financially-strapped senior citizens that, if elected, they would take steps to bring down the cost of prescription drugs, either by permitting consumers to import drugs from Canada or by negotiating for lower prices. Soon after, letter writers began expressing concerns that if drug company profits declined, research and development of new drugs would be delayed or interrupted, and possibly thwart the availability of new, life-saving drugs for future generations. It is possible that these messages originated with pharmaceutical companies, but whatever the source, the messages capitalized on the Strict Father moral action category of acting in the best interest of the nation. If conservative senior citizens on Medicare were considering a vote for Al Gore or Barack Obama in the hopes of bringing down drug prices, the threat that their actions might injure their children or grandchildren would be a deterrent.

Lakoff’s model offers significant insights for researchers who are interested in political communication, because worldview drives framing. The near shutdown of the government in October 2013, and public opinion polls that indicate a movement toward pragmatism indicate that perhaps the weaknesses of free market romanticism have been experienced by enough people to alter their conservative worldviews. Similarly, liberals might have learned that welfare does not always lift people out of poverty or heal the rot of America’s inner cities.

The future of framing might reside in its capacity to reveal how and to what extent American worldviews are changing, or could be changed, and to provide insights about how to improve communication related to public policy issues like health care.
Speaking about leadership, W.W. Souba, Dean of Dartmouth Medical School advises, “We cannot solve our quality, cost and access challenges with technical solutions alone. We, too, must change. We must change how we think about health care, how we speak about its future, and how we work together to correct its failings . . . leaders are more effective when they are not limited by their hidden frames of reference and taken-for-granted worldviews” (45-46). Additionally, given the increasing necessity to communicate in a global environment, an understanding of the relationship between worldview and framing could pave the way for productive interactions with others whose cultures, traditions, families and worldviews are likely to be very different from our own.
WORKS CITED


Blumenthal, Mark. “Government Shutdown: Polls Show Voters Blame GOP.”


Calabresi, Massimo. “Can Obama Regain Control of Congress’s Stimulus Bill?” 


387

Schwarzenegger, Arnold. “Strengthening Our Health Care System.”


Seelye, Katharine, Q. “Washington Memo; Gingrich Draws Fire from Right.”


389


Vogel, Steve, and Rene Merle. “Privatized Walter Reed Workforce Gets Scrutiny.”


This survey is part of the series, *Debating Health: Election 2008*. The series focuses on current health issues in the presidential campaign. The survey design team includes Professor Robert Blendon, Tom Buhr, John Benson and Kathleen Weldon of the Harvard School of Public Health; Humphrey Taylor, Scott Hawkins and Justin Greeves of Harris Interactive.

This survey was conducted by telephone within the United States among a nationwide cross section of adults aged 18 and over. The questions were asked on two separate surveys. The first survey was conducted January 23 to 27, 2008 among a representative sample of 1008 respondents. The second survey was conducted February 6 to 10, 2008 among a representative sample of 1030 respondents. The results for Questions 3 and 6 come from the January poll. The results for Questions 1, 2, 4, and 5 come from the February poll. Figures for age, sex, race/ethnicity, education, region, number of adults in the household, size of place (urbanicity) and number of phone lines in the household were weighted where necessary to bring them into line with their actual proportions in the population.

All sample surveys and polls are subject to multiple sources of error including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. The sampling error for both polls is +/- 3.0% in 95 out of 100 cases for results based on the entire sample. For results based on a smaller subset, the sampling error is somewhat larger.

To begin...

Q1. Politicians sometimes talk about “socialized medicine”. How well do you understand what this phrase means? Would you say [READ LIST]?

67% VERY/SOMewhat WELL (NET)
34% Very well
33% Somewhat well
31% NOT VERY/NOT AT ALL WELL (NET)
15% Not very well
15% Not at all
2% Don't know/Refused

(Asked of those who understand what socialized medicine means “very well”, “somewhat well” or “not very well”; n=888)

Q2. So far as you understand the phrase, do you think that if we had socialized medicine in this country that the health care system would be better or worse than what we have now?

45% Better
39% Worse
4% About the same (volunteer)
12% Don't know/Refused
(Asked of those who understand what socialized medicine means “very well”, “somewhat well” or “not very well”; n=889)

Q3. Which of the following do you understand by the words ‘Socialized Medicine’? Do you think it means a system where ...?

SUMMARY TABLE OF YES

<table>
<thead>
<tr>
<th></th>
<th>B. The government makes sure everyone has health insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>79%</td>
<td>C. The government pays most of the cost of health care</td>
</tr>
<tr>
<td>73%</td>
<td>A. The government tells doctors what to do</td>
</tr>
<tr>
<td>32%</td>
<td></td>
</tr>
</tbody>
</table>

(Asked of those who understand what socialized medicine means “very well”, “somewhat well” or “not very well”; n=888)

Q4. Do you think of the following as being systems of socialized medicine or not? [INSERT A-C]

SUMMARY TABLE OF YES

<table>
<thead>
<tr>
<th></th>
<th>B. Medicare - the system for seniors and people with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>C. The veterans health care system</td>
</tr>
<tr>
<td>47%</td>
<td>A. Managed care plans such as HMOs</td>
</tr>
<tr>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>

(Asked of those who understand what socialized medicine means “very well”, “somewhat well” or “not very well”; n=886)

Q5. If elected, do you think [INSERT A-E] would propose changes which would create a socialized medical care system in the United States? [REPEAT FOR EACH CANDIDATE BELOW]

A. Hillary Clinton

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>69%</td>
<td>Yes</td>
</tr>
<tr>
<td>21%</td>
<td>No</td>
</tr>
<tr>
<td>10%</td>
<td>Don’t know/Refused</td>
</tr>
</tbody>
</table>

B. Barack Obama

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>57%</td>
<td>Yes</td>
</tr>
<tr>
<td>26%</td>
<td>No</td>
</tr>
<tr>
<td>18%</td>
<td>Don’t know/Refused</td>
</tr>
</tbody>
</table>

C. Mitt Romney

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>Yes</td>
</tr>
<tr>
<td>59%</td>
<td>No</td>
</tr>
<tr>
<td>28%</td>
<td>Don’t know/Refused</td>
</tr>
</tbody>
</table>

D. Mike Huckabee

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>Yes</td>
</tr>
<tr>
<td>52%</td>
<td>No</td>
</tr>
<tr>
<td>29%</td>
<td>Don’t know/Refused</td>
</tr>
</tbody>
</table>

E. John McCain

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>Yes</td>
</tr>
<tr>
<td>62%</td>
<td>No</td>
</tr>
<tr>
<td>22%</td>
<td>Don’t know/Refused</td>
</tr>
</tbody>
</table>
SUMMARY TABLE OF YES
69% A. Hillary Clinton
57% B. Barack Obama
19% D. Mike Huckabee
15% E. John McCain
13% C. Mitt Romney

SUMMARY TABLE OF NO
62% E. John McCain
59% C. Mitt Romney
52% D. Mike Huckabee
26% B. Barack Obama
21% A. Hillary Clinton

Q6. Are you, yourself, now covered by any form of health insurance or health plan? This would include any private insurance plan through your employer or that you purchase yourself, as well as a government program like Medicare or Medicaid.

83% Yes
15% No
2% Don’t know/Refused

Q7. In politics today, do you usually think of yourself as a Republican, Democrat, an independent or what?

28% Republican
34% Democrat
36% Independent
2% Don’t know/Refused
Harvard School of Public Health

Press Releases
2008 Releases

Poll Finds Americans Split by Political Party Over Whether Socialized Medicine Better or Worse Than Current System

Seventy percent of Republicans think socialized medicine would make things worse and 70% of Democrats think it would make things better.

For immediate release: Thursday, February 14, 2008

During the course of the presidential nomination campaign, some candidates’ health care plans have been described as

Survey Results

Americans’ views on socialized medicine (File)

'socialized medicine'. Historically, the phrase socialized medicine has been used to attack health reform proposals in the U.S. However, a new poll by the Harvard Opinion Research Program at the Harvard School of Public Health (HSPH) and Harris Interactive finds that Americans are split on whether a socialized medical system would be better or worse than the current system. Among those who say they have at least some understanding of the phrase (82%), a plurality (45%) says such a system would be better while 39 percent say it would be worse. Twelve percent say they do not know and four percent say about the same.

The poll shows striking differences by party identification. Seventy percent of Republicans say that socialized medicine would be worse than our current system. The same percentage of Democrats (70%) say that a socialized medical system would be better than our current system. Independents are more evenly split with 43% saying socialized medicine would be better and 38% worse.

"These results suggest how polarizing the issue of health care will be in the general election," says Robert J. Blendon, Professor of Health Policy and Political Analysis at the Harvard School of Public Health. "The phrase 'socialized medicine' really resonates as a pejorative with Republicans. However, that so many Democrats believe that socialized medicine would be an improvement is an indication of their dissatisfaction with our current system. Independents, who are the key swing group in this election, are split like the country as a whole."

Although a majority of Americans say they understand the phrase socialized medicine (34% very well, 33% somewhat well), about one in three are uncertain what it means (15% not very well, 15% not at all). When offered descriptions of what such a system could mean, only one-third (32%) feel that socialized medicine is a system where "the government tells doctors what to do". Strong majorities believe that it means that "the government makes sure everyone has health insurance" (79%) and "the government pays most of the cost of health care" (73%).

A majority of those surveyed feel that the American health care system already has elements that could be described as socialized medicine. Sixty percent believe that Medicare is socialized
medicine, whereas about half (47%) feel that the veterans health care system is socialized medicine.

A majority of Americans feel that the front-runners for the Democratic nomination would propose changes that would create a socialized medical system. However, there is a difference between the two remaining Democratic candidates. Sixty-nine percent think that Hillary Clinton would propose a socialized medical system compared to 57% for Barack Obama. Far fewer Americans feel the Republicans would propose a socialized medical system - Mike Huckabee (19%) and John McCain (15%).

Compared to seniors (ages 65+), younger adults (ages 18-34) are more likely to view socialized medicine positively (55% vs. 30%). Younger adults are also more likely than seniors to view Medicare as socialized medicine (67% vs. 47%). The uninsured do not view socialized medicine as negatively as those who have health insurance. Only 19 percent of the uninsured think that a socialized medicine system would be better than our current system while 57 percent think it would be better. Those who currently have health insurance are divided on whether socialized medicine would be better (44%) or worse (41%).

"No doubt some Republicans will continue to use the words 'socialized medicine' to attack Democratic health care proposals before and after this November's elections, but these attacks are unlikely to do much damage," says Humphrey Taylor, Chairman of The Harris Poll®. "Only just over one third of adults think that socialized medicine would be worse than what we have now, and majorities associate the words with popular policies such as Medicare and a government guarantee that everyone has health insurance. Clearly socialized medicine is not the scary bogeyman it used to be."

Q. So far as you understand the phrase, do you think that if we had socialized medicine in this country that the health care system would be better or worse than what we have now?*

<table>
<thead>
<tr>
<th></th>
<th>Better (%)</th>
<th>Worse (%)</th>
<th>About the Same (%)</th>
<th>Don't Know/Refused (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>45</td>
<td>39</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Republicans</td>
<td>17</td>
<td>70</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Democrats</td>
<td>70</td>
<td>16</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Independents</td>
<td>43</td>
<td>38</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Young Adults (Under 35)</td>
<td>55</td>
<td>30</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Seniors (65+)</td>
<td>30</td>
<td>57</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Insured</td>
<td>44</td>
<td>41</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Uninsured</td>
<td>57</td>
<td>19</td>
<td>8</td>
<td>17</td>
</tr>
</tbody>
</table>
*Only asked of those who said they understood the phrase socialized medicine "very well", "somewhat well", or "not very well".


Methodology

This survey is part of the series, Debating Health: Election 2008. The series focuses on current health issues in the presidential campaign. The survey design team includes Professor Robert Blendon (http://www.hsph.harvard.edu/faculty/robert-blendon.html), Tami Buhr, John Benson and Kathleen Weldon of the Harvard School of Public Health; and Humphrey Taylor, Scott Hawkins and Justin Greeves of Harris Interactive.

This survey was conducted by telephone within the United States among a nationwide cross section of adults aged 18 and over. The questions were asked on two separate surveys. The first survey was conducted January 23 to 27, 2008 among a representative sample of 1008 respondents. The second survey was conducted February 6 to 10, 2008 among a representative sample of 1030 respondents. The results for Questions 3 and 6 come from the January poll. The results for Questions 1, 2, 4, and 5 come from the February poll. Figures for age, sex, race/ethnicity, education, region, number of adults in the household, size of place (urbanicity) and number of phone lines in the household were weighted where necessary to bring them into line with their actual proportions in the population.

All sample surveys and polls are subject to multiple sources of error including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. The sampling error for both polls is +/- 3.0% in 95 out of 100 cases for results based on the entire sample. For results based on a smaller subset, the sampling error is somewhat larger.

Contact:
Todd Datz
617-432-3952
tdatz@hsph.harvard.edu

Tracey McNerney
Harris Interactive
585-214-7756
tmcnerney@harrisinteractive.com

Harvard School of Public Health is dedicated to advancing the public's health through learning, discovery, and communication. More than 400 faculty members are engaged in teaching and training the 1,000-plus student body in a broad spectrum of disciplines crucial to the health and well-being of individuals and populations around the world. Programs and projects range from the molecular biology of AIDS vaccines to the epidemiology of cancer; from risk analysis to violence prevention; from maternal and children's health to quality of care measurement; from health care management to international health and human rights. For more information on the school visit: www.hsph.harvard.edu (http://www.hsph.harvard.edu/)
APPENDIX B: CONTENT ANALYSIS PILOT

Content Analysis Survey

1. Coder Identification

* 1. Coder ID -- Enter your last name.
2. Text Information

The following questions ask you to provide descriptions of the article/text.

1. Enter the Artifact ID#: this number is a 4-digit number printed/written in the top margin of the first page of the article to be coded.

2. Please provide the name of the publication in which this article can be found. The Publication Title may be found at the top of the page and/or referenced in the bottom footer.

3. Please provide the date of publication. Notice that the numbers must be entered day/month/year. Leave blank if no date is found.

4. In what newspaper "section" was this article printed? The section of the newspaper can be found at the top of the first page.
   - 1) Community
   - 2) International
   - 3) Letter, Letter to Editor
   - 4) National
   - 5) News
   - 6) Sports
   - 7) Unknown, Can't identify
   - 8) Unknown, Magazine
   - Other (please specify)

5. From what database was this article pulled and printed? This information can be found at the top of the first page.
   - America's Newspapers
   - LexisNexis
   - Faculty
   - Not found
6. How many paragraphs are in this article? Count the number of paragraphs in the article and list them as 001 to 100. Anything over 100 should be indicated as 100.

7. Who is cited in this article (People Only)? (Please code for all sources coded. You may wish to read through the article and mark all direct quotations and/or paraphrases.)

- No Source Cited (article is written without any external support)
- Government Office - City (elected or appointed, official is quoted or paraphrased)
- Government Office - State (elected or appointed, official is quoted or paraphrased)
- Government Office - Federal (elected or appointed, official is quoted or paraphrased)
- Medical Professional (Doctor and/or Nurse is quoted or paraphrased)
- Insurance Representative (CEO, Insurance Agent is quoted or paraphrased)
- Pharmaceutical Representative (CEO, Researcher, Pharmacist is quoted or paraphrased)
- Other Large Business Representative (CEO, President of Company, Public Relations Office are quoted or paraphrased)
- Small Business Representative (Owner, Employee, President of Company, Public Relations Office are quoted or paraphrased)
- Average Citizen (The average Jack or Jane is asked to share their opinions)
- Economist (An Economist, Investment Official is asked to share opinions)
- Hospital/Clinton Administrator (Not Doctors/Nurses, but ‘administrators’ owners are quoted paraphrased)
- Independent Policy Institute/Foundation (A representative from a non-profit organization/foundation is quoted or paraphrased)
- Other (please specify) OR Indicate if there is a dual assignment. Dr. Working for a Non-profit organization.
8. Are there any documents quoted or referenced in this article—check all that apply.

- [ ] No document cited
- [ ] Federal Government Document (A government document such as a bill/mandate)
- [ ] State Government Document (A government document such as a bill/mandate)
- [ ] Local Government Document (A government document such as a bill/mandate)
- [ ] Medical article/journal/document (A standard academic journal article, research report, etc. that are found in any number of medical journals or publications.)
- [ ] Scientific (non-medical) article/journal/document (A standard academic journal, research report, etc. that may be found in non-medical journals/publications, such as Communication Theory)
- [ ] Business Report/analysis/document (A report documenting the business of medicine or insurance—profits, losses, etc.)
- [ ] Independent Policy/advocacy group document (A report from an independent policy or advocacy group—MOTHERS AGAINST DRUNK DRIVING, Support Groups for Mentally Ill)
- [ ] Political Advertisement, Political Speech, Letter/Statement from a politician
- [ ] Other (please specify)
### 3. Health Policy/Program Coverage

Read through the article to highlight any/all of the following terms/descriptions (Descriptions of each term are included under each question that follows):

1. Socialized Medicine
2. Single Payer
3. HMO
4. PPO
5. Medicaid
6. Medicare
7. Guaranteed Renewability
8. Universal Coverage
9. Fee For Service
10. Private Health Care
11. Canadian Health Care
12. SCHIP
13. CHIP
14. Medical Savings Accounts
15. International Health Care
16. Guaranteed Issue
17. Portability

Note that you have highlighted any of the above issues, please describe the tone of coverage of each present using the following options:

- Not Present (No mention of the issue)
- Present (The term/description is present but it is NOT framed within an evaluative statement—good, bad, dangerous, etc.)
- Positive/Negative Distinction (The term/description is present and framed as good, bad, dangerous, etc. — can be either positive AND/OR negative)

**1. Socialized Medicine**

*This term may appear as part of a list of terms with no comment, or be denigrated as the "end of democracy" or be praised as "what is needed," but it refers to a health system that is organized and operated by the state.*

- [ ] Not Present
- [ ] Present
- [ ] Positive/Negative Distinction

**2. Single Payer**

*A system of independent, private practitioners who are paid for services via a single-payer, which can be government or other body. Is often confused with socialized medicine.*

- [ ] Not Present
- [ ] Present
- [ ] Positive/Negative Distinction
3. HMO
(Health Maintenance Organization - contracts with providers such as doctors, hospitals, ambulance services to provide clients, usually via contracts with employers, if the providers charge lower fees to those clients in the network.)
- Not Present
- Present
- Negative/Positive Distinction

4. PPO
(Preferred Provider Organization - Preferred Provider Organization is an HMO that offers more choices to clients but charges more money.)
- Not Present
- Present
- Negative/Positive Distinction

5. Medicaid
(Federal government system to provide health insurance to the poor. It is often criticized because it compensates providers at such a low rate that many will not accept Medicaid patients.)
- Not Present
- Present
- Negative/Positive Distinction

6. Medicare
(Federal Government system to provide health insurance to the elderly. One must be at least 65 years old to qualify for Medicare.)
- Not Present
- Present
- Negative/Positive Distinction

7. Guaranteed Renewability
(The right of a person who has health insurance to renew that insurance even if they have become seriously ill, and thereby an expense to the insuring company.)
- Not Present
- Present
- Negative/Positive Distinction
8. Universal Coverage
(Refers to health care that includes all citizens.)
- Not Present
- Present
- Negative/Positive Distinction

9. Fee For Service
(Another term for private health care services as compared to publicly funded provision of service.)
- Not Present
- Present
- Negative/Positive Distinction

10. Private Health Care
(Health insurance provided by private companies, not government.)
- Not Present
- Present
- Negative/Positive Distinction

11. Canadian Health Care
(Canada's system of national health care, which some cite as socialized medicine and others cite as single-payer or universal.)
- Not Present
- Present
- Negative/Positive Distinction

12. SCHIP
(State Children's Health Insurance Program. Federally funded health insurance program for children in the U.S.)
- Not Present
- Present
- Negative/Positive Distinction
13. CHIP
(Children's Health Insurance Program - State funded health insurance program for children in the U.S.)
- Not Present
- Present
- Negative/Positive Distinction

14. Medical Savings Account
(Pre-tax savings accounts that can be Spending Accounts used only for medical expenses and are favored by those who reject government funding for health care.)
- Not Present
- Present
- Negative/Positive Distinction

15. International Health Care
(Other than Canada-References to health care programs in countries other than Canada.)
- Not Present
- Present
- Negative/Positive Distinction

16. Guaranteed Issue
(Requires that insurance companies sell policies to anyone who wants to buy, regardless of their health status.)
- Not Present
- Present
- Negative/Positive Distinction

17. Portability
(Term that describes an insurance policy that an employee can take from one job to another.)
- Not Present
- Present
- Negative/Positive Distinction
4. Related Issues

Read through the article to highlight any/all of the following terms/descriptions (Descriptions of each term are included under each question that follows):

1. Risk Pool
2. Taxes
3. Government Involvement
4. Personal Responsibility
5. Cost
6. Quality of Care
7. Choice (of provider)
8. Guaranteed Access
9. Health Care a Right
10. Uninsured/Underinsured
11. Health Care Reform
12. Accountability
13. Competition/Free Market
14. Bureaucracy
15. Socialism
16. American
17. Not American

Note that you have highlighted any of the above issues, please describe the tone of coverage of each present using the following options:

Not Present (No mention of the issue)
Present (The term/description is present but it is NOT framed within an evaluative statement—good, bad, dangerous, etc.)
Positive/Negative Distinction (The term/description is present and framed as good, bad, dangerous, etc. – can be either positive AND/OR negative)

**1. Risk Pool**
(Funds held by state governments to provide care to the uninsured. People that insurance companies will not take as clients because of their poor health, age, income, etc.)
- Not Present
- Present
- Negative/Positive Distinction

**2. Taxes**
(Funds garnished from wages, sales, property, etc. to fund government enterprises. Some objects to loss of control of funds and low accountability of government bureaucracy. Others see taxes as a means to provide for the public good.)
- Not Present
- Present
- Negative/Positive Distinction
3. Government Involvement
(Refers to funding, regulation and/or oversight by local, state, or federal government. Some people prefer the least amount of government involvement in any citizen affairs beyond issues such as national defense. Others view the role of government more broadly as a protector of citizens, and advocate for the general welfare.)

☐ Not Present
☐ Present
☐ Negative/Positive Distinction

4. Personal Responsibility
(Phrase emphasizes that individuals should claim responsibility for themselves and not rely on government.)

☐ Not Present
☐ Present
☐ Negative/Positive Distinction

5. Cost
(Cost of health care is associated with perceived value, choice, efficiency and level of personal control. For foes of publicly funded programs, part of their “cost” is government taxation.)

☐ Not Present
☐ Present
☐ Negative/Positive Distinction

6. Quality of Care
(Concern about quality of health care in the U.S. is associated with profit motive, choice of providers and accountability among free market supporters.)

☐ Not Present
☐ Present
☐ Negative/Positive Distinction
7. **Choice (of provider)**
(Freedom of choice in providers may be argued by both those who favor private insurers of publicly funded systems, but may differ relative to associations such as "quality," "access" and/or "cost").
- Not Present
- Present
- Negative/Positive Distinction

8. **Guaranteed Access**
(This is a concern to those who seek universal health care and see that as reasonable or even as a right in the U.S. Others do not think the government should provide guarantees for services and think people should work and earn what they need and want.)
- Not Present
- Present
- Negative/Positive Distinction

9. **Health Care a Right**
(America, as a wealthy, western nation should provide health care to all its citizens, like public school, and other services deemed to be in the public and national interest.)
- Not Present
- Present
- Negative/Positive Distinction

10. **Uninsured/Underinsured**
(These groups are highlighted by some universal care advocates to illustrate their view that private health care insurance is a failure and a fraud— but private insurance advocates argue that government regulation has hampered free enterprise and the proliferation of affordable health plans — and government could pay for the small number of truly "uninsurables." )
- Not Present
- Present
- Negative/Positive Distinction
11. Health Care Reform
(May refer to efforts to deregulate the health insurance business or to efforts to expand government programs to the uninsured.)
- [ ] Not Present
- [ ] Present
- [ ] Negative/Positive Distinction

12. Accountability
(Free market advocates believe that a private business can be held accountable for poor services or products, but that government is not accountable, delivers poor service and citizens have no recourse.)
- [ ] Not Present
- [ ] Present
- [ ] Negative/Positive Distinction

13. Competition/Free Market
(Advocates trust the profit motive to produce products and services that are subjected to the rigors of open competition so that only the best survive.)
- [ ] Not Present
- [ ] Present
- [ ] Negative/Positive Distinction

14. Bureaucracy
(A term applied to perceived unrestrained growth, inefficiency and lack of accountability of government programs, especially at the federal level.)
- [ ] Not Present
- [ ] Present
- [ ] Negative/Positive Distinction

15. Socialism
(Government run, anti-capitalist, anti-individualist, dependency, loss of personal freedom.)
- [ ] Not Present
- [ ] Present
- [ ] Negative/Positive Distinction
16. American
(Characteristic of America - free, open, independent, strong, competitive, individualistic, proud, generous, the “best,” democratic, capitalistic, having opportunities.)

- Not Present
- Present
- Negative/Positive Distinction

17. Not American
(Not characteristic of America - dependent, socialistic, entitlements, guarantees, government services, welfare, poverty.)

- Not Present
- Present
- Negative/Positive Distinction

18. Are there any other medical or non-medical related issues discussed? If so, please list and assign tone of coverage.
5. Argument Construction

The following section asks you to identify the argumentative strategies used in this article.

1. Inquiry seeks truth for self and others. It is informal in nature, asking questions:
   "Can we afford socialized medicine?" "Are American's ready to take better care of their health?"

2. Convincing seeks assent to a thesis, is less intimate than inquiry, wants careful reasoning, more formal, and case-making:
   "The free market system provides industrial security and provide the best health care compared to other programs."

3. Persuading seeks action, appeals to a broad public, emphasizes a pressing need for decision, and appeals to reason and emotion:
   "It is vital that we, as Americans, take better care of our health. We are the first step in the medical chain of responsibility. Without your dedication to seek better health no system will provide what is needed."

4. Mediating seeks consensus, polarize options by differences, appeals to a need for cooperation to preserve relations, and is a "give-and-take" appeal:
   "There is a need for politicians, health care professionals, and the insurance industry to work together in an effort to decrease costs."

* 1. What argumentative methods are used in this article? (Check all that are present.)
   - Inquiry/Questions
   - Convincing/case-making
   - Persuading/appeals to reason and emotion
   - Mediating/give-and-take
   - Other (please specify)

* 2. What specific types of support are used in this article? (Check all that are present.)
   - Statistical "hard data"/"numbers"
   - Testimony (expert, authority, quotations/paraphrased statements by authorities/ expert opinion and traditional authorities such as respected political leaders, philosophers, and well-known authors. Besides printed sources, you can gather quotations from interviews and on-the-spot sources.)
   - Lay testimony (personal narrative, patient stories, etc.)
   - Examples and case histories (that is, extended narratives about an individual or organization).
   - Other (please specify)
3. What values are represented in this text? (Check all that are present.)

☐ Freedom - (We have the right to choose our leaders, speak out for those things we believe in and against those we do not. The right to read, watch, and listen to what we want. The right to choose.)

☐ Equality - (Reflects American sense of justice, regardless of race, income, physical or mental ability, or treatment under law.)

☐ Opportunity - (All of us have the right to pursue work, education, employment, care, to compete for the good life.)

☐ Fames - (Extends an equality in that the basis is that people should get what they deserve for the efforts they put forth. All should be treated equitably but not make special allowances for a lack of effort.)

☐ Achievement - (Based on the Protestant work ethic, hard work pays off and the accomplishments of the individual should be rewarded.)

☐ Patriotism - American Superiority (Loyalty to the USA and our concept of democracy.)

☐ Individual Accountability (Being a responsible citizen, taking care of one's own needy.)

☐ Community - (Collective welfare -- The belief that we should work together to accomplish things.)

☐ Other (please specify)
### 6. Audience

Was a target audience specified in this article?
First, code as Specified or Not Specified.

If Specified indicate if the target audience is Called to Action, Blamed and/or Praised.
Multiple answers are possible EXCEPT for when Not Specified is checked.

- General Public
- Those in Need of Medical Care
- Decision Makers
- Medical Practitioners
- Corporations
- Liberals
- Conservatives
- Religious Groups
- Social Change Groups

**1. General Public (Jack of Jane on the street.)**

- [ ] Not Specified
- [ ] Specified
- [ ] Called to Action
- [ ] Blamed
- [ ] Praised

**2. Those in Need of Medical Care (Individuals or groups who are in need of care or may be excluded/included from a particular proposal.)**

- [ ] Not Specified
- [ ] Specified
- [ ] Called to Action
- [ ] Blamed
- [ ] Praised

**3. Decision Makers (law makers or government officials/agencies)**

- [ ] Not Specified
- [ ] Specified
- [ ] Called to Action
- [ ] Blamed
- [ ] Praised
4. Medical Practitioners (Doctors or nurses.)
- Not Specified
- Specified
- Called to Action
- Praised
- Blamed

5. Corporations (Pharm. companies, Insurance Companies, etc.)
- Not Specified
- Specified
- Called to Action
- Praised
- Blamed

6. Liberals (May include Democrats, Left-wing, etc.)
- Not Specified
- Specified
- Called to Action
- Praised
- Blamed

7. Conservatives (May include Republican, Right-wing, etc.)
- Not Specified
- Specified
- Called to Action
- Praised
- Blamed

8. Religious Groups (Church charities, etc.)
- Not Specified
- Specified
- Called to Action
- Praised
- Blamed
9. Social Change Groups (Not for Profit Advocacy Groups, Lobby Groups.)

- Not Specified
- Specified
- Called to Action
- Praised
- Blamed
**Survey Monkey Data Summary**

**Romoser's Health Care Deliberations**

1. Coder ID -- Enter your last name.

<table>
<thead>
<tr>
<th>Response Count</th>
<th>480</th>
</tr>
</thead>
</table>

| Answered question | 480 |
| Skipped question  | 0   |

2. Enter the Artifact ID#--this number is a 4-digit number printed/written in the top margin of the first page of the article to be coded

| Response Average | 272.73 |
| Response Total   | 126,185 |
| Response Count   | 470   |

| Answered question | 470 |
| Skipped question  | 10  |

3. Please provide the name of the publication in which this article can be found. The Publication Title may be found at the top of the page and/or referenced in the bottom footer.

<table>
<thead>
<tr>
<th>Response Count</th>
<th>470</th>
</tr>
</thead>
</table>

| Answered question | 470 |
| Skipped question  | 10  |
4. Please provide the date of publication. Notice that the numbers must be entered day/month/year. Leave blank if no date is found.

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>100.0%</td>
<td>470</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10

5. In what newspaper "section" was this article printed? The section of the newspaper can be found at the top of the first page.

<table>
<thead>
<tr>
<th>Section Description</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Community</td>
<td>1.3%</td>
<td>6</td>
</tr>
<tr>
<td>2) International</td>
<td>1.5%</td>
<td>7</td>
</tr>
<tr>
<td>3) Letter, Letter to Editor</td>
<td>52.1%</td>
<td>245</td>
</tr>
<tr>
<td>4) National</td>
<td>3.4%</td>
<td>18</td>
</tr>
<tr>
<td>5) News</td>
<td>11.5%</td>
<td>54</td>
</tr>
<tr>
<td>6) Sports</td>
<td>0.2%</td>
<td>1</td>
</tr>
<tr>
<td>7) Unknown, Can't Identify</td>
<td>0.8%</td>
<td>31</td>
</tr>
<tr>
<td>8) Unknown, Magazine</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>23.4%</td>
<td>110</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10
6. From what database was this article pulled and printed? This information can be found at the top of the first page.

<table>
<thead>
<tr>
<th>Database</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>America's Newspapers</td>
<td>40.2%</td>
<td>180</td>
</tr>
<tr>
<td>LexisNexis</td>
<td>30.8%</td>
<td>144</td>
</tr>
<tr>
<td>Factiva</td>
<td>28.0%</td>
<td>128</td>
</tr>
<tr>
<td>Not found</td>
<td>0.2%</td>
<td>1</td>
</tr>
</tbody>
</table>

- answered question 470
- skipped question 10

7. How many paragraphs are in this article? Count the number of paragraphs in the article and list them as 001 to 100. Anything over 100 should be indicated as 100.

<table>
<thead>
<tr>
<th>Response Average</th>
<th>Response Total</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>10.62</td>
<td>4,992</td>
</tr>
</tbody>
</table>

- answered question 470
- skipped question 10
8. Who is cited in this article (People Only)? (Please code for all sources cited. You may wish to read through the article and mark all direct quotations and/or paraphrases.)

<table>
<thead>
<tr>
<th>Source</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Source Cited (article is written without any external support)</td>
<td>40.8%</td>
<td>191</td>
</tr>
<tr>
<td>Government Office - City (elected or appointed, official is quoted or paraphrased)</td>
<td>1.3%</td>
<td>0</td>
</tr>
<tr>
<td>Government Office - State (elected or appointed, official is quoted or paraphrased)</td>
<td>0.4%</td>
<td>44</td>
</tr>
<tr>
<td>Government Office - Federal (elected or appointed, official is quoted or paraphrased)</td>
<td>23.0%</td>
<td>108</td>
</tr>
<tr>
<td>Medical Professional (Doctor and/or Nurse is quoted or paraphrased)</td>
<td>11.7%</td>
<td>55</td>
</tr>
<tr>
<td>Insurance Representative (CEO, Insurance Agent is quoted or paraphrased)</td>
<td>2.3%</td>
<td>11</td>
</tr>
<tr>
<td>Pharmaceutical Representative (CEO, Researcher, Pharmacist is quoted or paraphrased)</td>
<td>0.2%</td>
<td>1</td>
</tr>
<tr>
<td>Other Large Business Representative (CEO, President of Company, Public Relations Office are quoted or paraphrased)</td>
<td>0.5%</td>
<td>3</td>
</tr>
<tr>
<td>Small Business Representative (Owner, Employee, President of Company, Public Relations Office are quoted or paraphrased)</td>
<td>1.3%</td>
<td>8</td>
</tr>
<tr>
<td>Average Citizen (The average Jack or Jane is asked to share their opinions)</td>
<td>6.2%</td>
<td>20</td>
</tr>
<tr>
<td>Economist (An Economic, Investment Official is asked to share opinions)</td>
<td>2.6%</td>
<td>12</td>
</tr>
<tr>
<td>Role Description</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Hospital/Clinic Administrator (Not Doctors/Nurses, but &quot;administrators&quot; owners are quoted paraphrased)</td>
<td>2.8%</td>
<td>13</td>
</tr>
<tr>
<td>Independent Policy Institute/Foundation (A representative from a non-profit organization/foundation is quoted or paraphrased)</td>
<td>11.0%</td>
<td>58</td>
</tr>
<tr>
<td>Other (please specify) OR Indicate if there is a dual assignment, OR Working for a Non-profit organization.</td>
<td>18.9%</td>
<td>70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Count</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answered question</td>
<td>470</td>
</tr>
<tr>
<td>Skipped question</td>
<td>10</td>
</tr>
</tbody>
</table>
9. Are there any documents quoted or referenced in this article—check all that apply.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No document cited</td>
<td>37.2%</td>
<td>170</td>
</tr>
<tr>
<td>Federal Government Document (A government document such as a bill/mandate)</td>
<td>23.0%</td>
<td>94</td>
</tr>
<tr>
<td>State Government Document (A government document such as a bill/mandate)</td>
<td>7.2%</td>
<td>34</td>
</tr>
<tr>
<td>Local Government Document (A government document such as a bill/mandate)</td>
<td>0.2%</td>
<td>1</td>
</tr>
<tr>
<td>Medical article/journal/document (A standard academic journal, article, etc. that are found in any number of medical journals or publications.)</td>
<td>2.8%</td>
<td>13</td>
</tr>
<tr>
<td>Scientific (non-medical) article/journal/document (A standard academic journal, research report, etc. that may be found in non-medical journals/publications, such as Communication Theory.)</td>
<td>0.4%</td>
<td>2</td>
</tr>
<tr>
<td>Business Report/Article/document (A report documenting the business of medicine or insurance—profits, losses, etc.)</td>
<td>1.1%</td>
<td>5</td>
</tr>
<tr>
<td>Independent policy/advocacy group document (A report from an independent policy or advocacy group—Mother’s against drunk driving, Support Groups for Mentally Ill)</td>
<td>7.4%</td>
<td>35</td>
</tr>
<tr>
<td>Political Advertisement, Political Speech, Letter/Statement from a politician</td>
<td>0.2%</td>
<td>29</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>28.1%</td>
<td>132</td>
</tr>
</tbody>
</table>

6 of 31
10. Socialized Medicine (This term may appear as part of a list of terms with no comment, or be denigrated as the “end of democracy” or be praised as “what is needed,” but it refers to a health system that is organized and operated by the state.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>3.8%</td>
<td>19</td>
</tr>
<tr>
<td>Present</td>
<td>19.4%</td>
<td>91</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>76.8%</td>
<td>361</td>
</tr>
</tbody>
</table>

11. Single Payer (A system of independent, private practitioners who are paid for services via a single-payer, which can be government or other body. Is often confused with socialized medicine.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>84.7%</td>
<td>398</td>
</tr>
<tr>
<td>Present</td>
<td>3.0%</td>
<td>14</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>12.3%</td>
<td>58</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10
12. HMO (Health Maintenance Organization - contracts with providers such as doctors, hospitals, ambulance services to provide clients, usually via contracts with employers, if the providers charge lower fees to those clients in the network.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>84.3%</td>
<td>396</td>
</tr>
<tr>
<td>Present</td>
<td>4.3%</td>
<td>20</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>11.5%</td>
<td>54</td>
</tr>
</tbody>
</table>

Answered question: 470
Skipped question: 10

13. PPO (Preferred Provider Organization - Preferred Provider Organization is an HMO that offers more choices to clients but charges more money.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>99.6%</td>
<td>467</td>
</tr>
<tr>
<td>Present</td>
<td>0.2%</td>
<td>1</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>0.4%</td>
<td>2</td>
</tr>
</tbody>
</table>

Answered question: 470
Skipped question: 10
14. Medicaid (Federal government system to provide health insurance to the poor. It is often criticized because it compensates providers at such a low rate that many will not accept Medicaid Patients.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>83.4%</td>
<td>392</td>
</tr>
<tr>
<td>Present</td>
<td>8.7%</td>
<td>41</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>7.9%</td>
<td>37</td>
</tr>
</tbody>
</table>

answered question: 470
skipped question: 10

15. Medicare (Federal Government system to provide health insurance to the elderly. One must be at least 65 years old to qualify for Medicare.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>72.3%</td>
<td>360</td>
</tr>
<tr>
<td>Present</td>
<td>9.0%</td>
<td>45</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>18.1%</td>
<td>95</td>
</tr>
</tbody>
</table>

answered question: 470
skipped question: 10
16. Guaranteed Renewability (The right of a person who has health insurance to renew that insurance even if they have become seriously ill, and thereby an expense to the insuring company.)

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>97.4%</td>
<td>498</td>
</tr>
<tr>
<td>Present</td>
<td>0.4%</td>
<td>2</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>2.1%</td>
<td>10</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10

17. Universal Coverage (Refers to health care that includes all citizens.)

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>76.4%</td>
<td>350</td>
</tr>
<tr>
<td>Present</td>
<td>0.5%</td>
<td>25</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>18.1%</td>
<td>85</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10
### 18. Fee For Service (Another term for private health care services as compared to publicly funded provision of service.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>95.5%</td>
<td>448</td>
</tr>
<tr>
<td>Present</td>
<td>1.7%</td>
<td>0</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>2.8%</td>
<td>13</td>
</tr>
</tbody>
</table>

- answered question: 470
- skipped question: 10

### 19. Private Health Care (Health Insurance provided by private companies, not government.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>68.5%</td>
<td>322</td>
</tr>
<tr>
<td>Present</td>
<td>11.1%</td>
<td>52</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>20.4%</td>
<td>90</td>
</tr>
</tbody>
</table>

- answered question: 470
- skipped question: 10

### 20. Canadian Health Care (Canada's system of national health care, which some cite as socialized medicine and others cite as single-payer or universal.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>74.0%</td>
<td>348</td>
</tr>
<tr>
<td>Present</td>
<td>2.0%</td>
<td>13</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>23.2%</td>
<td>100</td>
</tr>
</tbody>
</table>

- answered question: 470
- skipped question: 10
### 21. SCHIP (State Children’s Health Insurance Program - Federally funded health insurance program for children in the U.S.)

<table>
<thead>
<tr>
<th>Not Present</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>96.2%</td>
<td>452</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Present</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.2%</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative/Positive Distinction</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.8%</td>
<td>17</td>
</tr>
</tbody>
</table>

- **Answered question**: 470
- **Skipped question**: 10

### 22. CHIP (Children’s Health Insurance Program - State funded health insurance program for children in the U.S.)

<table>
<thead>
<tr>
<th>Not Present</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98.7%</td>
<td>464</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Present</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.4%</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative/Positive Distinction</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.9%</td>
<td>4</td>
</tr>
</tbody>
</table>

- **Answered question**: 470
- **Skipped question**: 10
23. Medical Savings Account (Pre-tax savings accounts that can be Spending Accounts used only for medical expenses and are favored by those who reject government funding for health care.)

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>94.7%</td>
<td>440</td>
</tr>
<tr>
<td>Present</td>
<td>1.3%</td>
<td>0</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>4.0%</td>
<td>10</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10

24. International Health Care (Other than Canada: References to health care programs in countries other than Canada.)

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>75.3%</td>
<td>354</td>
</tr>
<tr>
<td>Present</td>
<td>4.5%</td>
<td>21</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>20.2%</td>
<td>95</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10
25. Guaranteed issue (Requires that insurance companies sell policies to anyone who wants to buy, regardless of their health status.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>97.4%</td>
<td>458</td>
</tr>
<tr>
<td>Present</td>
<td>0.4%</td>
<td>2</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>2.1%</td>
<td>10</td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>470</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

26. Portability (Term that describes an insurance policy that an employee can take from one job to another.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>96.9%</td>
<td>454</td>
</tr>
<tr>
<td>Present</td>
<td>0.2%</td>
<td>1</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>3.2%</td>
<td>15</td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>470</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>
27. Risk Pool (Funds held by state governments to provide care to the uninsurable—people that insurance companies will not take as clients because of their poor health, age, income, etc.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>97.9%</td>
<td>460</td>
</tr>
<tr>
<td>Present</td>
<td>0.9%</td>
<td>4</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>1.3%</td>
<td>0</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10

28. Taxes (Funds garnished from wages, sales, property, etc. to fund government enterprises. Some objects to loss of control of funds and low accountability of government bureaucracy. Others see taxes as a means to provide for the public good.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>61.7%</td>
<td>290</td>
</tr>
<tr>
<td>Present</td>
<td>8.3%</td>
<td>39</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>30.0%</td>
<td>141</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10
29. Government Involvement (Refers to funding, regulation and/or oversight by local, state, or federal government. Some people prefer the least amount of government involvement in any citizen affairs beyond issues such as national defense. Others view the role of government more broadly as a protector of citizens, and advocate for the general welfare.)

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>21.3%</td>
<td>100</td>
</tr>
<tr>
<td>Present</td>
<td>11.5%</td>
<td>54</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>67.2%</td>
<td>316</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10

30. Personal Responsibility (Phrase emphasizes that individuals should claim responsibility for themselves and not rely on government.)

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>84.9%</td>
<td>390</td>
</tr>
<tr>
<td>Present</td>
<td>2.5%</td>
<td>12</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>12.5%</td>
<td>50</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10
31. Cost (Cost of health care is associated with perceived value, choice, efficiency and level of personal control. For foes of publicly funded programs, part of their "cost" is government taxation.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>33.4%</td>
<td>157</td>
</tr>
<tr>
<td>Present</td>
<td>10.0%</td>
<td>47</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>56.6%</td>
<td>266</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10

32. Quality of Care (Concern about quality of health care in the U.S. is associated with profit motive, choice of providers and accountability among free market supporters.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>61.7%</td>
<td>290</td>
</tr>
<tr>
<td>Present</td>
<td>4.5%</td>
<td>21</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>33.8%</td>
<td>150</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10
33. Choice (of provider) (Freedom of choice in providers may be argued by both those who favor private insurers of publicly funded systems, but may differ relative to associations such as “quality,” “access” and/or “cost”.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>83.2%</td>
<td>391</td>
</tr>
<tr>
<td>Present</td>
<td>2.6%</td>
<td>13</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>14.0%</td>
<td>55</td>
</tr>
</tbody>
</table>

answered question | 470
skipped question | 10

34. Guaranteed Access (This is a concern to those who seek universal health care and see that as reasonable or even as a right in the U.S. Others do not think the government should provide guarantees for services and think people should work and earn what they need and want.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>84.9%</td>
<td>399</td>
</tr>
<tr>
<td>Present</td>
<td>2.6%</td>
<td>12</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>12.9%</td>
<td>59</td>
</tr>
</tbody>
</table>

answered question | 470
skipped question | 10
35. **Health Care a Right** (America, as a wealthy, western nation should provide health care to all its citizens, like public school, and other services deemed to be in the public and national interest.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>91.1%</td>
<td>428</td>
</tr>
<tr>
<td>Present</td>
<td>1.3%</td>
<td>0</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>7.7%</td>
<td>35</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10

36. **Uninsured/Underinsured** (These groups are highlighted by some universal care advocates to illustrate their view that private health care insurance is a failure and a fraud--but private insurance advocates argue that government regulation has hampered free enterprise and the proliferation of affordable health plans -- and government could pay for the small number of truly "uninsurable.")

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>67.7%</td>
<td>318</td>
</tr>
<tr>
<td>Present</td>
<td>19.4%</td>
<td>91</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>13.0%</td>
<td>91</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10
37. Health Care Reform (May refer to efforts to de-regulate the health insurance business or to efforts to expand government programs to the uninsured.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>39.1%</td>
<td>194</td>
</tr>
<tr>
<td>Present</td>
<td>7.4%</td>
<td>35</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>53.4%</td>
<td>251</td>
</tr>
</tbody>
</table>

- answered question: 470
- skipped question: 10

38. Accountability (Free market advocates believe that a private business can be held accountable for poor services or products, but that government is not accountable, delivers poor service and citizens have no recourse.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>96.6%</td>
<td>453</td>
</tr>
<tr>
<td>Present</td>
<td>0.4%</td>
<td>2</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>3.2%</td>
<td>15</td>
</tr>
</tbody>
</table>

- answered question: 470
- skipped question: 10
39. Competition/Free Market (Advocates trust the profit motive to produce products and services that are subjected to the rigors of open competition so that only the best survive.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>78.3%</td>
<td>308</td>
</tr>
<tr>
<td>Present</td>
<td>6.3%</td>
<td>25</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>16.4%</td>
<td>77</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10

40. Bureaucracy (A term applied to perceived unrestrained growth, inefficiency and lack of accountability of government programs, especially at the federal level.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>81.7%</td>
<td>384</td>
</tr>
<tr>
<td>Present</td>
<td>2.5%</td>
<td>12</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>15.7%</td>
<td>74</td>
</tr>
</tbody>
</table>

answered question 470
skipped question 10
### 41. Socialism (Government run, anti-capitalist, anti-individualist, dependency, loss of personal freedom.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>87.7%</td>
<td>412</td>
</tr>
<tr>
<td>Present</td>
<td>1.0%</td>
<td>0</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>10.4%</td>
<td>40</td>
</tr>
</tbody>
</table>

answered question: 470
skipped question: 10

### 42. American (Characteristic of America – free, open, independent, strong, competitive, individualistic, proud, generous, the "best," democratic, capitalistic, having opportunities.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>84.9%</td>
<td>390</td>
</tr>
<tr>
<td>Present</td>
<td>4.3%</td>
<td>20</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>10.9%</td>
<td>51</td>
</tr>
</tbody>
</table>

answered question: 470
skipped question: 10
43. Not American (Not characteristic of America—dependent, socialistic, entitlements, guarantees, government services, welfare, poverty.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>93.9%</td>
<td>441</td>
</tr>
<tr>
<td>Present</td>
<td>2.8%</td>
<td>12</td>
</tr>
<tr>
<td>Negative/Positive Distinction</td>
<td>3.3%</td>
<td>17</td>
</tr>
</tbody>
</table>

- answered question: 470
- skipped question: 10

44. Are there any other medical or non-medical related issues discussed? If so, please list and assign tone of coverage.

- Response Count: 190
- answered question: 190
- skipped question: 20
45. What argumentative methods are used in this article? (Check all that are present.)

<table>
<thead>
<tr>
<th>Method</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inquiry/Questions</td>
<td>39.9%</td>
<td>140</td>
</tr>
<tr>
<td>2. Convincing/case-making</td>
<td>60.1%</td>
<td>282</td>
</tr>
<tr>
<td>3. Persuading/appeals to reason and emotion</td>
<td>63.5%</td>
<td>307</td>
</tr>
<tr>
<td>4. Mediating/&quot;Give and Take&quot;</td>
<td>18.0%</td>
<td>75</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

answered question 469
skipped question 11
### 46. What specific types of support are used in this article? (Check all that are present.)

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Statistics and &quot;hard data&quot; &quot;numbers&quot;</td>
<td>45.7%</td>
<td>219</td>
</tr>
<tr>
<td>2. Testimony (expert, authority: Quotations/paraphrased statements from authorities; expert opinion and traditional authorities such as respected political leaders, philosophers, and well-known authors. Besides printed sources, you can gather quotations from interviews and electronic sources.)</td>
<td>44.3%</td>
<td>209</td>
</tr>
<tr>
<td>3. Lay testimony (personal narratives, patient stories, etc.)</td>
<td>25.0%</td>
<td>125</td>
</tr>
<tr>
<td>4. Examples and case histories (that is, extended narratives about an individual or organization.)</td>
<td>54.2%</td>
<td>254</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question Answered</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>answered question</td>
<td>469</td>
</tr>
<tr>
<td>skipped question</td>
<td>11</td>
</tr>
<tr>
<td>Value</td>
<td>Response Percent</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Freedom - (We have the right to choose our leaders, speak out for those things we believe in and against those we do not. The right to read, watch, and listen to what we want. The right to choose.)</td>
<td>58.6%</td>
</tr>
<tr>
<td>Equality - (Reflects American sense of justice, regardless of race, income, physical or mental ability, or treatment under law.)</td>
<td>45.4%</td>
</tr>
<tr>
<td>Opportunity - (All of us have the right to pursue ideas, education, employment, care, to compete for the good life.)</td>
<td>35.0%</td>
</tr>
<tr>
<td>Fairness - (Extends on equality in that the basis is that people should get what they deserve for the efforts they put forth. All should be treated evenhandedly but not make special allowances for a lack of effort.)</td>
<td>37.3%</td>
</tr>
<tr>
<td>Achievement - (Based on the Protestant work ethic, hard work pays off and the accomplishments of the individual should be rewarded.)</td>
<td>17.7%</td>
</tr>
<tr>
<td>Patriotism - American Superiority (Loyalty to the USA and our concept of democracy.)</td>
<td>12.7%</td>
</tr>
<tr>
<td>Individual Accountability (Being a responsible citizen, taking care of one’s own health)</td>
<td>19.8%</td>
</tr>
<tr>
<td>Community - (Collective welfare – The belief that we should work together to accomplish things.)</td>
<td>28.3%</td>
</tr>
</tbody>
</table>
### 48. General Public (Jack of Jane on the street.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>79.8%</td>
<td>332</td>
</tr>
<tr>
<td>Specified</td>
<td>20.2%</td>
<td>137</td>
</tr>
<tr>
<td>Called to Action</td>
<td>18.9%</td>
<td>92</td>
</tr>
<tr>
<td>Praised</td>
<td>1.5%</td>
<td>7</td>
</tr>
<tr>
<td>Blamed</td>
<td>5.5%</td>
<td>20</td>
</tr>
</tbody>
</table>

answered question 489
skipped question 11

### 49. Those in Need of Medical Care (Individuals or groups who are in need of care or may be excluded/included from a particular proposal.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>89.3%</td>
<td>410</td>
</tr>
<tr>
<td>Specified</td>
<td>10.4%</td>
<td>40</td>
</tr>
<tr>
<td>Called to Action</td>
<td>1.3%</td>
<td>6</td>
</tr>
<tr>
<td>Praised</td>
<td>1.1%</td>
<td>5</td>
</tr>
<tr>
<td>Blamed</td>
<td>3.2%</td>
<td>15</td>
</tr>
</tbody>
</table>

answered question 489
skipped question 11
## 50. Decision Makers (law makers or government officials/agencies)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>35.3%</td>
<td>142</td>
</tr>
<tr>
<td>Specified</td>
<td>69.5%</td>
<td>326</td>
</tr>
<tr>
<td>Called to Action</td>
<td>32.8%</td>
<td>154</td>
</tr>
<tr>
<td>Praised</td>
<td>14.5%</td>
<td>68</td>
</tr>
<tr>
<td>Blamed</td>
<td>51.3%</td>
<td>240</td>
</tr>
</tbody>
</table>

Answered question 469
Skipped question 11

## 51. Medical Practitioners (Doctors or nurses.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>79.3%</td>
<td>372</td>
</tr>
<tr>
<td>Specified</td>
<td>20.7%</td>
<td>97</td>
</tr>
<tr>
<td>Called to Action</td>
<td>0.1%</td>
<td>24</td>
</tr>
<tr>
<td>Praised</td>
<td>4.2%</td>
<td>23</td>
</tr>
<tr>
<td>Blamed</td>
<td>5.3%</td>
<td>39</td>
</tr>
</tbody>
</table>

Answered question 469
Skipped question 11
### 52. Corporations (Pharm. companies, Insurance Companies, etc.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>77.2%</td>
<td>362</td>
</tr>
<tr>
<td>Specified</td>
<td>22.8%</td>
<td>107</td>
</tr>
<tr>
<td>Called to Action</td>
<td>1.1%</td>
<td>5</td>
</tr>
<tr>
<td>Praised</td>
<td>3.2%</td>
<td>15</td>
</tr>
<tr>
<td>Blamed</td>
<td>17.7%</td>
<td>83</td>
</tr>
</tbody>
</table>

answered question 469
skipped question 11

### 53. Liberals (May include Democrats, Left-wing, etc.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>53.9%</td>
<td>253</td>
</tr>
<tr>
<td>Specified</td>
<td>45.1%</td>
<td>215</td>
</tr>
<tr>
<td>Called to Action</td>
<td>0.2%</td>
<td>43</td>
</tr>
<tr>
<td>Praised</td>
<td>0.5%</td>
<td>45</td>
</tr>
<tr>
<td>Blamed</td>
<td>35.9%</td>
<td>173</td>
</tr>
</tbody>
</table>

answered question 469
skipped question 11
### 54. Conservatives (May include Republican, Right-wing, etc.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>66.7%</td>
<td>313</td>
</tr>
<tr>
<td>Specified</td>
<td>33.3%</td>
<td>150</td>
</tr>
<tr>
<td>Called to Action</td>
<td>11.1%</td>
<td>52</td>
</tr>
<tr>
<td>Praised</td>
<td>0.6%</td>
<td>4</td>
</tr>
<tr>
<td>Blamed</td>
<td>23.3%</td>
<td>100</td>
</tr>
</tbody>
</table>

- **answered question**: 469
- **skipped question**: 11

### 55. Religious Groups (Church charities, etc.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>99.1%</td>
<td>465</td>
</tr>
<tr>
<td>Specified</td>
<td>0.9%</td>
<td>4</td>
</tr>
<tr>
<td>Called to Action</td>
<td>0.4%</td>
<td>2</td>
</tr>
<tr>
<td>Praised</td>
<td>0.4%</td>
<td>2</td>
</tr>
<tr>
<td>Blamed</td>
<td>0.4%</td>
<td>2</td>
</tr>
</tbody>
</table>

- **answered question**: 469
- **skipped question**: 11
56. Social Change Groups (Not for Profit Advocacy Groups, Lobby Groups.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>91.9%</td>
<td>431</td>
</tr>
<tr>
<td>Specified</td>
<td>8.1%</td>
<td>38</td>
</tr>
<tr>
<td>Called to Action</td>
<td>0.0%</td>
<td>3</td>
</tr>
<tr>
<td>Praised</td>
<td>1.7%</td>
<td>5</td>
</tr>
<tr>
<td>Blamed</td>
<td>0.3%</td>
<td>25</td>
</tr>
</tbody>
</table>

answered question 489

skipped question 11
APPENDIX C: FRAMING PILOT

Framing Pilot Documents

Framing of Letters to the Editor
Pilot Study
Instructions to Readers for Data Collection

1) For each of the letters provided, please list each argument presented by the writer. An argument expresses a specific position on a controversial issue that the arguer wants the reader to accept. A given letter writer might make just one argument, or make several. Just list the argument(s) that you think the writer is making.

2) Next, indicate if the argument is primarily a claim of fact, a claim of value or a claim of policy.

For example, a claim of fact refers to past, present or future conditions in the world and might be something measurable or a definition.

Claims of value refer to evaluations (such as good/bad, right/wrong, moral/immoral) or to descriptions (such as racist) that are evaluative judgments.

Claims of policy refer to courses of action or conduct that should be taken, and address the question, “What should we do?”

Types of claims are often combined, making it confusing to separate them, so just select the type of claim that appears to you to be primary.

3) After you have identified all the arguments in the letters, group them into categories. For example, arguments that are concerned with insurance costs, medical costs, or pharmaceutical costs could be grouped together under a category called “Costs.”

As the reader, you decide how the arguments you have identified should be grouped or categorized and what the category name should be.

Please be sure that each argument in each category also has the appropriate Artifact ID #.

THANKS!!!
Data Sheets

Data Sheet
Individual Letters to the Editor

Reader Name: ____________________________ Artifact ID#: ______________________

(More spaces for “Identified arguments” are provided than you will probably need)

Identified arguments:

1) ____________________________

Claim type(circle one): Fact Value Policy

2) ____________________________

Claim type(circle one): Fact Value Policy

3) ____________________________

Claim type(circle one): Fact Value Policy

4) ____________________________

Claim type(circle one): Fact Value Policy
Data Summary Sheet

Argument Categories and Arguments

Reader Name: _____________________
Category: ___________________________

(More spaces for “Argument” are provided than you will probably need)

1) Artifact ID# ________ Argument:

2) Artifact ID# ________ Argument:

3) Artifact ID# ________ Argument:

4) Artifact ID# ________ Argument:

5) Artifact ID# ________ Argument:

6) Artifact ID# ________ Argument:

7) Artifact ID# ________ Argument:
Rubric for Frame Analysis

Letters to the Editor Pilot

1) Meta-frames:
   A- Letters in favor of socialized medicine
   B- Letters against socialized medicine
   C -Letters that offer an alternative path

2) Description: A Topology of Frames Specific to Health Reform-Related Issues
   (based on Nisbet & Scheufele’s 2007 “A topology of frames specific to science-related

Frames Identified:

   Progress: Improving quality of life and/or solution to problems
   Cost: Economic development/competition/non-financial costs, market benefits or
   risks, local, national or global competitiveness.
   Morality/Ethics/Responsibility/Accountability: Right or wrong; respecting or
   crossing limits, thresholds or boundaries
   Conflict/Strategy: A game among elites, battle of personalities or groups,
   journalist-driven interpretation.

Changes:

   Public Accountability/governance: public v private good; ownership and control;
   responsible use or abuse of power; “politicization,” majority v minority opinion.
   (repositioned into Cost, Morality and Conflict frames)

Added:

   Implementation with Responsibility and Agency: Consideration of processes
   required for implementation of a policy with expectations of personal
   responsibility and personal agency/choice.
   (a new frame needed for discussion of health care)
Preliminary Results

In the following, each frame appears in bold face and categories as identified by the letter readers are listed:

**Progress:** Improving quality of life and/or solution to problems:

- Critique of existing US health care system
- U.S. government discredited as not efficient
- Variance in health care stats reflective of different life styles in US and Europe
- Health care for working poor and unemployed is urgent/politicians don’t discuss
- Effectiveness – of socialized medicine/US health care
- Availability of health care
- Quality of health care – existing system/socialized medicine/universal
- Humanitarian – everyone needs health care
- Adequate care – UK system better

**Cost:** Economic development/competition/non-financial costs, market benefits or risks, local, national or global competitiveness:

- Fears – at risk of having socialized medicine
- Democrats lost political will
- Socialized medicine has failed elsewhere
- Costs of health care
- Comparisons of US to other countries
- Excessive costs of health care plans
- Doctors disapprove [of socialized medicine] for economic reasons

Socialized medicine = overuse of services; loss of choice, quality

**Morality/Ethics/Responsibility/Accountability:** Right or wrong; respecting or crossing limits, thresholds or boundaries:

451
Perceptions about beliefs of Americans (or state of Americans
Morality
Unfairness in debate
Responsibility

Conflict/Strategy: A game among elites, battle of personalities or groups, journalist-driven interpretation:

Government control
Government policy v. people
Power and influence
Political
Political considerations in debate
Clinton administration

Implementation with Responsibility and Agency: Consideration of processes required for implementation of a policy with expectations of personal responsibility and personal agency/choice:

Suggestions for a new system
Choice/Freedom
Mechanics/workings: system should include everyone; change will require tax increase; Change will require bureaucracy
Examples from Letters

Analysis of Framing in Letters to the Editor
Pilot

Typology of Frames (adapted from Nisbet & Scheufele and Examples from letters)

A. Progress: Improving quality of life and/or solution to problems:

1. Categories from pilot study

   Critique of existing US health care system
   U.S. government discredited as not efficient
   Variance in health care stats reflective of different life styles in US and Europe
   Health care for working poor and unemployed is urgent/politicians don’t discuss
   Effectiveness – of socialized medicine/US health care
   Availability of health care
   Quality of health care – existing system/socialized medicine/universal
   Humanitarian – everyone needs health care
   Adequate care – UK system better

2. Arguments identified by readers in letters.

   *It’s human nature for people to work for their own welfare, but not for others.
   (Move to “Morality”)
   *Government, especially federal, is not efficient/distorts the “market”/causes unintended consequences.
   *Socialized medicine does not work/is not efficient
   *US health care is better than other countries like UK, Canada, New Zealand.
   *Differences in health stats a reflection of lifestyle/Americans are hard working and live stressful lives/are descendants of ambitious Europeans/Europeans today
   live a relaxed, laid-back lifestyle.
   *Important to distinguish among the terms socialized financing, socialized health insurance and socialized medicine. (Move to “Implementation . .“)
   *Profit-driven health care system is bad for doctors and patients. (Move to “Morality”)

453
Many aspects of American life are “socialized” like highways, schools, libraries, national parks, police, coast guard, military.

Millions in US die due to health care rationing [by insurance companies] or have little/no access to health care

Working poor are in most urgent need.

US needs system that includes everybody.

System in UK is better than in US.

A single-payer system is needed to fix health care and economic problems brought on by greedy insurance companies. (Move to “Morality”)

B. Cost: Economic development/competition/non-financial costs, market benefits or risks, local, national or global competitiveness:

1. Categories from pilot study

Fears – at risk of having socialized medicine
Democrats lost political will
Socialized medicine has failed elsewhere
Costs of health care
Comparisons of US to other countries
Excessive costs of health care plans
Doctors disapprove [of socialized medicine] for economic reasons
Socialized medicine = overuse of services
Losses

2. Arguments identified by readers in letters.

*Current government systems “beset with waste and fraud.”
*Nationalized health programs like Medicaid are over used, funds are depleted so it doesn’t work.
*“Costs” of Canadian system are look waits for appointments and treatment/some patients die waiting.
*Low/no tax health savings accounts (like IRAs) paid by employers instead of group insurance plans a better idea. (Move to “Implementation”)
*A government-regulated system for providing health care for all via subsidies derived from taxation = socialized medicine. (Discuss under “definitions” of socmed/implementation/Progress)
*A government-run system in the US does not have to be an exact copy of a Canadian or European system. (Move to “Implementation”).
*Medicare is a form of socialized medicine and costs less [in overhead] than private plans.
*HMOs and insurance companies charge more than Medicare to deliver services.
*The general public already pays the costs of the uninsured, therefore there would
not be an increase in costs with a government system.
*Costs of current insurance premiums, drugs, hospitalization is too much (too
large a % of income) for middle income families and seniors to pay.
*Medicaid is demeaning and inefficient [cost is loss of dignity]
*Medicaid and Medicare reimbursements too low therefore a hardship for doctors
and hospitals.
*Pharmaceutical companies should be forced to negotiate on drug prices [like
Canada]
*The dollar [profits] has become the sole measure of medical service/minimize
losses and maximize profits.(Move to “Morality”)
*Doctors are entrepreneurs and hospitals “cherry pick” profitable patients and
relegate the uninsured/underinsured to community hospitals.(Move to “Morality”)
*Socialized medicine works [economically] in Europe, Canada.
*Elimination of private insurance companies could save enough money to provide
health care for all.(Move to “Implementation”)

C. Morality/Ethics/Responsibility/Accountability: Right or
wrong; respecting or crossing limits, thresholds or boundaries:

1. Categories from pilot study

Perceptions about beliefs of Americans (or state of American)
   Morality
   Unfairness in debate
   Responsibility

2. Arguments identified by readers in letters

*Any health care reforms that increase taxation are “legalized plunder.”
*Provision of health care is not a government responsibility under the
Constitution.
*Supporters of health care reform are unworthy/drug users, homosexuals,
homeless people without roots.
Senior citizens and programs that serve them would be sacrificed to save money
and treat the young/fear of rationing
*Government-sponsored health care would fund abortions.
*Most people are satisfied with their doctors and care/claims of need for
change have been exaggerated.
*Government should not make medical decisions for women or families.
*For-profit systems put profits ahead of health care.
*What is good enough for Congress is good enough for everyone else/unfair
to exempt or exclude any group.
*Needs [health care] of the working poor are a “festering boil”/Affordable health [nation’s] most urgent priority.

**D. Conflict/Strategy: A game among elites, battle of personalities or groups, journalist-driven interpretation:**

1. Categories from pilot

   - Government control
   - Government policy v. people
   - Power and influence
   - Political
   - Political considerations in debate
   - Clinton administration

2. Arguments identified by readers in letters

   - *Clinton has a socialist agenda.*
   - *The AMA has a history of opposition to health care reforms.*
   - *The AMA has used the media to portray socialized medicine as negative.*
   - *The media play a part (or are a pawn) in health care reform wars.*
   - *The AMA and insurance lobbies thwart health care reform.*
   - *The insurance companies control what doctors people can see, so it would be no different with a government-sponsored program.*
   - *Government should not make medical decisions for families.* (Move to “Morality”)
   - *Clinton vetoed partial birth abortion ban.*
   - *Planned Parenthood helps people.*

**E. Implementation with Responsibility and Agency:**

**Consideration of processes required for implementation of a policy with expectations of personal responsibility and personal agency/choice:**

1. Categories from Pilot

   - Suggestions for a new system
   - Choice/Freedom
   - Mechanics/workings: system should include everyone; change will require tax increase; Change will require bureaucracy

2. Arguments identified by readers in letters
*People should not be forced to pay/give money toward others’ needs for health care. (Move to “Morality”)
*People should be willing to give from their hearts (Biblical ref). It should not be about how much they make that decides how much to give (should be personal choice). (Move to “Morality”)
*Socialized medicine takes away freedom of choice in deciding the health care they desire.
*SB ______ would require a tax increase
*SB________ would result in government-layered bureaucracy.
*The current health care system in the US is not working
*Medicare is a single-payer plan.
*Only government can protect doctors and patients from the greed and corruption that feed the current system.
*Properly structured universal health care allows people to choose the health care providers/services they want.
*It [a new system] should be a unique American system that eliminates what is bad and improves on what has succeeded in tax-supported systems.
Framing Pilot Results

Final revision with identification of dominant themes and examples of frames

I. Change

A. Acceptance of Change Frame

1. Legitimacy of socialized programs:

*Many aspects of American life are “socialized” like highways, schools, libraries, national parks, police, coast guard, military [that function to improve quality of life for all]*

2. Health care should be available to all:

*US needs a system of health care that includes everyone*
*What is good enough for Congress is good enough for everyone – no exclusions, no exemptions*

3. Choice of providers/services retained

*Properly structured universal plan lets people choose providers/services they want.*

4. U.S. can learn from successful programs in other countries

*Other countries offer full access/have better health outcomes*

B. Frame (need change) = US health care system is failing too many people.

*Many Americans die because of health care rationing [by insurance companies]*
*Working poor are in most urgent need.*

C. Frame (resist change) = America OK/Exceptional

*US has best health care in the world*
*Most people are satisfied with their health care/problems are exaggerated.*
Differences in health stats reflect life style/hard-working Americans are stressed
*Europeans today live a relaxed, laid-back lifestyle.
*Need a uniquely American solution that draws on the success of other systems.

II. Cost: Economic development/competition/non-financial costs, market benefits or risks, local, national or global competitiveness:

A. Frame = Warrants for improvement.

*HMOs and insurance companies charge more than Medicare to deliver services.
*General public already pays the costs of the uninsured, so no change with govt. system.
*Medicare/Medicaid reimbursements too low/are a hardship for doctors and hospitals.
*Nation’s most urgent need is affordable health care.

*Current costs of premiums, drugs, hospitalization, are too high for middle income families and senior citizens
*Elimination of private insurance companies could save enough money to provide health care for all.

B. Frame = Socialized Medicine has non-financial “costs”

*“Costs” for Canadians and others in socialized systems are long waits for appointments, treatments/some die waiting.
*Socialized medicine takes away freedom of choice in deciding the health care they desire.
*People should not be forced to pay/give money toward others’ needs for health care.
*Senior citizens would be sacrificed to serve the young.
*Government-sponsored health care would fund abortions.

C. Frame = Failure to reform health care has non-financial “costs.”

*threats to financial security
*Medicaid is demeaning [costs is dignity], and inefficient.
*Under a government everyone would have equal access to all legal medical services

III. Corporatization
A. Frame = Corporate Influence on doctors, hospitals and patients negative

*Profit-driven health care system is bad for doctors and patients
*The dollar [profits] has become the sole measure of medical service/minimize losses and maximize profits.
*Doctors are entrepreneurs and hospitals “cherry pick” profitable patients and relegate the uninsured/underinsured to community hospitals.
*Current system puts profits ahead of health care.
*AMA has been/continues to oppose health care reforms.
*The AMA and health insurance lobbies thwart health care reform.
*Insurance companies control what doctors people can see.
*The media play a part (or are pawns) in the health care wars
*A single-payer system is needed to fix health care and economic problems brought on by greedy insurance companies
*A single-payer system is needed to fix health care and economic problems brought on by greedy insurance companies

B. Frame = “Free market, private enterprise best way to provide health care and keep costs down.

*Socialized medicine does not work/is not efficient
*Government, especially federal is not efficient
*Government involvement distorts the “market” and causes unintended consequences
*Government, especially federal, is not efficient/distorts the “market”/causes unintended consequences.
*Increased taxation for health care reforms is “legalized plunder.”
*[Health care reforms] would require a tax increase/would result in layered government bureaucracy.

IV. Role of Government/Citizen Agency

A. Frame = Government should have regulatory, public protection role in health care

*Only government can protect doctors and patients from the greed and corruption that feed the current system.
*Pharmaceutical companies should have to negotiate on drug prices like in Canada/the VA.

B. Frame = Government should not be involved in health care
*Provision of health care is not a government responsibility under the Constitution.
*People should be willing to give from their hearts (Biblical ref). It should not be about how much they make that decides how much to give (should be personal choice)
*Government should not make medical decisions for families/women.

V. Government Efficacy

A. Frame = Socialized medicine doesn’t work because government is Inefficient, wasteful

*Socialized medicine does not work/is not efficient
*Government, especially federal is not efficient
*Government involvement distorts the “market” and causes unintended consequences
*Current US government systems “beset with waste and fraud.”
*Nationalized programs like Medicaid are over used, funds become depleted, it doesn’t work
*[Health care reforms] would require a tax increase/would result in layered government bureaucracy.

B. Frame = Government programs run well/meet peoples’ needs.

*Medicare is a single-payer system.
*Medicare is a form of socialized medicine and costs less [in overhead] than private plans.

Metacommunication: How do we talk about this? What are nuances of meaning? Moral/ethical issues inherent in all frames.

*Important to distinguish among the terms socialized financing, socialized health insurance and socialized medicine.
*A government-regulated system for providing health care for all via subsidies derived from taxation = socialized medicine
APPENDIX D:
CATEGORIES OF MORAL ACTION WITH
ASSOCIATED METAPHORS AND ENTAILMENTS
1993-2010

Strict Father Categories of Moral Action in Politics 1993-2010:
With Associated Metaphors and Entailments

I. Promoting Strict Father morality

A. Government reforms are socialized medicine

B. Socialized medicine violates legitimate authority

1. Assumes government knows more than citizens about what is
good for them
2. Government is not trustworthy to set guidelines for care
3. Violates citizens’ rights and freedoms to make contracts
4. Could be fatal to senior citizens
5. Future medical policies could be dictated by government
6. No one should be forced to participate

B. Free-market competition is in the best interest of the nation

1. Cost restraints will reduce quality/limit choice of doctor/cause
rationing
2. Government subsidizes weak and corrupt industries
3. Socialized medicine will destroy the private practice of medicine
4. Health care is too much of GNP for government to control
5. Public education is federal day care
C. Limited government is in the best interest of the nation

1. All government social programs are riddled with waste and bankrupt
2. Priorities are turned upside down with socialized medicine
3. Clinton grew national debt and hurt economy
4. With managed care seniors in US now have less choice than Brits with socialized medicine

D. Congressional self-interest is immoral

1. Elected officials should not put their welfare ahead of those they represent
2. Congressional exemptions from national health care plans are hypocritical

E. Abortion/Euthanasia are immoral

F. Corporatization of medicine contributes to the economy

G. Only government rations goods and services

II. Promoting Moral Self-Interest: Self-discipline, self-reliance and responsibility

A. Socialized medicine would efface American self-reliance

1. Recipients trapped; tied to government apron strings

B. Government programs replace incentive with entitlement

1. Compassion untempered by reason is self-aggrandizement
2. Compassion gradient; compassion should be earned
   a. People who take care of themselves should not have to pay for those who do not
C. Government programs undermine/displace legitimate business

1. Have unfair advantage and hurt private business
2. Postal services, retirements and health care should be private

B. No crisis exists in health care

1. Employment/Medicare/Medicaid/hospitals provide care
2. Tax law changes are all that is needed
3. Workers who are laid off can use COBRA
4. The economy has improved so crisis averted

III. Upholding the Morality of Reward and Punishment

A. Preventing interference with the pursuit of moral self-interest

1. Taxation to support social programs is an abuse of government power
   a. Taxpayers are victims
   b. Workers are taxed to pay for those who do not work, contribute
   c. Illegal immigrants are beneficiaries of unearned services
   d. Taxpayers should not have to pay for other’s abortions

2. Malpractice lawsuits harm doctors
   a. Frivolous lawsuits penalize the innocent with the guilty
   b. Unnecessarily increases overall health care costs

3. Socialized medicine harms doctors
   a. Coercive costs controls harm doctors
   b. Reduces incentives for able people to become doctors
c. Doctors have earned their rewards

4. Socialized medicine inhibits drug research and production

B. Insuring punishment for a lack of self-discipline

1. Socialized medicine enables abortion/denies moral punishment
   a. Parents, not babies, should pay for unplanned pregnancies

2. People who harm others should be penalized
   a. No liability compensation with socialized medicine

IV. Protecting moral people from external evils

   A. Socialized medicine encourages illegal immigration
      1. Influx of immigrants contributes to health care problem

   B. Government should secure the borders

V. Upholding the Moral Order

   A. The American health care system is the best in the world
      1. Foreign citizens come to U.S. for prompt services/technology
      2. U.S medical technology/specialists best in the world
      3. No better care provided to as many people as American, market-driven, free-enterprise system

   B. Socialized Medicine is a Failure Everywhere
      1. British and Canadian systems are wasteful, slow and bureaucratic
      2. Socialized medicine is most expensive health care in the world
      3. England curtailing expensive procedures for older citizens
C. Support for socialized medicine is not authorized

1. Not authorized by God or the Constitution
   a. Healthcare is not a right
   b. Needs are not rights
   c. No gays in military or women in combat

2. Harvard economists’ ivory tower babble

3. Hillary Clinton and Planned Parenthood sanction abortion

**Nurturant Parent Categories of Moral Action in Politics 1993-2010: With Associated Metaphors and Entailments**

I. Empathetic behavior and promoting fairness

**A. Socialized medicine promotes fair access**

**B. Americans can learn from health care systems in other countries**

1. Other industrialized nations provide universal health care to citizens

2. Good enough and available to all in Great Britain

3. Healthcare is public service in Sweden – Swedes are proud

4. Employers, employees and doctors are happy (European country)

5. Care provided “free” to foreigners is not free, but paid by nationals

6. US has most powerful military but vets are on the bottom for healthcare

7. Clinton plan not socialized medicine
C. Congressional self-interest is immoral

   1. Citizens should get same health care as Congress

D. Government serves the public interest

   1. Government programs work/much is socialized in US

E. Healthcare is a right of citizenship

F. Lawyers are agents of justice

G. Health care is public service

II. Helping those who cannot help themselves

   A. Socialized medicine provides care based on need

   B. The quest for profits above public health is immoral

      1. Cost-shifting is destructive evil

      2. Denial of care due to pre-existing conditions is immoral (1999)

      3. Scare campaigns and lobbies protect profits, hurt patients

      4. Catastrophic illness, injury, birth defects, LTC not profitable

III. Protecting those who cannot protect themselves

   A. Socialized medicine is insurance

   B. Regulation is protection

IV. Promoting fulfillment in life

   A. Socialized medicine is good for small business

V. Nurturing and strengthening oneself in order to do the above

   A. Doctors have a special duty

      1. Doctors should accept less to expand access

      2. The AMA has failed its moral imperative
B. Access to birth control is essential for individual and community welfare

C. Socialized medicine promotes public health
APPENDIX E: HARRY AND LOUISE CAMPAIGN

Table 1 Stages of the Harry and Louise Campaign (continued)

24 June–17 July 1994
Undermining the Rival: Maybe Everyone Isn’t Equally Deserving

One of the driving forces behind health care reform—the idea that everyone should have health care coverage—was undermined as an idea in this stage, not simply because of its association with government. In opposing community rating, the campaign introduced the notion that everyone was not equally deserving and that paying for the undeserving would raise prices and/or limit coverage for those who were deserving. The ad submitted that prices for health insurance would rise if “everyone pays the same rate no matter their age, even if they smoke or whatever.”

18 July–16 August 1994
Keeping Pressure on the Rival: Maybe You Deserve Better Health Care Than Others

This ad continued to separate the deserving from the undeserving, submitting that people with good insurance plans (i.e., private, employer-based plans) deserved their superior benefits because they had worked hard and sacrificed to get them. Therefore, it was unfair to penalize people, “like us,” who could afford better health care by making them pay more through a “tax on benefits.” It was “just not fair,” according to this campaign message.

21 August–11 September 1994
Going All the Way (Back): Don’t Give Up What You Have

In the last stage of the campaign, characteristics of desirable health care reform were outlined. Not surprisingly, desirable plans were like the plans of those with private health insurance through a work group—“private insurance, no government-run health care, no government-imposed spending limits, and no tax on benefits.” Once again, the ads posited that health care reform involving government would result in a worse outcome, with loss of choice concerning services and doctors, “dozens of new federal and state agencies,” and “enormous . . . cost and quality consequences” for taxpayers.

Source: Authors’ content analysis (1998).

of health care or at least not diminish it. Therefore, HIAA probably saw little choice but to attempt to derail health care reform. But how? The Harry and Louise campaign was one initiative put forward, and it was challenged to provide the public with a rationale for rejecting health care reform and maintaining support for the status quo, since reform proposals with any chance of passage were unlikely to favor the HIAA membership.

Based on our analysis of the Harry and Louise message content, we
Table 1  Stages of the Harry and Louise Campaign (continued)

24 June–17 July 1994
Undermining the Rival: Maybe Everyone Isn’t Equally Deserving

One of the driving forces behind health care reform—the idea that everyone should have health care coverage—was undermined as an idea in this stage, not simply because of its association with government. In opposing community rating, the campaign introduced the notion that everyone was not equally deserving and that paying for the undeserving would raise prices and/or limit coverage for those who were deserving. The ad submitted that prices for health insurance would rise if “everyone pays the same rate no matter their age, even if they smoke or whatever.”

18 July–16 August 1994
Keeping Pressure on the Rival: Maybe You Deserve Better Health Care Than Others

This ad continued to separate the deserving from the undeserving, submitting that people with good insurance plans (i.e., private, employer-based plans) deserved their superior benefits because they had worked hard and sacrificed to get them. Therefore, it was unfair to penalize people, “like us,” who could afford better health care by making them pay more through a “tax on benefits.” It was “just not fair,” according to this campaign message.

21 August–11 September 1994
Going All the Way (Back): Don’t Give Up What You Have

In the last stage of the campaign, characteristics of desirable health care reform were outlined. Not surprisingly, desirable plans were like the plans of those with private health insurance through a work group—“private insurance, no government-run health care, no government-imposed spending limits, and no tax on benefits.” Once again, the ads posited that health care reform involving government would result in a worse outcome, with loss of choice concerning services and doctors, “dozens of new federal and state agencies,” and “enormous . . . cost and quality consequences” for taxpayers.

Source: Authors’ content analysis (1998).

of health care or at least not diminish it. Therefore, HIAA probably saw little choice but to attempt to derail health care reform. But how? The Harry and Louise campaign was one initiative put forward, and it was challenged to provide the public with a rationale for rejecting health care reform and maintaining support for the status quo, since reform proposals with any chance of passage were unlikely to favor the HIAA membership.

Based on our analysis of the Harry and Louise message content, we
APPENDIX F: LETTERS QUOTED

1993


1994


1995


1996


1997


1998


475
1999


2000


2001


2002


2003


2004


2005


2006


2007


2008


2009


2010


