

NARRATIVE, IDENTITY, AND THE NEWS MEDIA
IN THE 2009-2010 HEALTH CARE REFORM CONTROVERSY

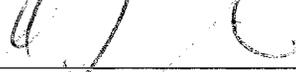
by

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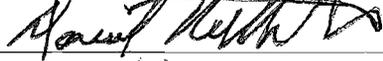
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Narrative, Identity, and the News Media in the
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A thesis submitted in partial fulfillment of the requirements for the degree of Master of
Science at George Mason University

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List of Abbreviations

ACA	The Patient Protection and Affordable Care Act of 2010
AHIP	America’s Health Insurance Plans (Formerly The Health Insurance Association of America)
AMA	The American Medical Association
Antis	The interest groups included in this study that opposed ACA (RNC, FreedomWorks, Heritage Foundation and Sarah Palin).
CR	Conflict Analysis and Resolution
DNC	The Democratic National Committee
DS	The Daily Show with Jon Stewart
Fox	The Fox News Channel
GB	The Glenn Beck Program
HCAN	Health Care for America Now
NPR	National Public Radio
NYT	The New York Times
OFA	Organizing for America
Pros	The interest groups included in this study that supported ACA (AHIP, AARP, AMA, HCAN, DNC, OFA and President Obama).
RNC	The Republican National Committee
USA	USA Today
WSJ	The Wall Street Journal

Abstract

NARRATIVE, IDENTITY, AND THE NEWS MEDIA IN THE 2009-2010 HEALTH CARE REFORM CONTROVERSY

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This study engaged in a narrative analysis of the 2009-2010 U.S. health care reform controversy from a conflict analysis and resolution perspective grounded in social identity theory. Four sets of artifacts produced during the controversy were analyzed using a narrative framework, including online content from both pro-reform and anti-reform interest groups, news coverage from newspaper, radio and cable television media outlets, and letters to newspaper editors written by members of the public. Analysis of the interest groups' documents revealed two distinct narratives framed by 1) different estimations of the nation's health care problems and 2) competing beliefs about the appropriate roles for the federal government and the free market in addressing those problems. Pro-reform groups defined the Patient Protection and Affordable Care Act (ACA) as a pragmatic response to both fiscal and moral imperatives to repair the broken and unsustainable health care system which they believe violates many Americans' basic human right to access quality, affordable health care. Anti-reform groups defined the controversy as another battle in the ongoing war to protect

individual liberty from government expansion and inappropriate interventions in private markets. The narrative structure of the letters to the editor suggested that morality and values are likely more important than calculations of rational self-interest in the public's formation of opinions on health care reform.

The news media's coverage was dominated by a '*sportscaster*' frame, which frequently used sports analogies to describe the political process and focused narrowly on the strategies and maneuvers of political players, thereby marginalizing other stakeholders and failing to identify the central importance of values in the controversy. While no consistent patterns of bias were identified in coverage from the more 'liberal' news outlets, some evidence of bias in favor of the anti-reform narrative was found among the 'conservative' news sources owned by Rupert Murdoch. Finally, it was observed that melodrama—the framing of conflict as a battle between righteous heroes and evil villains to save or harm innocent victims—appears to be the dominant conflict frame across the political spectrum. However, those promoting the liberal pro-reform narrative exhibited a slightly better understanding of the complex structural and psychological sources, processes and dynamics of intergroup conflict than those promoting the conservative anti-reform narrative.

Prologue

“I’d rather have no health care than government health care!” My father’s passionate and sincere exclamation was completely baffling to me. He had recently suffered through an extended bout with the H1N1 swine flu without medical care because he was unemployed and did not have health insurance or money to pay a doctor. He watched his second wife suffer from untreated Hepatitis C after she lost her job and its medical benefits and could no longer afford treatment; and he was harassed by bill collectors for unpaid hospital bills for years after her death. His two daughters also spent most of their lives without any health insurance, with the exception of occasionally qualifying for ‘government-run’ Medicaid benefits. His mother also enjoys the benefits of the other government-run health care program--Medicare. So, how could a man, whose life experiences should place him in the running to serve as the poster child for the U.S. health care reform movement, be so opposed to reforms that would clearly benefit him and his family? I suspected that his DVR full of *Glenn Beck* episodes might have something to do with it.

Chapter 1: Introduction

'Debate' seems much too tame and civil a word to describe the intensity of the recent health care reform controversy. Rather than "a regulated discussion of a proposition between two matched sides" (Merriam-Webster Dictionary 2010), supporters and opponents used dramatically different tactics in promoting their positions on health care reform. Supporters painted the Patient Protection and Affordable Care Act of 2010 (ACA) as moderate legislation aiming to provide affordable health insurance to millions of uninsured and underinsured Americans. Opponents, on the other hand, characterized the legislation as a liberal ploy to undermine American values and lead the country towards socialism. Opposition rallies featured protest signs depicting President Barack Obama as Adolf Hitler, chants of "take our country back!" and violent rhetoric such as "don't retreat, reload!" and "kill the bill!" In the summer of 2009, town hall meetings scheduled to discuss health care reform proposals were shut down by the shouting of angry mobs, and, as the legislation progressed, Democratic Congressmen who supported reform were assailed with racist and homophobic slurs, death threats, and vandalism (Rich 2010).

Republican candidates successfully rode this intense wave of health care reform opposition to victory in the 2010 midterm elections, regaining a majority in the House of Representatives with a platform promising to "repeal and replace" ACA. The second bill passed in the 2011 session of the House was entitled *Repealing the Job-Killing Health Care Law Act*; however,

it never received a vote in the Democrat-controlled Senate (Associated Press 2011).

Meanwhile, puzzled supporters conjectured about the ‘real’ causes of the outrage, including, a kind of national identity crisis provoked by the decline of the middle-class, rapidly shifting racial demographics (Knowles, Lowery, and Schaumberg 2010; Parker 2010; Paul 2010; Pyszczynski et al. 2010; Rich 2010; Tesler 2010); and the instigation of the cable television Fox News Channel and its pundit personalities (Dee 2009; Stan 2010).

These stark differences in arguments and tactics suggest that the two sides had very different understandings of the issues and estimations of the stakes. For example, a White House website highlighted citizens’ personal health care crisis stories and shared the administration’s proposals for pragmatic reforms (<http://stories.barackobama.com/healthcare2010>), while conservative Fox News and talk radio personality, Glenn Beck, equated the issue to WWII: “The health care bill is merely a battle (and a huge battle; it may be Normandy) but it's part of a bigger war. And the war is the fundamental transformation or restoration of this country. That's the end game” (Beck 2010). If one side thinks it is engaged in a rational debate about public policy while the other is convinced it is fighting an ideological war, which is it?

Is it a ‘debate’ or a ‘conflict’?

In popular usage, a ‘conflict’ can be any perceived incompatibility of goals or interests from the interpersonal to the international. Burton (1996), however, argues for a more precise definition. *Disputes* are less serious than conflicts; they generally concern material interests and are defined by the possibility of compromise. *Conflicts*, on the other hand, are defined by

uncompromisable interests often related to human identity needs. Burton argues that “the failure to define *disputes* and *conflicts*” [emphasis in original] leads to “the treatment of conflicts as though all issues in human relationships are negotiable and subject to compromise” (p. 9). Improper analysis leads to improper intervention, focusing on dispute settlement (compromise) rather than conflict resolution (problem-solving). A consistent shortcoming in much of the previous research into the longstanding U.S. health care reform controversy, has been the tendency to analyze it through the frame of reform supporters--as a rational *debate* about public policy, rather than adopting the opposition’s point-of-view that it is a *conflict* of values and identity.

This distinction is not merely semantic. While political conflict in the U.S. is currently limited mostly to a war of words, with only an occasional and shockingly deviant act of vandalism or violence, it is dangerous to assume that it could never escalate into something more. Slavery, the Salem Witch Trials, the Civil War, oppression of the civil rights, feminist, and labor movements, Cold-War blacklisting, the internment of Japanese-Americans during WWII, modern youth gang wars, and the genocide perpetrated against American Indians, are all episodes of violent identity conflict that shaped U.S. history. While each of these conflicts had their own unique sources and complex dynamics, likely including economic and material interests, they all used narratives of vilification and otherness to position specific social groups as a threat to be feared, dominated, defeated or eliminated. For this reason, it is important to take notice when political narratives begin to exhibit strict delineation of ingroups and vilification of outgroups. The intensity and hostility of recent health care reform opposition merits analysis, not merely as a study in political debate or rhetorical framing, but

as a potential site of emerging or simmering identity conflict.

There is an extensive body of literature analyzing the U.S. health care reform controversy, in both its past and present manifestations; however, it has come almost entirely from the fields of political science and public policy. This study hopes to add a new dimension to the understanding of this persistent controversy by approaching it from a conflict analysis and resolution (CR) perspective. Specifically, this thesis research will utilize narrative analysis to map the health care reform stories told by interest groups, the news media and private citizens. The dual aims of the inquiry will be to explore how each group explains the conflict and their positions within it, and to uncover the values and identity dynamics that seem to be fueling the conflict.

Chapter 2. Review of the Literature and Preliminary Analysis

Conflict Theories as Frames

Although theories from the field of conflict analysis and resolution (CR) have rarely been named explicitly in the analysis of the health care reform controversy, they are often implied in authors' assumptions or assertions. Hyvärinen, Mikkonen and Mildorf (2008) define "folk psychological narratives" as the popular stories—often considered to be common knowledge—that explain why people behave the way they do. Similarly, much of the discussion about the health care reform controversy could be considered 'folk' conflict theorizing. While they rarely capture the full complexity of their academic definitions, many broad examples of CR theories can be found in academic literature from other fields and in the popular press. The following review of the literature will first detail some of the conflict theories that have been implied in previous research on the health care reform controversy, then evaluate the appropriateness of framing this investigation through the lenses of social identity theory and narrative analysis; and conclude with a summary of the academic debate on the media's role in shaping public opinion.

Realistic Vs. Non-Realistic Conflict

CR theories can be broadly categorized into two groups: *Realistic* theories explain conflicts as the result of real or perceived incompatibility of goals or interests (Jeong 2010:43), and are

grounded in the assumption that people are primarily ‘rational actors’ driven by self-interest to weigh political and economic decisions according to a logic of costs and benefits (Clark 2007; Gilens 1999; Jones and McBeth 2010; Roe 1994; Stone 2002). Theories that focus on psychological processes linked to identity, security and other intangible human needs are classified as *non-realistic* sources of conflict because they are more subjective and harder to measure or define. The effects of conflicts over non-realistic sources are no less ‘real’ however; non-realistic sources have fueled some of the planet’s bloodiest, most devastating and intractable conflicts. In real life, most conflicts tend to involve some combination of both realistic material sources and psychological processes and dynamics (Jeong 2010).

Much of the analysis of the U.S. health care reform controversy has been based in realistic or rational actor theories of conflict. Funigiello (2005), for example, details the constellations of political actors aligned for and against health care reform initiatives throughout U.S. history. He concludes that “in a nation of finite resources, health care is an issue of politics and public policy, intersecting on questions of cost, coverage, accessibility, and quality” (4). Blendon et al. (Blendon, Altman, Deane, et al. 2008; Blendon and Benson 2009b, 2009a, 2010; Blendon, Altman, Benson, et al. 2008), have extensively tracked public opinion on health care reform, and consistently find significant differences in Democrats’ and Republicans’ views of the U.S. health care system and the kinds of reforms they favor. In both cases, the focus on competition between observable, measurable and compromisable goals and interests implies a realistic theory of conflict.

A strength of many CR theories is that they offer a more holistic perspective, recognizing that human beings do not always act as isolated, rational individuals pursuing material goals, but are emotional and social beings with “an inherent human need for personal identity and recognition of the person in the context of meaningful groups” (Burton 1996:31). Some of the CR theories that have been implicated in analysis of the health care reform controversy include Basic Human Needs, Relative Deprivation, Frustration-Aggression, Social Identity and Narrative theories of conflict.

Basic Human Needs

Building from Maslow’s hierarchy of needs, Burton (1996) proposed a theory of basic needs for conflict resolution. While realistic sources of conflict, such as water, food, and shelter, are also part of the hierarchy, “it is generally accepted . . . [that the] most intractable sources of conflict are ascribed to perceived threats to identity and security” (Jeong 2010:52).

Proclaiming health care to be a basic need and/or right that is being violated by the lack of affordable, quality, health care available to many Americans is a common feature of pro-reform arguments. For example, in their thorough deconstruction of popular myths about the U.S. health care system, such as “The US health care system is the best in the world,” Sarpel, Vladeck, Divino, & Klotman (2008) disclose their explicit assumption that “members of a civilized society agree that there is an obligation to provide healthcare to those who need it, and . . . there cannot be a tiered class system for access to healthcare” (563). Funigiello (2005) discusses reform initiatives as attempts to provide “health security” as a “right of citizenship.” And, by simply choosing to cite poll results showing that “a majority of Americans [60 percent] are . . . willing to pay more for their health insurance in order to

provide insurance for all Americans,” rather than some other available figure about government deficits or current satisfaction with health care, Buhr (2009) implies that the idea of health care as a basic right is relevant to the current controversy. Similarly, reporting on the underperformance of the current system suggests that the basic right to health care that every American should have is being violated in the undetected diseases and untreated illnesses of those lacking health insurance (Shelton 2000:33).

Relative Deprivation

What qualifies as a basic need is likely to vary over time and between cultures. In 1948, health care was declared a basic human right by the United Nations (1948), but there was no such expectation 200 years earlier when barbers doubled as doctors and professional certification was non-existent (Funigiello 2005). Relative deprivation theory suggests that unfulfilled “social and material expectations” based on previous conditions, increased aspirations, or in comparison to another group, are often a source of conflict, regardless of being verifiable ‘needs’ (Jeong 2010:49; Gurr 1970). A relative deprivation orientation is implied in both cross-national comparisons of healthcare systems and in comparisons of health care access and outcomes for different groups within U.S. society. For example, the United States is consistently criticized for being the only wealthy democracy to fail to “implement a national health security program” (Funigiello 2005; Hopkins Tanne 2009; Muennig and Glied 2010; Sarpel et al. 2008; Shelton 2000), which has led to shorter life expectancy, and poorer health outcomes for its citizens despite excessive spending (Blendon, Altman, Deane, et al. 2008:2052; Muennig and Glied 2010).

Comparisons are also drawn between groups of American citizens, and with past conditions in the country. Shelton notes that “35-40 million [Americans] lack access to affordable health care” (Shelton 2000:20) implying a comparison with the majority that is covered. Hopkins Tanne (2009) argues that businesses are finding it increasingly difficult to provide health insurance benefits for their employees, implying a comparison with their previous abilities. Disparities are also found in comparisons of the quality of health care received by members of marginalized socio-economic, racial and ethnic groups. For example, Smedley, Stith, Nelson, & Care (2003), report that African-Americans have higher mortality rates for heart surgery, cancer and HIV than do whites, even accounting for factors such as age, gender, education and health insurance. Some groups of Americans are deprived of the quality care and outcomes that other groups experience, and the US population as a whole experiences worse quality, affordability and outcomes than other wealthy, developed nations. Simply drawing these comparisons implies the theory of relative deprivation.

Structural Violence

The disparities in health care access, quality and outcomes could also be described as what Galtung (1969) calls *structural violence*. He declares that “if people are starving when this is objectively avoidable, then violence is committed” (Galtung 1969:171). Advocates of health care reform would probably argue that structural violence is responsible for the lack of affordable, quality healthcare many Americans face. Authors who highlight the accidental evolution of the current employer-based system from hiring tactics that evolved during a WWII wage freeze (Sarpel et al. 2008; Shelton 2000), who uncover the interests of powerful groups determined to maintain the status quo (Funigiello 2005; Hacker 1997; Jacobs 2001;

Scarlett 1994; Shelton 2000), and those concluding that the “fatal flaw” of US health care reform efforts is “they leave in place the existence of a multipayer, for-profit system . . . that is the Achilles’ heel of the United States healthcare system” (Sarpel et al. 2008:569), each imply an understanding of the health care reform controversy based on the theory of structural violence. In a letter to President Obama, the late senator Ted Kennedy wrote that health care reform “is above all a moral issue; at stake are not just the details of policy, but fundamental principles of social justice and the character of our country” (Hopkins Tanne 2009:3719). In Galtung’s terms, social injustice is synonymous with structural violence.

Frustration-Aggression

The frustration-aggression theory of conflict has been particularly popular in recent accounts of health care reform opposition. This theory proposes that violent behavior is often provoked when there is interference in an individual’s or group’s efforts to reach a desired goal. The difficulty of achieving the goal, a lack of alternative options for reaching it, and the frequency and intensity of interference can all intensify the frustration (Jeong 2010:48). Relative deprivation is often a source of frustration. Gurr (1970) argued that people become frustrated when they do not perceive opportunities for improving their conditions, particularly if their expectations and conditions had both previously been on the rise.

Authors in both the popular press and academia have attributed the aggressive health care reform opposition to a combination of frustration, caused by the nation’s economic difficulties, and racism (Phillips 2009; Abramowitz 2010; Stan 2010; Rich 2010). For example, in detailing the political and financial networks supporting the Tea Party

movement—which made its debut at the 2009 health care reform protests—Stan (2010) proclaims, “by 2009, with the collapse of the economy and the election of the nation's first African-American president, the supply chain of rage was complete, and the Tea Party came roaring to life” (Stan 2010:5). But, in attempting to neutralize charges of racism against the President’s critics, the white house press secretary argued that economic frustration was the key factor:

I don’t think the president believes that people are upset because of the color of his skin. I think people are upset because on Monday we celebrate the anniversary of the Lehman Brothers collapse that caused a financial catastrophe unlike anything we’ve ever seen. (Phillips 2009:2)

However, frustration does often occur when one group perceives that its position and capabilities have declined relative to another group, particularly if the group derives some self-esteem from the status difference (Korostelina 2007). In the popular press, many have argued that the rage expressed by health care reform protesters was not about health care reform as much as it was an expression of white conservatives’ fears of losing economic and political power to rapidly growing minority populations. For example, in citing predictions that white births will be the minority in the U.S. by 2012, Rich (2010) argues that,

The conjunction of a black president and a female speaker of the House — topped off by a wise Latina on the Supreme Court and a powerful gay Congressional committee chairman — would sow fears of disenfranchisement among a dwindling and threatened minority in the country no matter what policies were in play” (2).

Abramowitz (2010) echoes this sentiment, concluding that,

The growth of the nonwhite electorate along with the increasing liberalism and Democratic identification of younger voters . . . appear to be provoking an intense reaction from some opponents of the President. The frustration and anger displayed at “tea party” demonstrations and town hall meetings may reflect not just discomfort with Barack Obama’s race but the perceived threat that Obama and his supporters represent to the social status and power of those on the opposing side” (Abramowitz 2010).

While the economic recession and racism are frequently mentioned as joint sources of frustration, any discussion of racism also requires considerations of social identity.

Social Identity Theory

In searching for an example of public outrage comparable to the 2009-2010 health care reform protests, Rich (2010) contends that “it was only the civil rights bill that made some Americans run off the rails. That’s because it was the one that signaled an inexorable and immutable change in the very identity of America, not just its governance” (2). The word *identity* is used to describe several related but distinct concepts, including personality, sense of self, personal classification, and group membership (Edwards 2009:16). Individuals have a “multiplicity of social identities, many of which are held simultaneously” (Edwards 2009:17) and which may shift in centrality or importance throughout an individual’s lifetime (Edwards 2009; Korostelina 2007). *Salient* is the term used to describe the identity that is most important for a given individual. In contrast to the realistic, rational actor models of group conflict, social identity theory proposes that the need for self-esteem leads members of groups to develop positive attitudes towards their ingroup and negative opinions of the outgroup, regardless of the presence or perception of competing goals or interests (Korostelina 2007). The perception of threats, insults or other offenses by the outgroup against any of the ingroup’s members, values or beliefs, can cause the salience of the ingroup identity to increase immediately (Korostelina 2007:20).

Although previous research has found political party identification to be the most important factor in determining public opinion on health care reform (Blendon, Altman, Benson, et al. 2008; Blendon, Altman, Deane, et al. 2008; Berk, Gaylin, and Schur 2006), Tesler (2010) recently found that the strong association between President Obama and the issue caused racial identity to become salient over political identity. Negative attitudes and opinions of black Americans were subconsciously carried over to health care reform because of its strong association with the nation's first black president. Racial attitudes did not come into play when the experiment's subjects were told that the elements in question were part of former President Clinton's 1994 reform legislation. Winter (2008) also found that health care reform was not racialized in the 1990s. Tesler (2010) found that the issue was racialized for the American public as a whole, however, the overall effect was to lessen support among conservative white Democrats; because conservative Republican voters were already opposed to the legislation based on political ideology.

Racialization has also been found to be a significant factor in public opposition to other welfare-state programs. Gilens (1999) found that, contrary to popular opinion, the strong public opposition to cash welfare payments in the 1990s stemmed not from calculations of self-interest, such as resistance to paying higher taxes, "a general animus toward African Americans or racial conflict over tangible resources," (7), but from the misperception that most welfare recipients are black (they're not), combined with the stereotype that blacks are lazy. These two narratives combined to fuel the belief that poor black Americans are largely responsible for their own misfortune and, therefore, are *undeserving* of public assistance. Winter (2008) found that social security is also racialized; but rather than being associated

with negative characteristics attributed to the outgroup, social security is associated with the positive ideals of “hard work and legitimately earned rewards” linked to “white Americans’ feelings about the white in-group” (144).

Values are central in the development of social identity. The more salient an identity is the more consistency is likely to be found between values held by individual members and by the ingroup as a whole. Values include general moral conceptions of right and wrong, as well as worldviews specifying how society ought to be organized and what roles the outgroup should occupy (Korostelina 2007:129). Members of the outgroup are often believed to hold values that are different, or even in direct opposition, to those of the ingroup.

In exploring the different worldviews held by politically liberal and conservative Americans, Lakoff (2002) discovered that each side has its own model of morality built upon the metaphor of “the nation as family.” Lakoff labels the two models “Strict Father” and “Nurturant Parent” based on the childrearing philosophies the political philosophies are metaphorically built upon. Some of the primary distinctions between the two models are displayed in Table 1. While Strict Father morality emphasizes authority, obedience, discipline and competition, Nurturant Parent morality stresses love, respect, responsibility, nurturance and cooperation. The nation as family metaphor allows people to apply their childrearing philosophy to their opinions and reasoning about government and public policy by transposing the role of the parents to the government and the role of the children to its citizens.

Table 1. Lackoff's Models of Political Morality

	Strict Father Morality	Nurturant Parent Morality
<i>Power is based on</i>	Authority	Love/ Respect
<i>People should be</i>	Obedient	Responsible
<i>Behavior is modified through</i>	Discipline	Nurturance
<i>Motivation comes from</i>	Reward / Punishment	Attachment / Expectations
<i>Relationships are</i>	Hierarchical	Inclusive
<i>Success comes through</i>	Competition	Cooperation
<i>Moral Accounting (Punishment) is based on</i>	Retribution	Restitution
<i>Social programs are</i>	Immoral; undeserved rewards that subvert human nature	Moral investments in human capital

According to the Strict Father model, which emphasizes personal responsibility, social programs are fundamentally immoral because they subvert the natural motivations for people to take care of themselves. The Nurturant Parent model, on the other hand, allows for structural explanations of individuals' economic difficulties and sees social programs as moral investments in dormant human capital. The two different models of morality don't just have implications for public policy, but represent fundamental differences in beliefs about what kind of place the world is, and what kind of place it ought to be. Although Lakoff (2002) does not address health care reform in much detail, his dissection of the moral models underlying liberal and conservative political identities may provide the most valuable insight into fully understanding this controversy:

Conservatives know that politics is not just about policy and interest groups and issue-by-issue debate. They have learned that politics is about family and morality, about myth and metaphor and emotional identification. They have, over twenty-five years, managed to forge conceptual links in the voters' minds between morality and public policy. They have done this by carefully

working out their values, comprehending their myths, and designing a language to fit those values and myths so that they can evoke them with powerful slogans, repeated over and over again, that reinforce those family-morality-policy links, until the connections have come to seem natural to many Americans, including many in the media (19).

Narrative Theory

One way to paraphrase Lakoff's (2002) argument is to say that conservatives have condensed their political identity, values and vision for the future of the country into a more coherent *narrative* than have liberals. Narratives are stories; they are also the primary means by which human beings understand, communicate and make sense of their experiences, relationships and their lives as a whole (Hyvärinen et al. 2008; Jones and McBeth 2010; Somers 1994; Shkedi 2005; Somers and Block 2005). Our actions, beliefs, values and identities are all constructed and understood through our narrations of them (Somers 1994; Jones and McBeth 2010; Hyvärinen et al. 2008; E. Bernard 2009). "Everything we know, from making families, to coping with illness, to carrying out strikes and revolutions is at least in part a result of numerous crosscutting relational storylines in which social actors find or locate themselves" (Somers 1994:607). Narratives are the building blocks of social reality, shaping our understanding of our relationships, our actions, our histories, our hopes and dreams for the future, and our very identities.

A narrative approach to conflict analysis and resolution shifts focus from discrete needs, interests and goals to the stories people tell about conflicts and "the politics of meaning-making" (Winslade 2006:3,13). "Narratives are the lifeblood of politics," according to McBeth et al. (2007); they both define political beliefs and serve as political strategy (Shelton

2000; McBeth et al. 2007). Roe (1994) argues that narrative analysis is the only appropriate methodology for approaching policy controversies with high levels of uncertainty, complexity and polarization, precisely because there are not clear, agreed upon or compromisable interests at issue:

Sometimes what we are left to deal with are not the facts--that is why there is a controversy--but the different stories people tell as a way of articulating and making sense of the uncertainties and complexities that matter to them. (ix)

Many authors have credited the historical success of health care reform opponents to the ability of politically and economically powerful interest groups, such as the American Medical Association and the Health Insurance Association of America, to spread their opposition narrative more effectively than supporters (Funigiello 2005; Shelton 2000; Jacobs 2001; Scarlett 1994).

Framing

Narrative framing has been discussed frequently in analysis of the health care reform controversy. Framing is the process of shaping a particular interpretation and evaluation of events by emphasizing certain narrative elements and downplaying or omitting others. Jones and McBeth (2010) argue that the usefulness of narrative lies precisely in the fact that it enables individuals to carve meaning out of unending complexity by “sharpen[ing] certain elements of reality while leveling others” (330). For example, Lakoff (2002) notes that there are at least a dozen different models for evaluating ‘fairness,’ including equality of distribution, equality of opportunity, needs-based distribution, scalar distribution, contractual distribution, etc. (60-61). Reform supporters often declare that health care is a basic human

need or right, which implies the equality of distribution or rights-based distribution models of fairness (it is something everyone deserves); while the importance conservative opponents of reform place on self-discipline and earned rewards implies the scalar distribution model of fairness (the harder you work, the more you deserve). Narratives simplify complex realities by giving priority to one set of evaluative criteria over all others. In this sense, narratives are always political because their framing reflects their narrator's ideology, values and beliefs (Shelton 2000; Roe 1994; Jones and McBeth 2010; Cobb and Rifkin 1991; Rifkin, Millen, and Cobb 1991).

In examining the most recent round of the health care reform controversy, Blendon and Benson (2010) found that support for specific elements of the legislation varied wildly depending on how the question was framed:

Public support for requiring individuals to have health insurance coverage ranged from 56 to 59% when the question mentioned subsidies for people who could not afford insurance (Newsweek; ABC, February). However, when the question mentioned penalties for not having coverage, support was 28% (Newsweek). (3)

In his discussion of the failure the 1990s reform efforts, Scarlett (1994) argues that the Clinton administration failed to frame the issue in a way that resonated with the public, effectively ceding to the opposition frame, and allowing

the debate to be defined as one about a new entitlement program that would benefit only those who currently lack coverage. In a nation where 85 percent of citizens already [had] health insurance, that was a huge miscalculation. (4)

Winter (2008), on the other hand, suggests that the Clinton administration did attempt to frame the issue in terms of "health security" and the "personal impact" reform would have for middle-class families. However, the opposing narrative portraying a nightmare scenario

of inefficient, ineffective bureaucracy intruding into private decision making, was much more compelling.

Shelton (2000) argues that by extending the debate “beyond the narrow confines of health care to touch the larger economy and, ultimately, to criminalize big government” (518), reform opponents managed to “displace an ‘objective’ crisis in health care in favor of a ‘rhetorically crafted virtual crisis of big government’” (106), without ever having to take the distasteful position of opposing health care reform directly. Essentially, he argues that the opposition narrative about the potential negative ramifications of reform was more compelling than people’s current and concrete needs for affordable access to quality health care. These kinds of future narratives from the ‘scary story’ genre have proven to be effective in swaying public opinion in other contexts as well. Van der Steen (2008), for example, credited sweeping reforms of the Netherlands’ welfare state system to a doomsday narrative about the ageing of the country’s population.

Winter (2008), also found that the “public intrusion into the private realm” narrative served to temporarily *gender* the issue in 1994, and *only* in 1994. In addition to the proposal’s association with Hillary Rodham Clinton, a powerful woman stepping out of the traditional gender roles associated with the First Lady, the narrative suggesting that bureaucrats would interfere in the private doctor-patient relationship subconsciously activated people’s feelings about gender roles and transposed them to health care reform. Much like Tesler’s (2010) findings about the racialization of health care in 2009-2010, the gendering identified by Winter served to decrease support for the bill among conservative Democrats with traditional

gender views; while Republicans, already opposed to reform for ideological reasons, were unaffected.

Narrative Structure

Complete narratives require five elements. The first four are, *characters* engaged in a *plot* unfolding over *time* that results in some *change* (Liu and László 2007; Jones and McBeth 2010; Steinmetz 1992; Somers 1994; Roe 1994). Once these structural requirements are fulfilled, “the validity of narrative hinges on its credibility, authenticity, relevance, and coherence” (Liu and László 2007:5–6). Narrative coherence refers to “how a story seems to fit together; whether it is consistent, lacks contradictions and whether it plays out logically;” while credibility is determined by the narrative’s consistency with the audience’s beliefs and experiences (Shelton 2000:111). The criteria by which coherence and credibility are judged can vary significantly from one social group to another, meaning that a story fully comprehended by the ingroup may seem completely incoherent to the outgroup (Rifkin et al. 1991).

Evaluation is the fifth and most important element of a complete narrative (Labov 1997). A narrative must be about something that is out of the ordinary in some way, and it must call for an evaluation—a moral to the story—otherwise it would simply be a pointless description of events (Labov 1997; Liu and László 2007; Jones and McBeth 2010; Steinmetz 1992). Steinmetz (1992) argues that this “evaluative structure” not only tells the listener or reader what is important but also passes normative judgment about “the way things are, the way things ought to be, and the kind of person the speaker is” (498). Lakoff (2002) suggests that

moral models imply a particular worldview, or story about the kind of place the world is; which, in turn, compels the narrator to actively engage in making the world that kind of place through their actions, relationships, and public policy preferences.

Public Policy Narratives

Policy stories also have narrative structure; “they are stories with a beginning, middle, and an end, involving some change or transformation. They have heroes and villains and innocent victims, and they pit forces of evil against forces of good” (Stone 2002:138). The characters in a policy narrative are the people who fix (heroes), cause (villains) or are harmed (victims) by a particular problem. In describing liberal and conservative “cosmologies,” Lakoff (2002) identified liberal and conservative heroes, villains and victims relating to the health care reform controversy. He identifies both ingroup “model citizens” (heroes) and outgroup “demons” (villains) for each side of the political spectrum, noting that “conservative model citizens are often liberal demons, and conversely” (174). For example, “those who are against the expansion of health care for the general public” are a specific category of “demon” for liberals, while those who promote it are their model citizens. However, in the conservative cosmology, “advocates of government-supported universal health care” are a specific category of demon because they advocate for government interference “with the pursuit of self-interest and thus constrain the business activities of the conservatives’ model citizens” (171–174).

Market Fundamentalism

Lakoff (2002) identified free-market ideology, including the values of competition, self-discipline and the pursuit of self-interest, as foundational to conservative morality. He argues that their abhorrence of social programs, including government-funded health care, is based in the belief that they corrupt those values (13). Somers and Block (2005) define this “religious like certitude of those who believe in the moral superiority of organizing all dimensions of social life according to market principles” as *market fundamentalism* (260-261). While rarely named explicitly, market fundamentalism has often been cited in analysis of the health care reform controversy. For example, the fourth item on Sarpel et al.’s (2008) list of popular myths about the U.S. health care system is “a free market is the best way to get the highest quality health insurance for the lowest cost.” Manasse (2009) suggests that this myth has been propagated by economists who argue

that capitalism is not the root of America’s health care problems; rather, it is the cure. They feel that by allowing free markets within our health care system, health care will ultimately become more accessible and more affordable” (1569).

Somers and Block (2005) trace the emergence of market fundamentalism, from “the margins of influence to mainstream hegemony” (260), crediting it with the demise of welfare state systems in both 19th Century England and the United States in the 1990s. While the context in each situation was dramatically different, the consistent variable was a shift in the public narrative about the causes of poverty. Market fundamentalism transformed the popular understanding of poverty from a condition caused by the prevailing economic system, to the result of individuals’ poor choices and lack of self-discipline. The poor were recast from innocent victims of an unjust economic system to villains deserving of their economic

difficulties. Welfare programs, formerly considered ‘heroes’ for saving the poor from their precarious existence in a structure not of their making or choosing, were recast as villains that pervert the ‘natural’ incentives for limiting reproduction and increasing economic productivity. The rich were no longer the privileged villains exploiting the lower classes, but the heroes who had been justly rewarded according to the rules of ‘natural law.’ The moral of the story was no longer that it is compassionate to help the poor, but that “assistance is actually hurting the poor by creating dependence, [so] denying it is not cruel but compassionate” (266).

Somers and Block (2005) conclude that market fundamentalism was able to achieve the difficult task of overthrowing each society’s previously dominant narrative because it contains its own internal claim to veracity. Its foundation in the narrative of social naturalism is remarkably immune to empirical challenge because it is based on the untestable hypothesis—framed as an unquestionable truth—that free markets are the only ‘natural’ and proper form of economic organization. In the narrative of market fundamentalism, capitalism and free markets are the ultimate and undefeatable heroes; anyone or anything that tries to get in their way are villains.

Socialism, as the supposed natural enemy of capitalism, is the ultimate villain in the narrative of market fundamentalism, and the fear of socialism has played a central role in every debate about national health care reform in the U.S.. Monroe and Blumenthal (2008) argue that,

The fight for health reform is ultimately a fight over symbols. Opponents discovered the power of fearful images during the very first clash back in 1915. By 1935 they had their bogeymen all lined up: they argued national

health care is socialist, un-American, dangerous, bureaucratic, and big-government-run-amuck. (723)

During his unsuccessful 1992 campaign for reelection, President George H.W. Bush also raised the specter of socialism as he explained his own plan for health care reform in a weekly address:

We would lower costs for patients and providers alike by keeping high taxes, costly litigation, and big bureaucracies off their backs . . . the biggest story of our time is the failure of socialism and all its empty promises, including nationalized health care. (Winter 2008:121)

And, in 2009, the conservative political group FreedomWorks rallied health care reform opponents with the battle cry “Stop Socialized Medicine!”(Arney 2009).

Narrative Persistence

Scholars applying narrative theory to public policy analysis have found that persistent public narratives can be significant roadblocks to policy progress, even when there is substantial empirical evidence to contradict them; and even when they run counter to individuals’ rational self-interest (Roe 1994; McBeth et al. 2007; Gilens 1999). Stories are easier to remember and understand than isolated and abstract facts and figures, making them more persuasive and very difficult to uproot once they have taken hold (Jones and McBeth 2010). For example, Gilens (1999) reports that concrete stories and specific examples are much more influential in forming opinions about welfare programs than statistical information (135). In laying out his argument for Narrative Policy Analysis (NPA), Roe (1994) notes that

When one narrative more than any other becomes the way we best articulate our ‘real’ feelings or make sense of the uncertainties and ambiguities around us, then we are often willing to put up with that narrative, no matter how empirically objectionable it is in many other respects. (51)

Stevenson Murer (2009) attributes part of this narrative persistence to the priority given to meaning over accuracy in narratives: “It is the purpose of such narratives to make sense of events . . . it is not the narrative's aim to define events externally but, rather, to relate the significance of events to the self” (115). Narrative theory recognizes that there are numerous variations to any given story about the social world, and that people’s actions and opinions are driven not only by rational, logical calculations, but also by the narratives that frame their understanding of the world and their place in it.

Genre

The kind of simple, black and white, good vs. evil narratives characteristic of both the Strict Father moral model and market fundamentalism, fall into the genre of melodrama; which, Hardy (2008) suggests, is the dominant frame for conflict stories in Western culture. In her analysis of mediation sessions, she found that most participants position themselves in the role of innocent victim, their opponent in the role of evil villain, and the mediator as the hero who will impose justice. Melodrama does not account for complex motivations, context or extenuating circumstances, but, like Lakoff’s Strict Father morality, assigns all blame or reward based solely on the actions and intentions of the individual characters. Hardy (2008) argues that melodramatic framing complicates conflict resolution efforts in several ways. The opponent is cast as purely evil, with no legitimate motivations, someone not to be trusted and incapable of reasonable negotiation or compromise. The victim role, likewise, positions the narrator as a passive subject incapable of doing anything to resolve the situation on their own, and destined to suffer at the hands of the villain until a hero arrives to save the day.

Furthermore, the proper resolution of a melodrama is restoration of the status quo, which

assumes that there were no structural problems or power imbalances contributing to the conflict, and limits the possibilities for creating more equitable circumstances in the future.

Hardy suggests that tragedy is a genre more amenable to conflict resolution. Tragedy “complexifies” the conflict narrative, allowing for examination of individual motivations and identification of circumstances beyond the characters’ control. Although the classic Greek tragedies were preordained and inevitable, they are filled with tragic moments in which the audience clearly sees that if just one thing had been different, the entire tragedy could have been avoided. By accepting the inevitability of a conflict without necessarily assigning mal intent to any individual, and simultaneously providing opportunities to envision how it could have been avoided, the act of retelling a conflict narrative as a tragedy is likely a powerful tool in advancing conflict resolution and reconciliation. In an interesting parallel, tragic tellings of conflict stories also seem to reflect the values of tolerance, self-reflection and compassion identified by Lackoff (2002) in the liberal Nurturant Parent moral model.

The Narrative Construction of the Health Care Reform Controversy

Figure 1 details the layers of narrative in the health care reform controversy that have been identified through this review of the literature. As it illustrates, social narratives are not neat, discrete, self-contained units, but overlap, contain, contradict and support one another. The conservative narrative credited with repeatedly defeating health care reform in the U.S. is built upon the Strict Father narrative of morality identified by Lakoff (2002), which is built upon the metaphor (another kind of narrative) of the Nation as Family, the narrative of

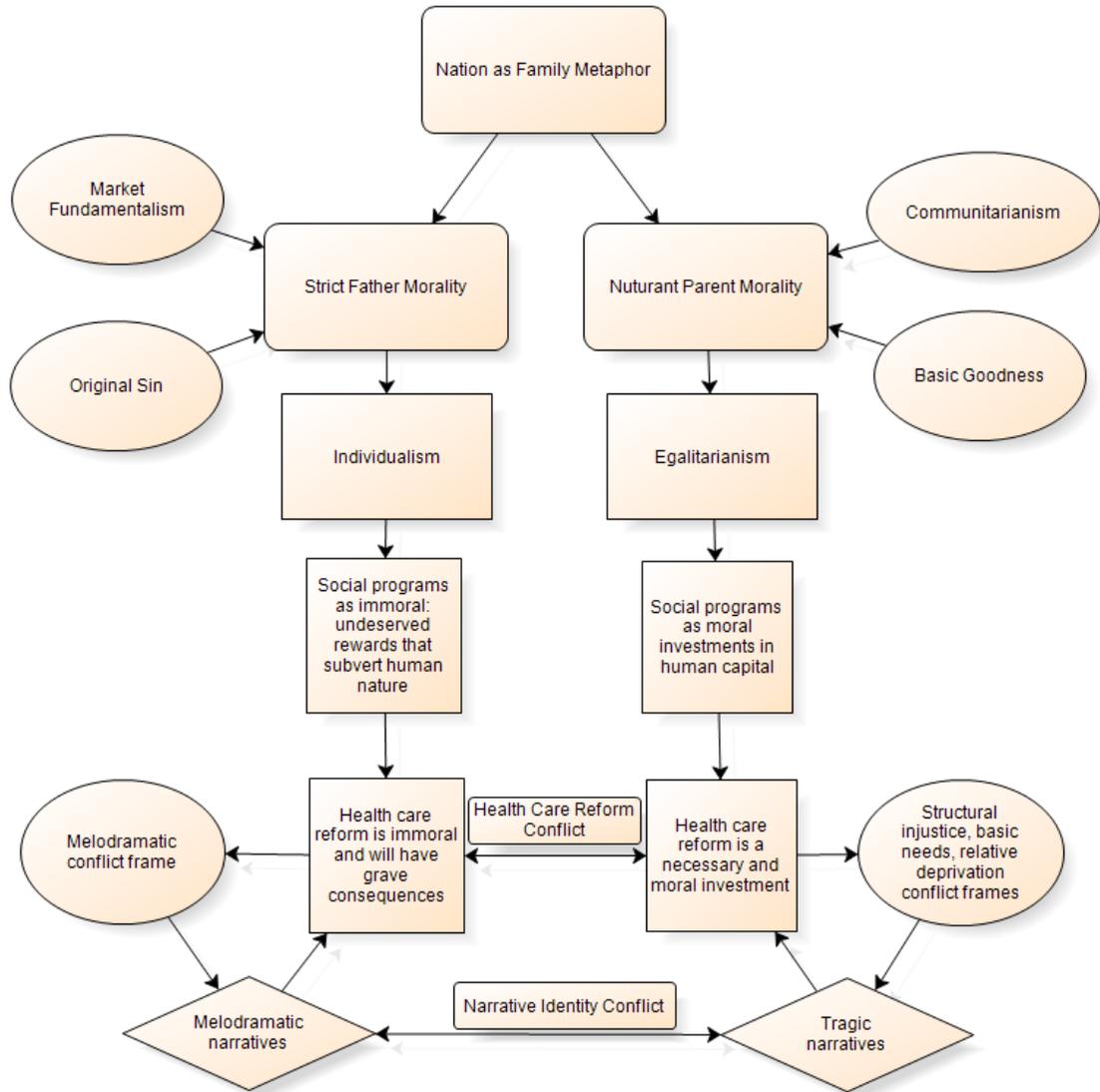


Figure 1. Layers of Narrative in the Health Care Reform Conflict

market fundamentalism and a narrative of Christianity focused on original sin. The liberal position in favor of health care reform, on the other hand, is built on the Nurturant Parent moral model, supported by the ideals (also expressed through narrative) of communitarianism, egalitarianism, and a belief in basic goodness. These different narrative

constellations create distinct political identities, each with its own set of values that guide their understandings, opinions and preferences in the health care reform controversy. The focus on complexity, context and structure in the liberal moral model is more amenable to tragic conflict frames, including CR theories such as basic human needs, relative deprivation and structural injustice; while the primary importance conservatives place on personal actions and consequences is indicative of melodrama.

Narrative analysis clearly reveals that the health care reform controversy is about more than just competing policy proposals and rational calculations of self-interest. However, the above model is limited by two factors: First, it is based on the academic literature about the controversy, rather than the narratives of participants themselves. One of the aims of this investigation will be to compare narratives produced by organized interest groups and individuals during the 2009-2010 round of the health care reform controversy to this theoretical model through structural analysis. The second problem with the model is that it is static. Narratives are inherently part of a dynamic interaction between narrator and receiver in which events are interpreted and given social meaning (Rifkin et al. 1991). Public narratives evolve from the multiple and ongoing interactions between diverse social actors, including political elites, organized interest groups, the mass media and individual citizens (Jacobs 2001). Each of these actors evaluate and interpret the others' narratives, choosing elements to adopt or discard in reframing the story in the ways that they believe are most coherent and credible.

Narrative Mediation

Rifkin et al. (1991), in arguing for a new paradigm in the practice of dispute mediation, advocate for abandoning the “folklore of neutrality.” ‘Neutrality,’ they argue, is often understood as a personal trait held by a mediator who can avoid ‘taking sides’ while aiding the parties in the transmission of their messages (151-152). They advocate instead for understanding mediation as a dynamic process of narrative construction in which mediators are “managers of the storytelling process” (161). In public policy controversies, such as health care reform, the popular media tend to be the “managers of the storytelling process,” and are the closest thing we have to a public mediator. How well they fill that role, however, is hotly debated.

Media Influence

While it is generally accepted that the media is an important influence in shaping public opinion, there is debate as to whether it is mostly a *mediator*, objectively conveying all sides of an argument to help the public make informed decisions, or a *manipulator*, either inadvertently or purposefully framing issues to sway public opinion in a particular direction. Shanahan et al. (2008) prefer the terms *conduit* and *contributor*, and, in their empirical examination of media influence in policy conflicts in the Greater Yellowstone area, have found that it can play both roles at different times and for different issues.

Media as Mediator

Shanahan et al. (2008) theorize that in a conduit role, the media transmit the narratives of political elites almost in the way that a neutral mediator is supposed to help the parties to a conflict tell their sides of the story, uncover shared interests and, preferably, reach a mutually beneficial solution (Cobb and Rifkin 1991). In the ‘media as mediator’ camp, the effects of the media on public opinion are assumed to be limited, with the public being cast not as passive receivers of media messages, but as

active agents who construct their own interpretations . . . draw[ing] on their personal interactions with peers and their personal experiences in their daily lives to select, supplement, reject, or redefine the information offered by the media, politicians, or interest groups” (Jacobs 2001:1363).

Others focus on the media messages themselves, such as Kingdon (2002), who concludes that the media’s influence on public opinion is limited by its “tendency to cover stories for a short period of time . . . [and] propensity to feature dramatic stories . . . at the end of the policy making process, rather than the beginning” (Shanahan et al. 2008:118). In exploring the failure of the Clinton reform plan, Hacker (1997) argues that the media did not play a role in shaping the agenda, but did help determine the alternatives under discussion (Wainess 1997).

Media as Manipulator

Shanahan et al.’s (2008) alternative to the conduit/mediator hypothesis, is that the media is a biased *contributor* of policy stories, consistently adopting the frames of one or another of the policy coalitions, either through unconscious biases or conscious attempts to sway public opinion. In the Greater Yellowstone controversies, they found that local and national media tend to cite different sources of information, which broadly represent the two opposing sides

of the conflict. Other authors have found that the media don't just take sides, but can even set political agendas, determine policy outcomes (Wainess 1997) and propel narratives to dominance (Somers and Block 2005; Jacobs 2001). The media can sway public opinion by adopting or privileging the problem definition, cast of characters, or preferred frame of one interest group over another. Jacobs (2001) argues that the media "can influence an ambivalent public by highlighting the standards of judgment, criteria, or other considerations that are given attention and ranked foremost in Americans' minds when they evaluate politicians and policies" (1365). He also argues that the press increasingly frames presidential elections and policy debates "in terms of strategic maneuvering and political conflict, which in turn invite public cynicism of politicians and perceptions that policy reforms pose personal risks to the individual's current situation" (1367).

The media has often been accused of being a manipulator in the health care reform controversy. Most recently, the Fox News cable channel was accused of instigating much of the opposition against ACA (Dee 2009; Hopkins Tanne 2009; Stan 2010; Phillips 2009). Examples of its demonstrated bias abound, including findings that Fox cited Republicans nearly twice as often as other networks (Wu and Lambert 2010), and interviewed reform opponents much more frequently than supporters (Dee 2009) in its coverage of the health care reform controversy. It was also the only major television network not to provide live coverage of President Obama's 2009 health care reform speech (Hopkins Tanne 2009); and it openly and actively promoted the emergence of the purportedly 'grassroots' Tea Party Movement, which made its national debut at health care reform protests. Stan (2010) convincingly maps an intricate web of relationships not only linking Fox News and the Tea

Party to each other, but also to a larger conglomeration she labels “Tea Party Inc.” in which elite oil billionaire David Koch, and Fox News owner and media mogul Rupert Murdoch, have combined forces to fund, organize, and promote a conservative movement to crusade for their market-fundamentalist agenda.

While Fox News is a relative newcomer—it did not exist during the 1994 round of the health care reform controversy—the media was also identified as an influential factor in previous health care reform defeats. Jacobs and Shapiro (1995) found that public attitudes towards health care reform fluctuated with shifting media coverage in the 1990s. The 1994 “Harry and Louise” ad campaign, in which a middle-aged, middle-class couple discussed their fears about health care reform, has also been extensively analyzed and given partial credit for defeating the Clinton administration’s reform efforts (Funigiello 2005; Scarlett 1994; Winter 2008; Jacobs 2001; Jacobs and Shapiro 1995).

Complex Reality

In their empirical analysis of media influence in policy controversies in the Greater Yellowstone area, Shanahan et al. (2008), found that local and national newspapers were each aligned with one of the competing policy coalitions on the issue of federalism, which likely increased the conflict’s intractability. However, their framing of environmental impacts was not consistently polarized, increasing the likelihood that the media could promote policy learning on that issue. In conclusion, they argue that the complexity of media influence should be understood as “matters of degree” rather than through mutually exclusive categorization as conduit or contributor. Kellstedt (2003) also reminds us that the media is

only one of many important systematic forces that shape public opinion, and suggests that they are “far from manipulators” (134). Jacobs (2001), despite his support for the media as manipulator hypothesis, also concludes that “the public rarely receives the kind of unified and monolithic information that is necessary to willfully manipulate it in a particular direction” (1363).

Whatever the true impact or extent of media influence on public opinion may be, it is the dominant mediating institution in modern U.S. public discourse. The media’s social role is to frame complex issues, to weave discrete facts, competing arguments and events into the kind of coherent narrative that human brains crave, requiring the imposition of plot, characters, and most importantly, evaluation (Swanson 2007; Shanahan et al. 2008; Somers 1994). The choices journalists and editors make in framing public policy issues undoubtedly impacts the public’s understanding of them in some way. The aims of this study will be to 1) explore the narratives produced by organized interest groups during the 2009-2010 health care reform controversy, 2) discover how those narratives were treated in the news media’s framing of the controversy, and 3) gain insight into how these competing narratives and frames were evaluated and engaged with by members of the public.

Chapter 3: Research Design

The goal of this thesis research was to explore the dynamic interactions between four groups of competing narratives in the 2009-2010 health care reform controversy, including the narratives promoted by organized interest groups supporting and opposing ACA, those presented in the news media's coverage of the controversy, and those expressed by private citizens in newspaper letters to the editor (LTEs). The investigation was divided into three phases: In the first phase, I aimed to compile accurate, detailed and objective descriptions of organized interest groups' health care reform narratives by examining the narrative structure of their online artifacts (press releases, blog entries, action forms, fact sheets, etc.). In the second phase, I explored how these competing narratives were presented by national media sources believed to represent both sides of the political spectrum. And, in the third phase, I compared the interest group and media narratives to the framing and narrative strategies of private citizens who elected to participate in the public debate by writing LTEs.

Phase 1 Methodology

Selection of Coalition Members

As the primary actors directly involved in the legislative process, the Republican and Democratic political parties were the first interest groups identified for inclusion in the Phase 1 sample. Additional groups were selected based on their identification as key actors or

voices in the controversy by the news media, in the academic literature or by other interest groups. In an effort to represent the diversity of health care reform supporters and opponents, the sample included as many different kinds of groups as possible, including political organizations, activist/lobbying organizations, professional associations, think tanks and individual politicians. Although they were not necessarily formal allies, the interest groups in the sample that supported and opposed ACA will respectively be referred to as the Pro coalition (Pros) and the Anti coalition (Antis). The Anti coalition was comprised of the Republican National Committee (RNC), FreedomWorks, the Heritage Foundation (Heritage) and former Republican governor and vice-presidential candidate Sarah Palin. The Pro coalition included the Democratic National Committee (DNC), Organizing for America (OFA), Health Care for America Now (HCAN), the American Medical Association (AMA), AARP (formerly the American Association of Retired Persons), President Barack Obama, and America's Health Insurance Plans (AHIP).

The Antis

Established in 1984, FreedomWorks is a longstanding conservative/libertarian political action group which, in their own words, “recruits, educates, trains and mobilizes millions of volunteer activists to fight for less government, lower taxes, and more freedom” (FreedomWorks 2011). It is also considered to be a key organizer and promoter of the Tea Party movement (Stan 2010). In contrast to the daily politics of the RNC and the activist orientation of FreedomWorks, the well-known Heritage Foundation describes itself as “a think tank—whose mission is to formulate and promote conservative public policies based on the principles of free enterprise, limited government, individual freedom, traditional

American values, and a strong national defense” (Heritage Foundation 2011). Given her strong association with the Tea Party and status as an outspoken opponent of health care reform, Sarah Palin—who was the first person to make the notorious claim that the reform legislation called for “death panels”—was also included in the sample (Palin 2009a).

The Pros

Organizing for America, officially a “community organizing project of the Democratic National Committee” (Organizing for America 2011), grew out of candidate Obama’s grassroots campaign organization to promote the President’s agenda once in office¹. Given his central role in passing the legislation and the public’s strong association between him and the issue, President Obama was also included as a member of the Pro-Reform coalition. HCAN promoted itself as “a national grassroots campaign of more than 1,000 organizations in 46 states representing 30 million people dedicated to winning quality, affordable health care we all can count on in 2010 and beyond” (HCAN 2011). Its member organizations include “doctors, nurses, community organizations, labor unions, small business owners, faith-based groups, people of color, seniors, and children’s and women’s rights groups” (HCAN 2011). AARP, “a nonprofit, nonpartisan organization . . . that helps people age 50 and over have independence, choice and control in ways that are beneficial and affordable to them and society as a whole” (AARP 2011), was chosen for inclusion in the sample given its prominent support for ACA and the importance both sides of the debate placed on the potential benefits or consequences reform would have for senior citizens. The AMA is the

¹ After the President’s April 2011 declaration of his intent to run for reelection, the title on the organization’s website was changed to ‘Obama for America 2012.’

nation's largest professional association of medical doctors and medical students; and AHIP is the health insurance industry's trade association.

Both the AMA and AHIP (formerly the Health Insurance Association of America [HIAA]) opposed previous health care reform efforts. HIAA produced the infamous “Harry and Louise” anti-reform ads of the Clinton Era (Jacobs and Shapiro 2000; Scarlett 1994), and the AMA consistently worked to defeat every effort for comprehensive reform of the U.S. health care system in the 20th century (Funigiello 2005; Shelton 2000). However, in the new millennium, both groups were early and vocal supporters for reform, although they also frequently expressed reservations or disapproval of specific reform elements. In the end, AMA gave its qualified support to ACA—after the public option was eliminated; while AHIP's position could best be described as qualified opposition: it consistently supported the goal of comprehensive health care reform, but ultimately opposed ACA.

Sampling

Health care reform focused items produced by each group between Jan 1, 2008 through March 31, 2011 were collected for the sample using the Google search engine. The primary search term was “health care reform,” which produced more than sufficient results for most groups. Additional search terms, such as “health insurance reform,” were used for websites with few results, but these variations rarely produced additional items that met the selection criteria. Only items that presented the organization's official position and were primarily focused on health care reform were included in the sample. Any user generated material, such as the “community blogs” and hundreds-of-thousands of “health care stories” published on

OFA's website, were excluded, along with any reproductions of media items, including newspaper articles and editorials. Similarly, only transcripts of President Obama's speeches about health care reform were included, while other whitehouse.gov items produced by members of his staff were excluded.

My goals in this phase were to reach *narrative saturation*, a point in the research in which new themes cease to emerge from the analysis of additional material (H. R. Bernard and Ryan 2010:284), and to track any changes in the narratives over time. With these aims in mind I set out to collect an *inclusive* sample rather than a traditional random sample. While I still took every effort to ensure that my sample was representative of the dominant themes and framing of the controversy, I also wanted to capture the coalition narratives in as much of their complexity as possible. In the case of groups with a very small number of search results (DNC and OFA), all available items were included. However, most groups had more than 100 results. In these cases, items that offered a different perspective or tone were included, while those that focused on a dominant theme already captured in several other items were excluded. Likewise, items that were the only result for their group in a given month were included, while only a couple of the most relevant were chosen for months with many results. When the search results were too numerous to consider each item's relevance individually (HCAN and Heritage had several hundred each), a random number generator was used to select one item per page of search results, those that were relevant were included and those that were not were excluded. The weakness of this inclusive sampling strategy is that any statistical description of the narratives will be skewed, with dominant themes likely to be underrepresented and minor elements overrepresented. However, it could also be considered

more qualitatively representative than a random sample, in that it provides a more complete understanding of the detailed structure of the narratives and the diversity within each coalition.

Coding

This phase of the analysis focused on identifying the structural composition of each coalition's narrative, including plot (problem definition), characters (heroes, victims, villains) and outcomes (the legislation's expected results) (Roe 1994; Jones and McBeth 2010; McBeth, Shanahan, and Jones 2005), as well as recurrent symbolism, cited sources of information, and any instances of implied or 'folk' conflict theories. Although these broad categories were predetermined, the coding process followed the logic of grounded theory: rather than coding only a strict set of predefined variables, the sub codes for each category were identified as they emerged from the text, and additional categories were added when an important theme or element not captured by the existing codes was discovered (H. R. Bernard and Ryan 2010).

The aim of this hybrid grounded theory/narrative analysis approach was to discover the full richness of the health care reform narrative as a complete unit, rather than focusing only on a few disembodied structural or thematic components. For example, Shelton's (2000) discourse analysis of the 1994 Senate health care reform debates provides many interesting insights, but by limiting his analysis to only 5 predetermined variables (crisis discourse, categories of evidence, 1st or 3rd person narration, language strategies, and medical metaphors), he ignores other themes that could be more interesting or important; such as Winter's (2008), finding

that the issue was temporarily gendered in 1994 through the use of the “public intrusion into the private realm” rhetoric. While the broad coding categories developed for this study were firmly based in narrative theory and the extensive research done on past iterations of the U.S. health care reform controversy, the open coding methodology allowed for exploration of the undiscovered details and intricacies of this distinctive chapter in the conflict.

Sub-codes were developed for each coalition independently and without concern for duplicating codes between the coalitions. Recognizing that my bias lies with the Pros, I chose to code the Anti documents first and tried to remain consciously faithful to the task of categorizing the text in ways most representative of the coalition’s dominant themes and narrative structure. After the initial round of coding, I utilized the text search function of the NVIVO 9 qualitative research software to identify additional instances of specific codes that I had missed during the manual coding. For example, all instances of words such as ‘affordable,’ ‘universal,’ and ‘market’ that had not been coded into the respective categories of affordable health care, universal health care and market fundamentalism were reviewed in context and coded to additional categories as appropriate. When this second round of coding was complete, the coding schemes were reviewed and collapsed, combined, renamed and recoded into the condensed set of categories to be discussed in the next chapter. Once I completed my coding of the Anti documents, I started the process from scratch for the Pros, occasionally using the same codes as the Antis, but also allowing new and different ones to emerge to capture the Pros’ distinct narrative elements and strategies.

Phase 2 Methodology

Selection of Media Sample

Given the goal of examining how the news media may influence the public's adoption or interpretation of interest groups' health care reform narratives, Phase 2 of this study sought to sample the news media outlets with the largest national distribution and the highest credibility ratings on each side of the political spectrum. According to The Pew Research Center's 2010 biennial news consumption survey report, "Ideological News Sources: Who Watches and Why," the sources that best fit these criteria were the Fox News (Fox) and CNN cable television channels, the New York Times (NYT), USA Today (USA) and the Wall Street Journal (WSJ) newspapers, and National Public Radio (NPR). Comedy Central's *The Daily Show with John Stewart* and Fox News' *Glenn Beck* program were also included for reasons to be discussed below. Key statistics for each source from the Pew report are included in Table 2.

According to the Pew (2010) survey, the sources Americans turn to most for their news coverage are local television (50%) local daily newspapers (40%), and the internet (46%). The first two do not have national distribution, and were therefore excluded from the sample for this project. The internet offers a dizzying array of choices for news, from newspaper and television websites to political blogs and aggregator services. All of the sources chosen for inclusion in this sample use traditional formats, however, with the exception of NPR, each also ranked among the most frequently cited sources of internet news in the Pew survey.

Table 2. Political Polarization in News Source Choices

Source	% of US population in audience	% political party in audience			Audience political affiliation		Audience ideology		Believability		Cited as an online source
		R	D	I	R	D	Con	Lib	R	D	
Fox News	23%	40%	15%	20%	44%	21%	60%	2%	41%	21%	8%
CNN	18%	12%	25%	17%	17%	47%	26%	23%	19%	40%	16%
NY Times	5%	2%	8%	6%	9%	49%	11%	38%	14%	31%	6%
USA Today	4%	6%	4%	4%	33%	26%	46%	11%	16%	20%	2%
Wall St. Journal	4%	6%	4%	5%	36%	22%	45%	12%	28%	33%	2%
NPR	11%	6%	14%	14%	14%	40%	22%	29%	16%	37%	-
Glenn Beck	7%	14%	2%	7%	53%	9%	74%	2%	-	-	-
Jon Stewart	7%	4%	9%	8%	14%	41%	19%	29%	-	-	-

Cable television channels ranked third in the list of most popular news sources (39%). Fox News is by far the most popular and polarized cable news channel. Forty-percent of Republicans and 20% of independents reported watching Fox frequently in 2010, while only 15% of Democrats did. Fox News is also the only media outlet trusted by many Republicans. Twice as many Republicans (41%) reported believing “all or most” of what they see on Fox than did Democrats (21%). The second most trusted source for Republicans is WSJ, although more Democrats (33%) “believe all or most” of what they read there than do Republicans (28%). CNN ranks as high in believability for Democrats (40%) as Fox News does for Republicans; however, Democrats also rank other sources relatively highly, including CBS News’ *60 Minutes* (42%), NPR (37%), MSNBC (34%), WSJ (33%) and NYT

(31%). CNN and MSNBC have more Democratic viewers than Republican; however, the polarization is not as extreme; 25% of the nations Democrats, 17% of Independents and 12% of Republicans watch CNN. CNN was chosen over MSNBC for inclusion in this study because both networks have similar audience demographics and CNN has higher overall ratings in viewership (18% vs. 11%), believability (29% vs. 22%) and as an online news source (16% vs. 7%)—CNN was the second most frequently cited online source in the survey after the Yahoo search engine.

Around one-third of American adults get news from radio (34%) and newspapers (31%); however, these are mostly local outlets. Those with the largest national audiences are NPR (11%), NYT (5%), USA (4%) and WSJ (4%). NPR and NYT have greater numbers of Democrats than Republicans in their audiences and USA and WSJ are read by more Republicans. Although their overall audiences are relatively small, the three newspapers and NPR were selected for this study because they have the largest national coverage in their formats and have ‘letters to the editor’ sections that will be analyzed in Phase 3. Both USA and WSJ are included because there is not a conservative radio network equivalent to NPR. WSJ is also owned by Rupert Murdoch, the owner of Fox.

Rather than sampling from the wide variety of programming on the 24-hour radio and cable networks, only segments from the highest-rated (in 2009), news-focused program from each source was included in the sample. The programs meeting these criteria were *Special Report with Bret Baier* which airs at 6pm weeknights on Fox (Shea 2009), *Anderson Cooper 360*

which airs at 10pm weeknights on CNN (Carter 2009), and NPR's *Morning Edition*, which airs weekday mornings at 5am and 7am (Robins 2010).

A larger percentage of the population watches *The Daily Show with Jon Stewart* (DS, 7%) on Comedy Central and Fox's *Glenn Beck Program* (GB, 7%) than read any of the newspapers included in the sample. Although these programs are more comedy or opinion than news, the demographic polarization of their audiences, their frequent criticism of one another, and the large multitudes that turned out for their respective, although purportedly 'non-political,' 2010 rallies (Hartenstein 2010), made them too interesting not to include in the sample. Their similar levels of popularity on opposing sides of the political spectrum, coupled with markedly different formats and tone may also provide valuable insight into the preferred conflict genres for liberal and conservative narratives. In fact, in the closing speech to his comedic *Rally to Restore Sanity*, Stewart himself "castigated the media for the melodramatic polarization of our politics" (Wolcott 2011).

Sampling

One of the goals of the first phase of this research was to identify key turning points or shifts in the interest group narratives over time. Although different strategies and arguments did gain prominence in different periods of the debate, often in response to legislative events, the shifts were fairly gradual and not synchronized between coalition members. Having failed to identify any concrete narrative turning points in Phase 1, ten sample periods were selected for the second project phase based on key milestones in ACA's legislative progress. These sample periods and the justification for their inclusion are listed in Table 3. While most of the

1-week periods produced many health care reform items from each source, periods that yielded insufficient results were expanded to include the entire month.

Table 3. Phase 2 and 3 Sample Periods

Week of	Reason for inclusion
August 1, 2008*	Presidential nominees were discussing their health care reform proposals and pro-reform groups were beginning their campaigns.
June 21, 2009	The first proposals emerged from congressional committees and the public debate was beginning in earnest.
August 16, 2009	The rowdy health care town hall meetings were a top story in the news.
November 4, 2009	The House of Representatives passed its version of ACA on November 7.
December 21, 2009	The Senate passed its version of ACA on December 24, 2009.
February 22, 2010	The President held a Bipartisan Health Care Summit with members of Congress on February 25.
March 18, 2010	ACA passed in the House through the reconciliation procedure on March 21, and was signed into law by the President on March 23.
September 1, 2010*	Repealing ACA was central to the Republican platform leading up to the November midterm elections.
January 16, 2011	The House of Representatives voted to repeal ACA on January 18.
March 1, 2011*	March 23 marked ACA's first anniversary.

* Includes the entire month.

Hundreds of articles and segments on health care reform were produced by each of the selected media sources during the course of the 2009-2010 health care reform controversy. One weakness of the qualitative, narrative methodology of this project, is that it precludes a large, random sample of the full diversity of the health care reform stories produced by each source. In an attempt to overcome these limitations, the sample was not selected at random,

but included the most prominent item produced by each media outlet in each of the sample periods.

Prominence was gauged first by proximity to the front page of the newspaper or the opening of the television or radio broadcast, and second, by word count. For example, if more than one article on health care reform appeared on the front page of a newspaper in a given sample period, the article with the higher word count was selected. Editorial content, including letters to the editor and op-ed pieces, were excluded from the newspaper samples in this phase, except in two instances in which an op-ed was the newspaper's only health care related item in a month-long sample period. To provide consistency with the newspaper sample, only the first health care reform focused segment of the selected NPR and cable broadcasts were included in the sample; the end of a segment was defined by changing to a new topic, switching to a new reporter or guest, or a commercial break. The LexisNexis Academic research database was used to collect the newspaper sample, the Factiva database provided the cable transcripts, and the NPR and Daily Show websites were searched directly for their respective samples. Daily Show video segments were transcribed by the researcher.

It is likely that in their attempts to provide objective coverage of the issue, newspapers and networks featured multiple stories about health care reform from many different perspectives, and, unfortunately, that will not be captured in this analysis. However, by focusing on the articles and segments that were given top billing and the most page space or air time, this strategy allowed for thorough and meaningful exploration of the frames most privileged by the media within a manageable sample size.

Coding

The news media items were analyzed for instances of the Pro and Anti codes developed in Phase 1, including health care problems and solutions, arguments for and against reform, heroes, villains, victims, values, symbolism and cited sources. Additionally, each media item was coded for genre, health care reform frame (structural problem, political conflict, etc.) and how each coalition narrative was treated overall (stated, validated, critiqued, dismissed, absent). An additional set of codes was developed to capture the unique elements of the news media's version of the health care reform story that did not fit in the Pro or Anti narrative.

Phase 3 Methodology

Phase 3 explored a sample of 'letters to the editor' (LTEs) from the newspapers included in the Phase 2 sample. LTEs do not provide a representative sample of American public opinion; however, they are one of the few traditional forums available for members of the public to formally add their narratives to the 'public debate' on important issues (C. Cooper, Knotts, and Haspel 2009; Nielsen 2010; Wahl-Jorgensen 2001). Letter writers often respond directly to the publication's previously published content (C. Cooper et al. 2009), making them an ideal location for observing how the public responds to, accepts or rejects media and interest group health care reform frames. LTEs were chosen for this study rather than online forums because they provided a more consistent and convenient sample.

Sampling Considerations

The internet offers an ever expanding array of platforms for public participation, including

blogs, comment sections attached to online content from traditional news outlets, personal and organizational websites, etc. While these modern forms of public participation in political debate are certainly interesting and worthy sites for investigation, LTEs were chosen over online formats for this study because more is known about their publications' readership demographics and distribution, they are easier to sample, and they tend to be more focused and polished than unmediated online content. It would be hard to know where to start in collecting a sample of online participation given the sheer number of blogs and the volume of participation in some comment sections (Herring et al. 2004). Online forums are more democratic than LTEs, often allowing for unrestricted and unlimited participation, however, they are also highly disorganized and inconsistent. For example, I initially planned to analyze the online comment sections attached to the items in the Phase 2 media sample; however, a cursory review revealed that participation in comments sections is inconsistent: Some articles have no comments, while others have hundreds or thousands of posts, many of which are tangential, with participants bringing up seemingly unrelated issues, insulting other participants, posting spam links, etc. While LTE sections undoubtedly privilege certain voices over others, overall, they provided a more appropriate and convenient sample for the goals of this research than online content.

Letters from NPR listeners were also originally meant to be included in the sample, however, the sampled broadcast, *Morning Edition*, did not consistently feature letters during the sample periods. Some of the network's other programs did; however, they often shared only short excerpts rather than complete letters, and in many of the sample periods there were no health care reform focused letters aired at all. In the end, the NPR letters were insufficient in

quantity and not qualitatively comparable to the newspapers' LTEs, so they were eliminated from the sample.

Letters and Public Opinion

LTEs are believed to be one of the most read and most important sections of newspapers, and provide a public forum for individuals wishing to “give rich and detailed explanations for what they believe and why they believe it” (C. Cooper et al. 2009:131). Evidence suggests that some politicians may use letters to the editor to gauge public opinion; and interest groups often urge their members to write letters in hopes of swaying public opinion or politicians. Most of the research on LTEs, however, has criticized the institution for not accurately representing public opinion, and for contributing to the overall polarization of politics (C. Cooper et al. 2009; Nielsen 2010; Wahl-Jorgensen 2001). One exception is Wahl-Jorgensen's (2001) study of LTEs as a site of democratic interaction and social solidarity in multicultural societies.

Newspaper editors are the gatekeepers who decide which letters will and will not be published— only about 6% of submitted letters are published by nationally distributed papers, such as NYT (C. Cooper et al. 2009). However, in reviewing the entirety of letters submitted to several Danish newspapers and interviewing their editors, Nielsen (2010) found that “the rejected letters do not constitute a treasure trove of genuinely deliberative interventions screened out by shallow media gatekeepers. In general, they are much the same as what is printed, only longer, less well written, and more predictable” (32). He found that editors tend to prioritize “news value, textual quality, speed, individualized representation,

fairness, and disagreement” (26) in their selection of letters for publication, and that published letters are more representative of the audience of the particular paper than of the general population.

Wahl-Jorgensen (2001) interviewed the editors of several San Francisco Bay area newspapers and found that “they privilege individual expression over the expression of activist groups” and “prefer the emotionally charged, personal stories of individuals” (304) in their selection of letters for publication. Cooper et al. (2009) found “relatively even balance between liberal and conservative letters published” in North Carolina newspapers (134). However, women, African Americans and youth were underrepresented among letter writers. They conclude, similarly to Nielsen, that “letters to the editor neither perfectly represent the voice of the people, nor do they appear to be heavily skewed” (136). LTE writers are also likely to be more politically active, informed and opinionated than the general population (Cooper et al. 2009; Nielsen 2010).

One strength of LTEs as a research sample, is that they are voluntary, self-initiated expressions of authentic personal opinion, as opposed to surveys and polls in which participants respond to researchers’ prompts and frames (Ogan, Çiçek, and Özakça 2005). For the exploratory goals of this study, LTEs provided the most interesting, accessible and convenient pool of public narratives produced by citizens who felt compelled, for reasons completely unrelated to this research, to share their version of the health care reform story.

Sampling and Coding

Consistent with the sampling methodology for the media sample in Phase 2, the health care reform focused LTE section with the highest word count was collected from NYT, USA and WSJ for each of the 10 sample periods. Most LTE sections featured multiple letters on health care reform, while a few contained only one. When there were no LTEs specifically addressing health care reform from a given source, the sample period was extended to cover the entire month. Even by expanding the sample periods, each source had periods in which they did not publish any LTEs focused on health care reform. There were no LTEs from WSJ for August 2008, none from NYT in January or March 2011, and none from USA in March 2011. Coding also followed the methodology of Phase 2: instances of the Pro and Anti cues discovered in Phase 1 were identified, as was a new set of themes and categories unique to the LTE sample.

Chapter 4: Phase 1 Findings – Interest Group Narratives

Analysis of the pro-reform (Pros) and anti-reform (Antis) interest groups' documents revealed two distinct conflict frames based on 1) different estimations of the nation's health care problems and 2) competing beliefs about the appropriate roles for the federal government and the free market in addressing those problems. Pros framed themselves as responding pragmatically to a fiscal and moral imperative to fix the 'broken' health care system, and viewed their opponents as 'special interests' who promoted myths and lies about the legislation because they benefit from the inequities of the existing system. Antis defined the controversy as a battle between righteous conservatives, fighting to protect individual liberty and private markets, and villainous Democrats, aiming, yet again, to expand the role and reach of the federal government. These competing narratives were very different structurally, exhibiting sharp contrasts in the two coalitions' problem definitions, preferred solutions, guiding values, use of symbolism, and their propensities for vilification of opponents and melodramatic framing.

Sample Composition

The sampling strategy for this phase of the study produced a slightly larger sample of Anti documents (122) than Pro (96) documents, because the Antis produced many times more online artifacts than did the Pros. For example, when applied to the RNC's website, the search parameters produced 117 relevant results, but only recovered 8 from the DNC's website. The Pro sample contained almost twice as many groups as the Anti sample, in part

to be representative of the wide cross-section of stakeholders promoting the health care reform efforts, but also because it was necessary to include additional groups to reach a sample size similar to that of the Antis, which was collected first. Table 4 displays the number of total search results from each group’s website and the number of items included in the sample.

Table 4. Phase 1 Sample

Interest Group	Website	Relevant Search Results	Sampled Items
Anti-Reform Coalition		1203	122
RNC	gop.gov	117	28
FreedomWorks	freedomworks.org	155	45
Heritage	heritage.org	888*	35
Sarah Palin	www.facebook.com/#!/sarahpalin	28	7
AHIP**	ahip.com	15	7
Pro-Reform Coalition		614	96
DNC	democrats.org	10	10
OFA	barackobama.org	12	12
HCAN	healthcareforamericanow.org	100	26
AARP	aarp.org	166	16
AMA	ama-assn.org	256*	10
AHIP**	ahip.com	58	15
President Obama	whitehouse.gov	12	7
Total		1817	218

* Total search engine results

** AHIP documents that exhibited more Anti than Pro narrative elements were included in the Anti coalition.

The kinds of items produced by each group varied significantly. The sample includes blog posts, videos, speeches, press releases, fact sheets, reports, resolutions, action forms and the political parties’ 2008 health care reform platforms. FreedomWorks and Heritage’s samples

consisted almost entirely of entries from their official blogs, while Sarah Palin's sample was entirely Facebook posts. The RNC had the most diverse content in the Anti sample, including their 2008 health care reform platform, several resolutions, action forms, 'RNC Women' blog posts, transcripts of weekly Republican addresses, press releases, and a transcribed YouTube video. However, over half of their sample was made up of 'Research Briefings'—collections of short excerpts from news media items supporting a given claim. The AHIP, AMA and HCAN samples included many press releases and fact sheets; while *AARP Bulletin* articles made up the majority of the AARP sample. The DNC sample was comprised mostly of "News Blog" entries, while OFA's sample was entirely action forms and fact sheets. President Obama's sample included only his health care reform speeches.

The discussion in this chapter will focus on the narrative elements that were consistently presented across the Pro and Anti coalitions; however, there were some interesting differences within each coalition, based on programmatic focus, ideological orientation and the formats of their contributions. Appendix 2 provides a thorough discussion of narrative variation within the Pro and Anti coalitions.

The project sample was roughly representative of the overall production of the coalition members, and fluctuated as the reform efforts progressed. As Figure 2 illustrates, the Pros produced twice as many of their items during the *prologue* to health care reform (May 2008 - July 2009) and during the *repeal efforts* (January - March 2011), while the Antis contributions were 50% higher than the Pros during the *Congressional votes* period (October 2009 - March 2010). The groups produced very similar percentages of their documents

during the *town hall summer* (July – September 2009), and in the *post-enactment* period (April – December 2010). Most elements of the coalition narratives were fairly consistent over time; however, there were some interesting shifts during the course of the debate. Appendix 1 contains a complete discussion of narrative variation through the phases of the controversy.

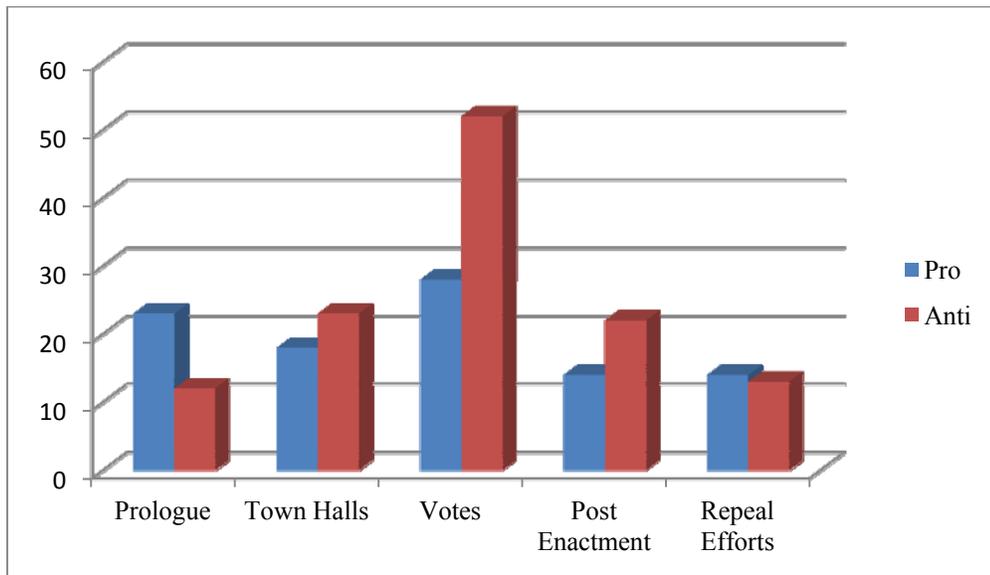


Figure 2. Coalition Participation by Phase of Controversy

Narrative Elements

Both the Pro and Anti narratives discussed health care problems, offered solutions, cast political actors as villains, victims and heroes, acknowledged their opponents’ arguments, opined on the repeal efforts, offered opportunities for their audiences to participate politically, provided background information, and cited various sources of information. However, they often did so at wildly different rates; with each emphasizing a different set of

narrative elements in framing their version of the health care reform story. Table 5 lists the broad coding categories used in this analysis, and displays the percentage of each coalition's documents in which the category appeared.

Table 5. Structural Elements of Health Care Reform Narratives

<i>Element</i>	<i>% of Pro docs</i>	<i>% of Anti docs</i>
Arguments Against Reform	-	90%
Background	68%	70%
Conflict Theories	27%	5%
HC Problems	74%	13%
HC Solutions	91%	39%
Heroes	91%	57%
Opponents' Claims	26%	20%
Repeal Efforts	14%	16%
Sources of Information	85%	84%
Symbolism	52%	80%
Take Action	42%	20%
Values	72%	35%
Victims	61%	89%
Villains	57%	89%
Winners	56%	-

Health care problems and solutions were the most significant theme in the Pro narrative, while, unsurprisingly, the Anti narrative was centered in arguments against reform. The Anti documents were more likely to identify villains and victims than the Pro documents, which focused more on heroes and winners. Both coalitions acknowledged their opponents' claims at similar rates; however, Pros dedicated a significantly larger portion of their text to

debunking the Anti's "myths" and "lies." Both groups also discussed repeal efforts and urged their audiences to take action at similar rates. Implied conflict theories were almost nonexistent in Anti documents, but did appear in the Pro narrative.

Health Care Problems and Solutions

Almost 3/4 of Pro documents discussed problems with the health care system, and 91% discussed solutions to those problems, including specific proposals and a set of broad guiding values. Problems, solutions and values were central to the Pro narrative and remained fairly consistent throughout the phases of the debate. In contrast, only 13% of Anti documents addressed any problems with the existing system, only 39% offered any solutions, and problems, solutions and values were only important elements in the Anti narrative during the prologue. The amount of detail and specificity given to each element was also remarkably different. Table 6 and Table 7 list the health care problem and solution codes developed for each coalition. While there is a fairly direct and consistent relationship between problems and solutions in the Pro narrative—all of the main problems identified are more or less addressed by specific elements of the proposed reform legislation—the Anti's problem codes are limited and vague, and the solutions are more strongly linked to the value of market fundamentalism than to specific health care problems.

While both Pros and Antis discussed the rising costs of the 'broken' health care system as a serious problem, the broken system code appeared in 60% of the Pro documents and only 7% of Anti documents. The following excerpt from the DNC's

Table 6. Pro-Reform Problems and Solutions

Problem	% of docs	Solution	% of docs
Broken System	60%	Reform Elements	66%
<i>Rising Costs Premiums, out-of-pocket expenses, Medicare/Medicaid.</i>	49%	<i>Cost Cutting Measures Tax credits; eliminate waste/fraud; malpractice reforms.</i>	19%
<i>Increasing No. Uninsured People without coverage; people losing employer-sponsored coverage.</i>	28%	<i>Expanded Coverage Public option/exchange, expand Medicaid, individual mandate, children can remain on parents' insurance until age 26.</i>	38%
<i>Poor Health Outcomes Preventable errors; low life expectancy and high infant mortality compared to other developed countries.</i>	11%	<i>Improved Quality of Care Free preventive care, quality reporting, outcome-based payments, investment/innovation.</i>	38%
Insurance Industry Abuses	27%	Market Regulation	47%
<i>Discrimination Against people with pre-existing conditions, women, elderly, and the seriously ill.</i>	24%	<i>Consumer Protections No denials or cancellations for pre-existing conditions; gender/age parity in insurance rating.</i>	39%
<i>Benefit Limits Annual and lifetime caps.</i>	5%	<i>No Limits Bans benefit limits, while placing limits on consumers' expenses.</i>	14%

Table 7. Anti-Reform Problems and Solutions

Problems	% of docs	Solutions	% of docs
Broken System	7%	Free Market Solutions	19%
Consensus for Reform	7%	Tax Reform	8%
Rising Costs	3%	Interstate Sales	7%
		Tort Reform	6%
		Eliminate Waste	4%

2008 platform exemplifies the centrality of the health care crisis to the Pro narrative and the amount of detail often provided in discussing it:

[In the DNC platform hearings] people expressed moral outrage with a health care crisis that leaves millions of Americans—including nine million children—without health insurance and millions more struggling to pay rising costs for poor quality care. Half of all personal bankruptcies in America are caused by medical bills. We spend more on health care than any other country, but we're ranked 47th in life expectancy and 43rd in child mortality. Our nation faces epidemics of obesity and chronic diseases as well as new threats like pandemic flu and bioterrorism. Yet despite all of this, less than four cents of every health care dollar is spent on prevention and public health. (DNC 2008)

In the Anti documents, the need for reform was generally mentioned only as a brief precursor to decrying all of the things that were wrong with the proposed legislation. FreedomWorks, for example, cited the Cato Institute's Michael Tanner in arguing that

The American people are right to demand health-care reform. The current system is broken. But taken individually, most of the ideas currently being considered by Congress would make the problems we face even worse. Taken together, they amount to a complete government takeover of the American health-care system. That is not the type of reform most Americans seek. (Steinhauser 2009a)

The Antis almost never discussed the problems of the 'broken system' in detail. Rising costs was one of the only specific health care problems mentioned more than once, and it appeared in only 4 Anti documents, compared to 48 Pro documents. The number of uninsured Americans was mentioned as a serious problem in 28% of Pro documents and the value of providing universal coverage was present in 45%; however, the word "uninsured" appeared only 12 times in the entire Anti sample. And Anti's never discussed the rising ranks of the uninsured as a problem that needed to be corrected, but only as 1) a consequence of other problems, as in the RNC's proposal to "correct inequities in the current tax code that drive up the number of uninsured;" 2) as victims of ACA, which they argued will "push the needy

uninsured into a failing Medicaid system” (Crapo 2009), or 3) as creating a problem for those with health insurance: “how [will] adding 30 million uninsured Americans to the country’s already broken health care system . . . bring costs down for most citizens” (RNC 2010b)?

Discrimination in approving and cancelling policies, limits on annual and lifetime benefits, and poor health outcomes were also central elements of the Pros ‘broken system’ narrative, but were entirely absent from the Anti’s discussion of the health care problems facing the nation. In stark contrast to the DNC’s portrayal of a broken and rapidly deteriorating system in desperate need of immediate reform, the RNC painted a much rosier picture in its 2008 platform: “Americans have the best doctors, the best hospitals, the most innovative medical technology, and the best scientists in the world. Our challenge and opportunity is to build around them the best health care system” (RNC 2008). The RNC also argued that health care reform was not as important or urgent as addressing the nation’s other economic problems:

Why now, with unemployment in double digits. Why now with the threat of inflation on the horizon. Why now with people still struggling to make ends meet. Why should we spend another trillion dollars we don’t have on this government-run health care experiment? (Steele 2009a)

Pros, on the other hand, argued that health care reform was essential for the nation’s economic recovery.

We need to cover everyone now as part of comprehensive reform to rebuild our economy and restore prosperity. Affordable coverage with good benefits will give cash-strapped lower and middle-income Americans greater financial security – and the ability to pay their mortgages, start small businesses, save for college, pursue new job opportunities, and make other choices that will benefit our economy. And it will help business owners to insure their workers. Ensuring health security for all will allow workers to move to those jobs that fit them best, not just those that provide health insurance, promoting entrepreneurship and labor market productivity.” (HCAN 2009a)

The level of detail provided by each coalition in their proposals also reflected their different estimations of the gravity of the health care problems facing the nation and the urgency of addressing them. More than 90% of Pro documents contained discussion of potential reforms or solutions while less than 40% of Anti documents did. The category of ‘reform elements’ contained more than 30 sub-codes for the Pros, and only 7 for the Antis. The Pros’ reforms were classified into the four broad categories of cost cutting measures, expanding coverage, improving quality of care, and insurance market regulation. Each category implied the need for some form of government intervention. The reforms favored by the Antis, on the other hand, were almost entirely “free market solutions,” however, this phrase was rarely defined in any detail. One FreedomWorks document did clarify the issue with a simple illustration of what a truly ‘free’ health care market would look like: no employer-based coverage, no government programs, and no insurance companies; only consumers directly purchasing their health care from providers.



Figure 3. Freedomworks Health Care Plan (Borowski 2010)

Although the Antis were universally committed to “free market solutions,” most Anti documents did not advocate for the total elimination of the employer-based health insurance

system. The RNC, for example, argued that “the American people want health care reform that makes careful common-sense adjustments to our current system” (Steele 2009a). In contrast to the Pros’ calls for comprehensive reform to provide universal coverage, the Antis’ promoted “common-sense,” incremental, market-based reforms; including tax credits for people purchasing insurance in the individual market, allowing health insurers to sell policies across state lines, medical malpractice tort reform and eliminating waste and fraud from government medical programs. A handful of additional elements were mentioned once or twice, with the most specific and lengthy proposal for reform laid out in the 2008 RNC health care platform. Interestingly, many of the specific reform elements presented in the RNC platform, such as protecting individuals with preexisting conditions, focusing on preventive care, creating an outcome-based payment structure and investing in research and health information technology, were included in ACA. Others, such as parental consent for family planning services, and bans on federal funding for stem cell research, were not.

Values

More than half of each coalition’s discussion of health care solutions was focused on guiding values, rather than specific proposals or elements of reform. The rallying cry of the Pros, “quality, affordable, health care for all Americans, now!” reflected many of their core values. As Table 8 shows, affordability was the most frequently mentioned value, appearing in over half of the Pro documents, followed by universal coverage (45%), choice (32%), comprehensiveness (27%), quality (22%), security (17%) and portability—insurance that is not dependent on an employer or address—(9%).

Additionally, the Pros elaborated a set of values that should guide the health care reform process. The most important of these was a sense of urgency (29%) based on the financial “cost of inaction” and the moral imperative to create a more equitable system. Cooperation (25%) and collaboration with all stakeholders, on both sides of the political spectrum, was another important process value. President Obama’s speeches, in particular, often stated that all ideas were welcome for serious consideration and that reform should be built on areas of agreement. Pragmatism (8%) was another Pro value championed by the president. In his 2009 health care speech before congress he laid out his case for reform that was pragmatic, if not perfect:

There are those on the left who believe that the only way to fix the system is through a single-payer system . . . On the right, there are those who argue that we should end employer-based systems and leave individuals to buy health insurance on their own . . . there are arguments to be made for both these approaches. But either one would represent a radical shift that would disrupt the health care most people currently have. Since health care represents one-sixth of our economy, I believe it makes more sense to build on what works and fix what doesn't, rather than try to build an entirely new system from scratch. (Obama 2009c)

A final and related value, especially frequent in Pro documents in the post-enactment period, was the need for sustained efforts (8%)—to continue making adjustments and improvements to the new law.

Table 8. Pro Values

<i>Reform Values</i>	<i>% of docs</i>
Affordable	52%
Universal Coverage	45%
Choice	32%
Comprehensive	27%
Quality	22%
Security/Stability	17%
Portable	9%
<i>Process Values</i>	
Urgency	29%
Cooperation	25%
Pragmatism	8%
Sustained Efforts	8%

While Antis also talked about affordability, choice, and quality as values for health care reform, it was only in a small minority of their documents (see Table 9). The most consistent value in the Anti narrative was market fundamentalism, which appeared in 1/4 of Anti documents. Somers and Block (2005) define

Table 9. Anti Values

<i>Value</i>	<i>% of docs</i>
Market Fundamentalism	25%
Affordable	6%
State Solutions	3%
Choice	2%
Quality	2%

market fundamentalism as “the religious like certitude of those who believe in the moral superiority of organizing all dimensions of social life according to market principles” (260-261). This value was clearly present in the Antis’ universal and unwavering support for free market solutions and in their disdain for any government intervention in the health insurance market. FreedomWorks Chairman Dick Armey provided one example of market fundamentalism that was almost religious in tone:

Just because the government doesn’t allow the invisible hand of the market to work in health insurance does not mean we should insert the visible boot of the government. Remove the barriers in the health insurance market, like the prohibition on selling across state lines, and the invisible hand will guide us at no cost to the taxpayer to health insurance like it does every day to food, clothing, and shelter. (Onorati 2009)

Process values did not form a significant part of the Anti narrative, however, they did criticize the Pros for passing the legislation in a partisan manner. Claims of partisanship were made by both sides during the course of the controversy, but at different times. Partisanship accounted for nearly 1/4 of Pros’ problem references during the town hall summer of 2009, accompanied by the majority of their

references to the “lies,” “myths,” and “rumors” being spread by the other side, and concerns about the state of public dialogue. The Anti’s concerns about the partisan nature of the legislation were made almost exclusively during the Congressional votes period, and were completely absent during the town hall summer and repeal efforts—when Republican partisan action was, arguably, at its highest.

Arguments Against Reform

By far, the largest portion of the Anti reform text was dedicated to making arguments against ACA, which Antis prefer to call ‘ObamaCare.’ The term occurred 257 times in 58 Anti documents, while only 8 made reference to the legislation by its official title. A total of 45 different codes were used to classify the Anti-Reform arguments, which were condensed into the four primary categories listed in Table 10. Sixty-five percent of Anti documents claimed that reform would have far reaching negative consequences for the nation, its citizens, and its health care system. The most frequently cited negative consequence was increased costs (48% of documents), which included raising taxes on businesses and the middle class (29%), and driving up premiums (25%), government spending (31%), the national deficit (16%), and the cost of health care (10%). Antis also claimed the legislation would decrease the quality of care patients receive (39%), including, by limiting their choice of provider (20%), causing them to lose their current coverage (16%), rationing care (8%) and forcing people into the government-run Medicaid program (7%).

The second category of the Anti argument was based on ideological objections (61%), most importantly that it would be “government-run” or a “government takeover” of health care,

which would expand the power of the federal government (45%). The “government takeover” language persisted even after the public option was removed from the legislation.

Table 10. Anti Arguments Against Reform

Argument	% of docs
Negative Consequences	68%
<i>Increased Costs</i> <i>(for Federal and State Governments, Individuals and Families, Businesses, Premiums, National Debt, etc)</i>	48%
<i>Decreased Quality of Care</i> <i>(Limit choice, ration care, lose current coverage, force enrollment in Medicaid)</i>	39%
<i>Raise Taxes</i>	29%
Ideological Objections	61%
<i>Government-Run Health Care / Expanded Government</i> <i>(Public Option, Threat to Freedom, Complicated)</i>	45%
<i>Individual Mandate</i> <i>(Unconstitutional, Penalties)</i>	27%
<i>Medicare Cuts</i>	16%
<i>Other</i> <i>(Abortion/ Family Planning, Bad Timing)</i>	9%
American People Don't Want It	25%
Process Concerns	20%
<i>Corrupt</i> <i>(Influence of Special Interests, Use of Reconciliation procedure, Closed Door Process, Budget Gimmicks)</i>	20%
<i>Partisan</i>	7%

The individual mandate (27%) was also unpopular, both based on questions about its constitutionality (14%), and the penalties (6%) it would impose on individuals who fail to purchase health insurance and large businesses that do not provide health insurance for their

employees. Medicare cuts (16%), concerns about federal funding being used for abortions and family planning services (5%) and bad timing for the economy (4%) accounted for the remainder of the ideological objections.

About 1/4 of Anti documents claimed that the American people did not support ACA, including FreedomWorks Chairman Dick Armey, who commented that “Americans do not want this bill. Grassroot [sic] activism will keep driving opposition against the federal takeover of our health care system” (Brandon 2009). Another fifth of Anti documents argued that ACA was the product of a corrupt (20%), partisan (7%) process. The claims of corruption were based mostly on the perceived influence of special interests (9%), including trail lawyers, the AARP, and pharmaceutical companies; the inclusion of ‘sweetheart deals’ for certain lawmakers’ states; the controversial use of the reconciliation procedure to pass the bill without a 60 vote majority (8%); and the development of the legislation “behind closed doors” (5%). As ACA was about to be signed into law, FreedomWorks president Matt Kibbe summarized many of these corruption claims, while also tying in their primary ideological objection:

“The tactics [Democrats] employed to get it done were unlike any I have seen in my 25 years in Washington. Lies, threats, payola, willful ignorance, duplicity, and smears: we saw it all this past week as Nancy Pelosi did whatever it took to pass multi-trillion dollar legislation that will increase the size and reach of government in ways unseen since LBJ” (Kibbe 2010).

AHIP

Almost half of AHIP’s participation was in the first two periods of the controversy, when they were lobbying for comprehensive reform. During this phase of the debate, their press

releases were very consistent with the Pro narrative. However, as the legislation progressed with the inclusion of the public option, AHIP items increasingly began to feature elements of the Anti narrative. For example, the following excerpt features both values and reform components consistent with the Pro narrative, including comprehensive reform, universal coverage and market regulation; and arguments against reform consistent with the Anti narrative, such as broken promises, loss of coverage, and Medicare Advantage cuts:

Health plans strongly support comprehensive health care reform, and we have contributed to this discussion by proposing a complete overhaul of how health insurance is provided. Earlier this year, we proposed guaranteed coverage, elimination of pre-existing condition exclusions, no longer basing premiums on a person's health status or gender, and an effective personal coverage requirement to get everyone covered. We also have proposed far-reaching administrative simplification reforms that will improve efficiency, reduce costs, and free up time for physicians to focus on patient care.

The current House legislation fails to bend the health care cost curve and breaks the promise that those who like their current coverage can keep it. A new government-run plan will cause millions to lose their existing coverage and draconian Medicare Advantage cuts will force millions of seniors out of the program entirely. (America's Health Insurance Plans 2009b)

Also, whereas HCAN and others blamed greedy insurers for premium increases, AHIP blamed the economic crisis: "Health insurance premiums are increasing in the individual market because of soaring medical costs and because younger and healthier people are dropping their coverage due to the economy" (America's Health Insurance Plans 2010).

Villains

Both human and non-human actors positioned as an opponent or as causing a problem were classified into 29 codes for Antis and 16 codes for Pros, which were condensed into the broad

categories of villains shown for each group in Table 11. Anti documents were much more likely to identify villains (85%) than Pro documents (57%); they also identified a greater number of villains overall and were more likely to vilify specific individuals.

Table 11. Villains

Pro-Reform	% of docs	Anti-Reform	% of docs
<i>Insurance Industry</i>	40%	<i>Federal Government</i>	57%
<i>Reform Opponents</i>	30%	<i>Democrats</i>	56%
Republicans	18%	<i>President Obama</i>	44%
Special Interests	15%	<i>ObamaCare</i>	31%
Extremists	6%	<i>Other ObamaCare Supporters</i> <i>(Insurers, Lobbyists, Drug Cos., AARP)</i>	16%

Institutions were the most common villains with 57% of Anti documents vilifying the federal government and 40% of Pro documents vilifying the insurance industry. The Antis' villainous government code contained several subcodes, including 'government-run healthcare,' 'bureaucrats,' and 'Washington.' The belief that there is something inherently villainous in the federal government came through in much of their criticism of ACA, and was seemingly tied to the value of market fundamentalism:

The problem is that government, by definition, isn't just another economic player, and will always tend to want to control markets for its political purposes. That threatens economic as well as political liberty. (Hmmm . . . isn't this why we favor free markets in the first place?). (Spalding 2009)



Figure 4. Health Care Protestor
(Jackson, 2009)

Although AHIP consistently positioned itself within the Pro-Reform coalition, they were vilified by other Pros, both for their alleged abuses within the ‘broken system’ and for their opposition to the final legislation. HCAN, for example, reported that “supporters in 40 states have been holding grassroots actions to expose the bad practices of an industry that makes money by putting profits over people's health” (HCAN 2008b). The insurance industry was also briefly vilified by Antis as one of the ‘special interests’ that was colluding with the government and stood to benefit financially from the legislation:

This is an incredible use of government power to force us to buy the product being sold by private insurance companies, and why FreedomWorks went to protest the insurance companies call for this ‘individual mandate.’ (Pappas 2009b)

The Anti’s vilification of insurers and other big business occurred only in FreedomWorks documents produced between August and November 2009, and was seemingly a response to Pros’ claims that the anti-reform protests were not part of a genuine grassroots movement, but were backed by special interests:

Liberal blogs and MSNBC are trying to write off anti-Obamacare protesters as shills of corporate America. But why is it that they are silent about the support the big drug companies, who stand to gain from Obamacare, are giving to the effort? And what about Wal-Mart's support for Obamacare? Last time I checked they were a big corporation, too. Why is it that the media, liberal blogs and others get away with calling us "astroturf for corporate interests" when the reality is that big business and big government are colluding to screw over the taxpayer?? (Steinhauser 2009b)

Overall, the insurance industry was 8 times more likely to be cast as a villain by the Pros, and twice as likely to be cast as a *victim* (13%) in the Anti narrative. The RNC, for example, asserted that the “White House is picking a fight with insurers because they can’t win in a fight against Republicans” (2010e).

While the insurance industry accounted for the majority of Pros' villains in the periods prior to enactment of the law, Republicans were the dominant villains in the post enactment and repeal phases. Likewise, Democrats were most likely to be vilified by Antis in the votes and post-enactment periods, however, Antis vilified Democrats much more often than Pros vilified Republicans. More than half of Anti documents cast Democrats—specific individuals and as a group—as villains, while less than 1/5 of Pro documents vilified Republicans. The only two Republican villains named more than once by Pros were John Boehner (4%) and Eric Cantor (2%), while Antis frequently named Nancy Pelosi (17%) and Harry Reid (15%) as villains. “PelosiCare” was even added to the Anti vocabulary for a short period immediately prior to the November 2009 house vote, but it did not have the staying power of ‘ObamaCare.’ Ten percent of Anti documents mentioned one of a handful of other democratic leaders as a villain; however, President Obama was, by far, the most common individual identified as a villain.

Forty-two percent of Anti documents cast the President as a villain directly, including nearly 1/4 of Anti documents that labeled him as a liar or criticized him for breaking promises. In one example, Heritage argued,

The President promised that health care “reform” would expand coverage and choices for American families. Unfortunately, after a preliminary review of the “affordability credits” in the newly unveiled House bill (HR 3962), the opposite will occur. These credits limit access, limit choice and are administratively bound to fail. (Owcharenko 2009)

Other charges against the President included that he was trying to cause harm to the American people or economy, that he was the author of the egregious bill, that he was

violating the will of the people, and that he was conspiring with special interests. One FreedomWorks document, for example, argued that “Obama and his liberal allies are working with PhRMA, the big, bad drug companies, to push government-run healthcare on the American people” (Steinhauser 2009b).

Another 30% of documents vilified both the President and the legislation simply by referring to it as *ObamaCare*; despite the fact that the legislation was developed in congressional committees, not by the White House. The Antis often positioned the reform legislation as a villain in its own right, independent of its authors. In a rare example of a testimonial from the Antis, a FreedomWorks activist recalled “the elderly Kentucky man I met who shook my hand after telling me that ObamaCare made him fear for the future of his grandkids and his beloved country,” and concluded that “ObamaCare has already done damage to our economy and way of life” (Borowski 2011). The RNC used many colorful excerpts from the news media in its “Research Briefings,” including headlines such as “ObamaCare Continues to Hurt job Creators” (RNC 2010c); “The Bill Has Already Broken Several Promises Causing Dems To Run For Their Political Lives” (RNC 2010e); and “ObamaCare is the Real Job Killer . . . White Castle Predicts ObamaCare Will Consume More Than Half Its Profits” (RNC 2010d). In all of these examples the inanimate legislation is positioned as a villainous actor “*hurting* job creators” or “*killing* jobs.”

‘Special interests’ were a villain in both coalitions’ narratives; however, Antis were more likely to name specific groups, while Pros mostly indicted unspecified “special interest groups who are trying desperately to preserve the status quo” (Organizing for America

2009a). In the Anti narrative, special interests that stood to gain from passage of ObamaCare included the insurance industry, lobbyists, drug companies and AARP. In one *RNC Women* blog post, AARP members who “care about preserving your freedom to make your own health care decisions” are urged to “tear up your [AARP] card and send it back in protest.” It continues by explaining that “they aren’t backing ObamaCare because it will be good for its members” but because “getting behind the Democrats’ health care takeover could mean millions of dollars in new profits for AARP as they take over the insurance gaps left by the Democrats’ cuts to Medicare Advantage” (RNC 2010f). Extremists, including protestors and “partisan attack organizations” such as FreedomWorks and Conservatives for Patients Rights, were the final category of villain in the Pro narrative.

Victims and Winners

Anti documents were also much more likely to identify victims (87%) than Pro documents (57%); and victims comprised the largest group of ‘characters’ in the Anti narrative. Victim codes included any person or entity positioned as being harmed or at risk of being harmed through the intentional acts of a villain, by the unintended consequences of another actor, or by the existence of an inequitable structure.

The 22 victim codes identified in the Pro narrative were almost entirely specific people and groups suffering in the ‘broken’ health care system. President Obama listed many of them in explaining his motivation to fight for health care reform:

I’m here because of my own mother’s story. She died of cancer, and in the last six months of her life, she was on the phone in her hospital room arguing with insurance companies instead of focusing on getting well and spending

time with her family. I'm here because of the millions who are denied coverage because of preexisting conditions or dropped from coverage when they get sick . . . I'm here because of the small businesses who are forced to choose between health care and hiring. I'm here because of the seniors unable to afford the prescriptions that they need . . . I'm here because of the folks seeing their premiums go up 20 and 30 and 40 and 50 and 60 percent in a year. (DNC 2010)

Once ACA was signed into law, the Pro narrative shifted to focus on the benefits Americans would receive from it, and ACA became the Pros' primary victim, accounting for nearly half of the victim identifications in the post enactment periods. Examples include AARP's discussion of Republican vows to defund the law: "they can cripple the program by cutting funding before it even gets off the ground" (Barry 2010), and HCAN's vows to defend it: "HCAN will work to protect health reform legislation from political attacks by opponents in Washington and in state capitals" (HCAN 2010).

The Antis 34 victim codes, on the other hand, were all potential victims of health care reform. Rather than being cast as a villain or as the structural cause of victims' suffering, as it was in the Pro narrative, the U.S. health care system was itself identified as a victim in 42% of Anti documents, most often through the "government takeover" rhetoric. For example, one Anti document was titled, "FreedomWorks Decries Hostile Government Takeover of Health Care." As exemplified in the above excerpt from President Obama, Pros frequently used personal stories and testimonials of victims, while Antis were more likely to speak about the American People as a victim in the aggregate. Heritage, for example, argued that the legislation "accelerates the concentration of power that Washington will exercise over the financing and delivery of health care for over 300 million Americans" (Moffit and Owcharenko 2009a).

As Table 12 shows, the list of victims identified by the Pros is much shorter than the Antis’; however, their list of ‘winners’ who will *benefit* from reform is almost identical to the Anti’s list of victims who will *suffer* because of reform. Each coalition attempted to position itself as the champion of various segments of the American population, including families, seniors, employees, patients, and the currently insured, as well as businesses and the overall economy. However, there were also some significant differences.

Table 12. Victims and Winners

Pro Victims (of the System)	% of docs	Pro Winners (of Reform)	% of docs	Anti Victims (of Reform)	% of docs
<i>Americans</i>	50%	<i>All Americans</i>	30%	<i>American People</i>	75%
Families	19%	Families	26%	Families	21%
Uninsured	16%	Seniors	26%	Individuals	19%
Seniors	11%	Uninsured	19%	Currently Insured	18%
Employees	9%	Patients	17%	Seniors	18%
High-Risk Individuals	8%	Currently Insured	15%	Employees	17%
<i>Businesses</i>	26%	Children	14%	Tax-payers	14%
<i>Health Care Reform</i>	11%	Employees	13%	Consumers	11%
<i>Government</i>	11%	High-risk Individuals	11%	Patients	11%
		Low-income	11%	<i>Health Care System</i>	44%
		Middle-class	10%	Insurance Industry	13%
		Young Adults	7%	Doctors	13%
		<i>Businesses</i>	24%	<i>Businesses</i>	30%
		<i>Economy</i>	10%	<i>Economy</i>	20%

While only 7% of Anti documents mentioned the uninsured as victims, they were, respectively, the second and third most frequently cited victims and winners in the Pro narrative. Likewise, tax-payers (14%) and consumers (11%) were among the most frequently identified victims in Anti documents, especially during the prologue, but were rarely mentioned by Pros. The government, which was the primary villain in the Anti narrative, was identified as a victim in a small percentage of Pro documents (11%): “the same soaring costs that are straining families' budgets are sinking our businesses and eating up our government's budget, too” (Obama 2009a). The government was even cast as a hero in several Pro documents.

Heroes

Coding for heroes in the health care reform narratives included any person, group or entity positioned as saving, defending, or fighting for victims, providing some benefit to winners, challenging or defeating a villain, accomplishing a righteous goal, or otherwise producing or advocating for a positive result. Almost all Pro documents included heroes (91%), while just over half (57%) of Anti documents did. As Table 13 indicates, with the exception of “the American People,” the heroes identified by Pros are the same cast of characters that were identified as villains by the Antis, and vice-versa.

Members of the Pro coalition were the most common heroes in Pro documents. These hero identifications were usually self-references, with all or nearly all of the hero references to AMA, AARP, AHIP and HCAN being made in their respective documents. HCAN, for

example, cast itself early on as the hero fighting “for all” to persuade elected officials to do the right thing, and protect “us” from villainous insurers:

Health Care for America Now's goal this year is to get the next President and a majority of Congress committed to the principles of quality, affordable health care for all and opposed to policies that would tax our benefits at work and leave us on our own with the unregulated, bureaucratic private insurance industry. (HCAN 2008b)

AARP, on the other hand, promoted itself as ‘heroic’ by providing informational resources on the new law to its members: “Through educational fact sheets, live webinars, and the question-and-answer series ‘Health Care Reform Explained,’ AARP has the information you need” (Jaffe 2010a).

Table 13. Heroes

Pro-Reform	% of docs	Anti-Reform	% of docs
<i>Pro Coalition Members</i>	61%	<i>Opposition Activists</i>	23%
<i>President Obama</i>	32%	<i>American People</i>	22%
<i>Health Care Reform</i>	29%	<i>Republicans</i>	20%
<i>Congress(people)</i>	23%	<i>We</i>	5%
<i>American People</i>	8%		

Most of the Pros also positioned the “grassroots” (23%) and a “diverse coalition of stakeholders” (15%) as heroes within their coalition as well. For example, at the opening of the first health care reform summit in March 2009, the president identified a broad

stakeholder coalition as the heroic factor that would allow his reform efforts to succeed where his predecessors had failed.

This time, the call for reform is coming from the bottom up and from all across the spectrum -- from doctors, from nurses, from patients; from unions, from businesses; from hospitals, health care providers, community groups. It's coming from mayors and governors and legislatures, Democrats, Republicans -- all who are racing ahead of Washington to pass bold health care initiatives on their own. (Obama 2009a)

President Obama was cast as a hero in about 1/3 of Pro documents, “call[ing] for action” (AMA, 2009), “fighting so hard for health reform” (DNC 2010), “claiming victory,” and with the power to “wield his veto” to prevent repeal (Barry 2010). In one DNC document, a woman shared her story of facing insurance difficulties and high prescription costs due to a preexisting condition, and then finding relief under the new law. She said “the President *came to my rescue* . . . President Obama could have gone the easy route instead of trying to fix health care, but the fact is that *he saved me* [emphasis added]” (DNC 2011c).

The legislation itself was also often positioned as an independent heroic actor, rather than as the product or tool of others; especially in the post-enactment periods. For example, in one AARP document discussing the physician shortage, “the law *tackles* [emphasis added] the shortage . . . by providing incentives for doctors to go into the primary care field” (Jaffe 2010b). Many hero references were made to ‘Congress’ in general, such as,

The United States Congress finally declared that America’s workers and America's families and America's small businesses deserve the security of knowing that here, in this country, neither illness nor accident should endanger the dreams they’ve worked a lifetime to achieve. (Obama 2010)

However, the fact that both chambers were controlled by Democrats during the health care reform debate, and not a single Republican supported the legislation, suggests that most of these references are really only meant to imply the Democratic members of Congress.

Grassroots activists were the most common hero in Anti documents during the initial phases of the controversy. Most of these references were attributable to FreedomWorks' praise of the activists who answered its calls to action:

FreedomWorks sent to the Senate earlier today a Key Vote notice on behalf of all of our members asking Senators to support this amendment. Also, through a national online campaign, we helped connect people from around the country to their representatives so we would be heard. Our activists flooded the Senate with emails, faxes and phone calls asking Senators to support the DeMint amendment and, in so doing, oppose the use of "reconciliation" for health care reform." (Pappas 2009a)



Figure 5. Health Care Reform Protestors
(J. Jackson 2009)

As passage of ACA seemed increasingly inevitable, Antis often painted the American people as the last, best hope for freedom and democracy after the Republicans and other organized opponents had been defeated. The House Minority Leader, John Boehner, for example, called for popular resistance as the legislation was about to be signed into law: "Republicans can't

beat this bill, but the American people can. It's not too late to make your voice heard"

(Boehner 2010). Sarah Palin also expressed this sentiment on her Facebook page:

They assume we'll come to accept this new intrusion of government once we're stuck with it. That's why we can't concede this battle. Americans must stiffen our spines and stand against this action that violates the will of the people with centralized government mandates and crippling costs." (Palin 2010b)

Once the law was passed, Republicans became the dominant hero in Anti documents, fighting to regain Congress and repeal the legislation.

The American people were only cast as heroes in 8% of Pro documents, but were the second largest group of heroes in the Anti narrative, appearing in nearly 1/4 of their documents.

Antis were much more likely to use the specific phrase "the American people," while Pros tended to use terms such as "voters" and "the public." However, both groups praised voters for supporting their position. In 2008, HCAN thanked the "voters [who] spoke loudly and clearly when they elected candidates who are committed to delivering quality, affordable health care for all" (HCAN 2008c). Two years later, FreedomWorks proclaimed, "on November 2nd, the American people's voice was heard at the ballot box. A total of 35 Democrats who supported ObamaCare were defeated" (Borowski 2011).

Conflict Theories

Implied conflict theories were almost entirely absent from the Anti-Reform narrative. One quote from RNC chairman Michael Steel did stand out, however. He stated that the health care reform controversy was "about two fundamentally different approaches to governing and what is best for America" and then proceeded to explain why he thought the Democratic

approach was inferior. This was almost the only time in 128 Anti documents that an author attempted to explain *why* the conflict over health care reform existed and what rational motivation the other side might have. Of the Anti documents with a narrative structure (as opposed to fact sheets), they were almost universally melodramatic, painting health care reform proponents as greedy or power-hungry villains out to do harm to the ‘country’ and/or ‘the American People.’ There was no attempt to understand where the other side was coming from or what their motivations might be. They were simply painted as having malicious intentions. One example from FreedomWorks asks:

What has Senator Reid included in the final reform bill? We don’t know. Keeping the bill a secret leaves opponents—and the American people—with little time to uncover the concealed spending and political shenanigans that he has undoubtedly included. It is a dishonest maneuver made by a politician who knows that his visions are wildly unpopular. (Clemente 2009b)

In essence, melodrama was the conflict theory of the Antis—in their view, conflict exists because bad people try to do bad things to good people who have to fight back:

If you feel like me today, you are physically and emotionally exhausted after a grueling 15 month battle against the Democrats’ hostile takeover of our health care . . . Nancy Pelosi did whatever it took to pass multi-trillion dollar legislation that will increase the size and reach of government in ways unseen since LBJ . . .

We must stop Nancy Pelosi’s arrogant abuse of federal power by Taking America Back. It is now clear that Democrat control of both the legislative and executive branches is the problem. They will not bend to the will of the American people, they will not reach across the aisle, and they have neutered every “Blue Dog” Democrat that once claimed to know better. The fiscally conservative activists that have worked so hard to stop ObamaCare represent a genuine “50 state strategy” for freedom, fiscal responsibility, and now, political accountability. We are already organized in all of the battleground House districts and all of the Senate battleground states. We must make November 2nd, 2010 a grassroots referendum on ObamaCare and all that it represents. (Kibbe 2010)

Pros also used melodramatic framing, especially in their treatment of the insurance industry; but their narratives were more likely to focus on heroes and winners than on villains and victims, and they were much less likely to vilify specific individuals. Even the force responsible for the suffering of so many victims—the U.S. health care system—was framed as a victim itself, as “broken” and in need of “repair,” rather than as a villainous or malevolent entity. In contrast to the Antis, almost 1/4 of Pro documents tried to explain the origins of the conflict in a way other than melodrama. Each of the main conflict theories, including structural conflict, basic human needs, relative deprivation, and social identity, were represented. However, these references were usually very basic and brief, and focused more often on the structural conflicts inherent in the U.S. health care system, than on the political conflict between health care reform supporters and opponents.

Any call for reform essentially requires a structural analysis; and as such, the Pro narrative was grounded in the theories of structural injustice and basic human needs. The vast majority of the problems identified by Pros, from rising costs of care and the growing ranks of the uninsured, to insurance industry abuses and poor health outcomes are all part of the “broken system” narrative, which is inherently a structural critique. Providing universal coverage was the second most important value in the Pro narrative, and clearly reflects the belief that health care is a basic human need that is not being met by the current system. HCAN, for example, wrote in their founding “Statement of Common Purpose” that

Quality, affordable health care for all is a key human rights issue - transcending race, class, gender, and geography. At a time when people are losing their jobs and losing their homes, it's our moral obligation to provide health care security for these families (HCAN 2008).

Pros also attributed health care reform opposition to the interests of those who benefit from their position in the broken and unfair system. In another example, HCAN argued that

The insurance companies are spending \$1.4 million a day to oppose reform because they profit by keeping the system as it is ... by denying claims, raising premiums, co-pays and deductibles at will, making health care decisions instead of our doctors, denying care because of pre-existing conditions. While health insurance CEO's took home \$690 million, health insurance premiums have been going up four times faster than wages. (HCAN 2009b)

While the insurance industry was often melodramatically positioned as a greedy villain in the Pro narrative, especially by HCAN, in other cases they were characterized as rational actors logically pursuing self-interest. For example, in discussing insurance industry abuses in his speech before Congress, President Obama said,

Insurance executives don't do this because they're bad people; they do it because it's profitable . . . insurance companies are not only encouraged to find reasons to drop the seriously ill, they are rewarded for it (Obama 2009c).

In addition to structural problems and the rational pursuit of self-interest, Pros also attributed the conflict to opponents' strict adherence to ideology. For example, DNC argued that the "Republicans' vote to repeal health care reform is great news for insurance companies and satisfies an ideology that puts slogans ahead of people, but it's a raw deal for the rest of us – and it's indefensible" (DNC 2011a). These references to ideology as a driving force in the conflict were never explained in detail, leaving unanswered questions about what the ideology entails, who holds it, and why they are so dedicated to defending it. However, these references clearly imply the theory of social identity conflict in asserting that Antis' opposition was driven by conservative morality and values rather than rational self-interest or pragmatic approaches to problem-solving.

Symbolism

Antis used symbolism in more of their documents (80%) than did Pros (52%), and as Table 14 illustrates, made use of a larger symbolic vocabulary. Antis had 7 main categories of recurring metaphors, while Pros only had 3. The most common metaphor for both groups was that of the health care reform controversy as a ‘fight,’ however, it was used more often by Antis (39%) than by Pros (24%). The metaphor of the health care reform controversy as a ‘fight’ or ‘battle’ was the only shared symbol between the groups. Examples include AARP’s assertion that “President Obama and Democratic leaders claimed *victory* in March when the new health care law was enacted. But the bitter partisan and ideological *war* is far from over, and ongoing *battles* threaten to undermine it” (Barry 2010), and Heritage’s report that “the *fight* against Obamacare has begun on a *new front* as the House of Representatives prepares to consider H.R. 2, a measure to repeal the health care overhaul in its entirety” (Nix 2011).

The second most common symbolic category for Pros, was the characterization of the health care reform legislation as “historic;” both by using the adjective itself, and by placing ACA within the context of failed health care reform efforts throughout U.S. history. OFA, for example, reminded its audience that “seven presidents have tried, and seven presidents have failed to pass health reform” (2010); while President Obama declared, “I’m confident if we come together and work together, we will finally achieve what generations of Americans have fought for and fulfill the promise of health care in our time” (Obama 2009a).

Table 14. Symbolism

Pro-Reform	% of docs	Anti-Reform	% of docs
Fight	24%	Fight	30%
Historic	19%	Broken Promises	21%
Out of Control Costs	16%	Freedom	17%
		Socialism	16%
		Common Sense	9%
		Start from Scratch	8%
		Medical Metaphors	8%

Rising costs were the most common health care problem identified by Pros and 16% of Pro documents used descriptive terms such as “exploding,” “skyrocketing,” and “crushing,” to convey the gravity of their claims. These ‘out-of-control costs’ accounted for the only other significant recurring symbolism in the Pro narrative; however, fulfilling the “American dream,” and providing all Americans with “health insurance coverage similar to what Members of Congress enjoy” were also mentioned in a small handful of documents.

Anti’s second most common category of symbolism was characterizing the Democrats’ and their reform proposals as having “broken promises” made to the American people. For example, Republicans argued that due to ACA’s changes to Medicare Advantage plans, “perhaps millions of seniors could lose their coverage despite promises from the Obama White House and the Pelosi Congress that seniors would be able to keep the coverage they already have” (Larimer 2010:Oct.). In 2011, this symbol was flipped as Anti’s declared that

by fighting to repeal the legislation, Republican were “keeping the promises that they made to the American people . . . unlike President Obama” (Clemente 2011).

“Freedom” and “socialism” were also each mentioned in about 1/5 of Anti documents. FreedomWorks initially named its anti-reform efforts the “Campaign to fight socialized medicine” (Steinhauser 2009a), and nearly 40% of Anti documents produced before September 2009 contained references to socialism. However, these direct references disappeared after the summer of controversial town hall meetings, and were completely replaced by the “government takeover” rhetoric. Only a handful of implicit references to socialism were found in the vote period, such as Heritage’s report that “there is one man who is already convinced that Obamacare is the right move for America – Fidel Castro, the Cuban revolutionary leader and first secretary of the Cuban Communist Party” (Brownfield 2010).

‘Liberty’ and ‘freedom’ were often cast as heroes in opposition to the villains of ‘socialism’ and ‘big government.’ Consistent with their core value of market fundamentalism, most of the Anti’s references to freedom implied or specified economic and market freedoms. This was especially true in the FreedomWorks sample. In one document they urged their readers to

Tell your representative to support all of these bills to eliminate mandatory spending in ObamaCare. We may count their vote on any or all of these bills as a KEY VOTE [emphasis in original] when calculating the FreedomWorks Economic Freedom Scorecard for 2011. The Economic Freedom Scorecard is used to determine eligibility for the Jefferson Award, which recognizes members of Congress with voting records that support economic freedom. (Kibbe 2011)

The word ‘freedom’ appeared 3 times as often in Anti documents (excluding all references to FreedomWorks) as in Pro documents. Most of the Pros’ direct references to freedom specifically addressed choice in provider, such as the AMA’s declaration that “we are working with the Administration and Congress to expand health insurance coverage to the uninsured, without sacrificing freedom of choice” (American Medical Association 2009b). However, although they didn’t use the word specifically, other kinds of freedom, such as freedom from discrimination and freedom from the burden of costly health care expenses, were also central to the Pro narrative.

In contrast to the Pros’ characterization of ACA as a historic achievement, Antis declared it a threat to freedom and invoked heroes from the country’s past in their arguments against it. The Pros’ ‘historic’ references were made mostly in the 3 pre-enactment phases, while the Antis’ references to U.S. history were made almost entirely during the votes period, perhaps as a way to deflate the Pros’ claims and/or to incorporate the Tea Party movement. The RNC chairman, for example, equated the modern health care controversy to the American Revolution:

236 years ago today, on December 16, 1773, a group of colonial Americans came together and took a stand against tyranny and oppression by boarding a British ship and throwing its contents into the harbor. Today, America is facing another threat to our freedom but this time it is not a foreign enemy but a domestic legislative enemy that will do irreparable damage to this country for generations if allowed to pass . . . on the day we remember our founding fathers’ brave actions in Boston, I encourage all concerned Americans to take a stand and let the politicians in Washington know where they stand on health care reform. (Steele 2009b)

In the months immediately prior to ACA’s passage, the Anti narrative included many appeals to “common sense,” and for “scraping” the legislation all together to “start over from

scratch.” Sarah Palin, for example, argued that “Americans want to scrap these big-government plans and start over with common-sense, incremental reform” (2010a). Medical metaphors, on the other hand, were popular in descriptions of ACA’s impacts after enactment. Both RNC and Heritage each produced a series of documents detailing the actual or potential ill effects of ACA, entitled, respectively, “Health Care Pulse Check” (RNC 2010b, 2010c, 2010a) and “Side Effects” (Nix 2010; Sherwood 2010; Wade 2010; Nix and Pyburn 2010; Nix and Adair 2010).

Sources

Pro and Anti documents were equally likely to cite sources (85% of Pro documents and 84% of Antis’); however, Antis tended to cite more sources per document, with an average of 5.6 sources per document compared to 4.8 for Pros. About 35% of all source references were links to additional items on the authoring group’s website; with Pros significantly more likely to cite themselves or other coalition members than were Antis. Table 15 also shows that Antis cited news and online media sources more than twice as often as Pros.

Interestingly, despite being the Anti’s primary villain, government offices or officials were the sources they cited most often. A little less than half of the references in this category were Republican congressmen; however, the rest were government agencies often cited as providing damaging evidence against ACA, such as,

The independent and non-partisan Congressional Budget Office (CBO) has dealt a crushing blow to President Barack Obama’s health care plans . . . explaining that, in direct contradiction to President Obama’s promise that his health plan would not add “even one dime to our deficit over the next

decade,” the House health plan would actually increase the budget deficit by \$239 billion over ten years. (Carroll 2009)

Table 15. Sources

Pro-Reform	% of docs	Anti-Reform	% of docs
Pro-Reform Organizations	65%	Government Agencies/Officials	48%
Government Agencies/Officials	40%	News/Online Media	46%
News/Online Media	17%	Anti-Reform Organizations	45%
Testimonials	15%	Negative Sources	26%
Other Organizations	15%	Polls	17%
Polls	7%	Legislation	12%
Academic	7%	Other Organizations	11%
Health Field	7%	Businesses	10%
Legislation	4%	Academic	7%
Businesses	4%	Liberals who agree with us	7%

One-quarter of Anti documents cited individuals and groups they disagreed with, often as part of the process of vilification. For example, FreedomWorks cited President Obama in its indictment of ObamaCare in the run-up to the 2010 elections:

In the next few weeks, health insurance premiums are expected to rise by 1 to 9 percent due to the costly provisions in ObamaCare. Last week, President Obama stated that: “As a consequence of us getting 30 million additional people health care, at the margins that's going to increase our costs -- we knew that.” Of course, these costly consequences were not exactly included in his rallying speeches prior to the passage of ObamaCare. Instead, the American people were told that “health care reform” needed to be passed immediately to “tackle needless waste and spiraling costs.” (Borowski 2010)

In contrast to these negative source cues, Antis also occasionally cited liberal individuals and organizations who agreed with them on particular points of their argument (7%). Heritage,

for example, reported that it was “pleased to see that a liberal think tank” agreed with them when

health law expert Judith Solomon and former Carter Administration official Robert Greenstein of the liberal Center for Budget and Policy Priorities released a report explaining how [the employer mandate] will be devastating to the employment prospects of low-income workers – and even more devastating to those workers with families to support. (Book 2009)

Antis were more likely to cite public opinion polls, text from the legislation, and businesses than Pros; and academics accounted for only 7% of both coalitions’ sources. Pros provided testimonials from individuals suffering under the current system (15%) and from experts in the health care field (7%) while Antis did not.

Personal stories and testimonials were an integral part of the Pro narrative. OFA collected hundreds-of-thousands of stories about individuals’ experiences with the health care system and hopes for reform on their website, and AHIP even conducted “a nationwide listening tour as part of [its] *Campaign for an American Solution* [italics in original]” (America’s Health Insurance Plans 2008). There were only a couple of testimonials in the Anti documents, and these were all from activists relaying their motivations and experiences campaigning against ACA. This difference is not surprising given that the Pro narrative was rooted in the actual problems experienced by people every day, while the Anti narrative was based on ideological objections and the potential impacts the legislation could have in the future.

Genres

A series of genres emerged from the analysis which broadly fell into 3 categories of *analytic frames*, which focused on logical arguments and ‘facts;’ *fight frames*, which were

characterized by melodramatic framing of the controversy as a fight between two opposing sides, and other *moral frames*, which made general statements about what was right or wrong regarding the legislation or the other party's actions. Table 16 lists the percentage of each coalition's documents that fell into these broad categories and defines their subgenres.

Almost half of Pro documents approached the subject from an analytic frame, often producing fact sheets to present information about U.S. health care statistics, the legislation's expected effects for individuals, seniors, doctors, businesses, etc., or making appeals to reason. One AHIP press release, for example, stated, "The divisive debate about a government-run plan is a roadblock to reform. It's time we focus instead on broad-based reforms that will ensure the affordability and sustainability of our health care system" (America's Health Insurance Plans 2009a).

In contrast, only 1/3 of Anti documents were categorized as analytic, while 57% used fight frames. Almost 1/5 of Anti documents were classified as "heat of the battle," in which they positioned Antis and Pros as two sides fighting against one another:

A new web site was launched today in an effort to give citizens a voice in government's continued, aggressive attempts to takeover healthcare. NoHealthCareReconciliation.com, an online petition website, was launched by FreedomWorks to give the public a voice on this backroom attempt to bypass the will of the people. "We're hearing a lot of pent up anger over this brazen last-ditch effort to take over healthcare," said Matt Kibbe, President of FreedomWorks. "These arrogant procedural games simply will not be tolerated by the American people. Today, NoHealthCareReconciliation.com is giving them a voice." (Brandon 2010)

Table 16. Genres

Analytic Frames	48% of Pro documents; 33% of Anti documents
<i>Fact Sheet</i>	Lists 'facts' with no narrative structure; but heroes, villains, etc. may be implied by the 'facts.'
<i>Appeal to Reason</i>	No melodramatic characters. Calls for cooperation, reflection: "Reasonable people should be able to agree . . ."
<i>Report</i>	Relays the facts and happenings of events.
<i>Analysis</i>	Background / potential impacts of reform laid out in a logical argument; no melodramatic characters or framing.
<i>Alternatives**</i>	Suggestions for other roads to reform.
<i>Platform</i>	Lays out principles, values, or a specific plan for reform.
<i>Benefits of Reform*</i>	Discusses the positive benefits reform will have on some segment of the population.
<i>Myth Buster*</i>	Focused on debunking opposition claims.
Fight Frames	57% of Anti documents; 42% of Pro documents
<i>Heat of the Battle</i>	Standard melodrama: the villains are trying to ____; heroes are trying to stop them.
<i>Doomsday**</i>	Entirely focused on problems and consequences; no hero, no solution.
<i>Call to Action</i>	Urges audience to actively participate: "call your Senator today."
<i>Fighting the Good Fight*</i>	Details actions, progress, accomplishments of the 'hero' group, often without any reference to a villain.
<i>Hope on the Horizon</i>	Melodramatic framing, but focused on solutions and heroes; or villains are in a losing/marginalized position.
<i>Victory</i>	We won!
Moral Frames	10% of Pro documents; 10% of Anti documents
<i>Sad State of Affairs**</i>	Focused on disappointing developments; lacks the melodrama and apocalyptic predictions of Doomsday.
<i>Comedy</i>	A funny or ironic take on an issue.
<i>Shame on them*</i>	Details the 'villains' bad acts.
<i>Need for Reform*</i>	Details the failings of the current system and makes a case that reform is urgent and necessary.

* Found only in Pro documents. ** Found only in Anti documents.

Doomsday was the second most common Anti genre and was used almost as often as heat of the battle. The difference between the two is that doomsday documents painted ObamaCare

as an approaching catastrophe without identifying any potential heroes or solutions for stopping it:

President Obama can try to gloss over the effects of government authorized end-of-life consultations, but the views of one of his top health care advisors are clear enough. It's all just more evidence that the Democratic legislative proposals will lead to health care rationing, and more evidence that the top-down plans of government bureaucrats will never result in real health care reform. (Palin 2009a)

The third most frequent Anti genre was “hope on the horizon.” These typically depicted Antis’ small victories or hopes that their work to stop ObamaCare was finally going to pay off. For example, after detailing the divisions within the Democratic caucus, FreedomWorks reports,

All of this spells trouble for the Democrats, who have a 60 seat majority that would otherwise be enough to push health care legislation through the Senate. Unable to find a happy medium between differing views, it seems-- for now at least-- that Democrats are their own worst enemy. (Clemente 2009a)

Forty-two percent of Pro items also used fight frames; however, they were most likely to use the “call to action” and “fighting the good fight” genres. HCAN’s action center, for example, asked the public to “get involved” by signing petitions, spreading information about the benefits of reform to friends and family, donating time or money to the organization’s efforts, or calling members of congress (HCAN 2008a). Meanwhile, items in the ‘fighting the good fight’ genre tended to emphasize the accomplishments, values and motivations of the authoring organization, often without any direct reference to its opponents. For example, in contrast to FreedomWorks’ ‘heat of the battle’ excerpt which positioned itself as the hero fighting the government (villain) for the sake of the American people (victims), AARP

promoted the Pros combined efforts (heroes) to educate the public (winners) about the new law:

AARP has teamed up with the nation's leading health care and patient organizations to form the Health Care and You Coalition. The goal of the Health Care and You Coalition is to provide easy-to-understand information about the Affordable Care Act so you can make smart health care decisions for yourself and your family. (AARP Education and Outreach 2011)

Heritage, HCAN and President Obama were the outliers in their respective coalitions, with Heritage much more likely to use analytic genres than the other Antis, and HCAN and Obama more likely to use fight frames than other Pros.

Chapter 5: Phase 2 Findings – Media Narratives

Whereas Pros defined health care reform as a fiscal and moral imperative to fix a broken system, and Anti's defined it as a battle against expanded government to maintain individual liberty, the media framed the health care reform controversy as pure political competition. Indications of bias in the media's coverage of the issue were present, but only in the conservative sources owned by Rupert Murdoch. While other media sources did not exhibit any consistent patterns of bias in favor of either of the interest groups, they did consistently frame the controversy as a competition between the political parties. This very narrow frame focused predominantly on the legislative maneuvering of Democrats and Republicans, thereby marginalizing the voices of other stakeholders and largely failing to identify the underlying values at the heart of the controversy.

Sample Composition

Only NPR and the three newspapers (NYT, USA, and WSJ) had items that met the selection criteria in all 10 sample periods. GB had the smallest sample with items focusing on health care appearing in only 6 of the sample periods, while DS and CNN had contributions in 8 and Fox in 9. The prologue and epilogue periods of the controversy, August 2008 and March 2011, had the smallest samples, with only 5 of 8 media outlets producing items specifically focused on health care reform. In most sample periods, however, every media outlet was

discussing health care reform; although they often approached the issue in very different ways.

Evidence of Media Bias

Topic Selection

During the most heated phases of the controversy, most media outlets discussed similar health care reform topics; however, in the less active periods the themes of their most prominent article or segment were extremely diverse. For example, in February 2010, most outlets cast President Obama in a positive light for calling for the bipartisan health care summit, and many of them used the exact same sound bites in their coverage of the 6 hour meeting. In September 2010, on the other hand, the sample topics ranged from claims that ACA had caused insurers to raise rates in some states, to ACA forcing insurers to issue refunds in others, and from the reelection difficulties faced by a Democratic representative who had voted for ACA after voting against it, to the Democratic and Republican takes on census data indicating that the numbers of uninsured were still rising. The topics from the June 2009 and March 2010 samples, however, revealed the most about the sympathies of their respective media outlets.

Although it was never an option being seriously considered by Congress, both the Fox and GB items from June 2009 discussed the possibility of a single-payer health care system, while, to the contrary, WSJ's headline read "Obama Open to Health Overhaul Without Public Plan" (Meckler and Hitt 2009). After playing up Democratic support for a single-payer

system and opening with “What's all the talk about single-payer health care? I'll tell you how it affects you directly no matter what your coverage is,” the GB segment also concluded that it wasn't a realistic possibility:

JUDGE ANDREW NAPOLITANO, GUEST HOST: The options, Jim, are all over the map. And some in the House of Representatives are still pushing for what's called a single-payer health care, meaning what -- a single national plan for everybody?

JIM ANGLE, FOX NEWS CHIEF WASHINGTON CORRESPONDENT: Yes. That's right, a government-run insurance plan. In fact, witnesses in two House hearings today argued that is the only way to get universal coverage, the only practical way -- they argued -- to get national health insurance. Needless to say, there are a lot of lawmakers who reject that, and there is little chance that single-payer can pass. In fact, even President Obama, Judge, has said that will not happen.

In the same sample period the NYT article opened by citing poll results indicating that

Americans overwhelmingly support substantial changes to the health care system and are strongly behind one of the most contentious proposals Congress is considering, a government-run insurance plan to compete with private insurers. (Sack and Connelly 2009)

Fox's segment, on the other hand, made the opposite claim, reporting that “The president puts on a broadcast network full-court press for health care reform, but polls indicate the public remains wary” (Baier 2010). These differences in topic selection and facts reported do anecdotally suggest that the Anti narrative was dominant in both Fox News programs, while other sources were more sympathetic to the Pro narrative. The incidence of Pro and Anti cues in the sampled sources; however, suggests more media bias on the part of conservative sources than liberal sources.

Pro and Anti Cues

In the media sample as a whole, Pro and Anti narrative elements were almost equally represented, with each accounting for just over 1/3 of the total text of sampled media items. Narrative elements that were unique to AHIP, such as citing insurance executives, focusing on additional cost cutting measures not included in ACA, etc., only accounted for about 2% of media text. A new category of ‘news themes’ accounted for the remainder of the coded sample text. However, as Figure 6 illustrates below, the cues were not so evenly distributed within the individual sources. Consistent with expectations based on their audiences’ political affiliations and their perceived biases, CNN, NPR, NYT and DS provided significantly more Pro cues in their coverage of the issue, while WSJ, Fox and, especially GB, provided more Anti cues. The one exception to expectations was USA. Although it is read by more Republicans than Democrats and perceived to be more conservative than NYT, it actually featured more Pro cues than NYT. NYT and Fox featured the highest incidence of news themes, while AHIP cues were present only in NPR, USA and WSJ items, with WSJ featuring AHIP’s point of view twice as often as any other media outlet.

The clear outlier in the sample was the *Glenn Beck* program (GB). Pro cues accounted for only 3% of GB’s text, while Anti cues accounted for nearly 80%. GB’s narrative was much more consistent with the Anti coalition than with the news media sample, and, in fact, the program often featured arguments even more extreme than those found in the Phase 1 Anti sample. For example, in an episode guest-hosted by Judge Andrew Napolitano (as half of the GB items in the sample were, because the host was out with appendicitis), one guest laid out

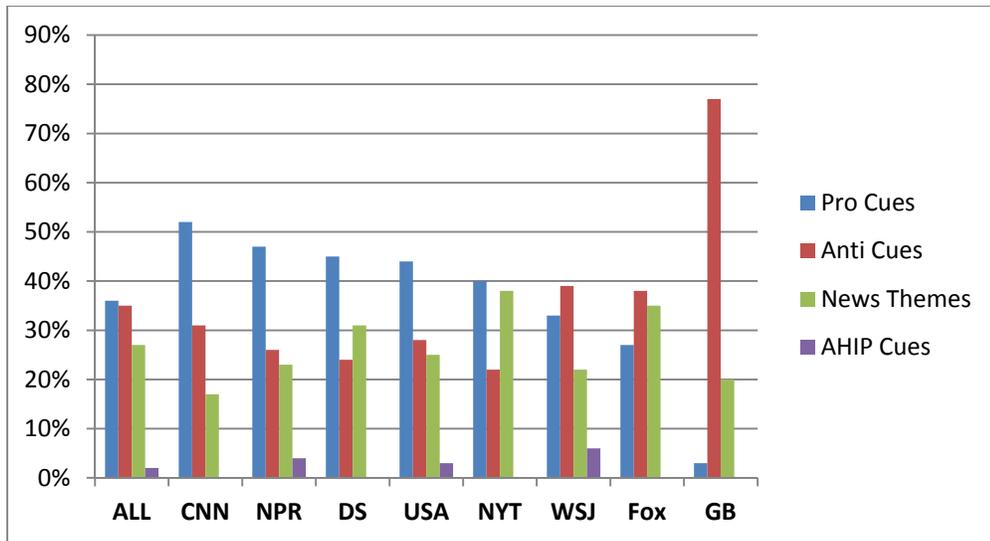


Figure 6. Coalition Cues by Media Outlet

an explicitly racist, melodramatic argument framing health care reform as a devious plot of a villainous President and his conspirators:

[F]irst of all, Obama -- Barack Obama, the messiah, is a socialist. He has the same mentality that we've been seeing over the last 50 years from the liberal Democrats. We have seen this with people like, you know, the Congressional Black Caucus, Jesse Jackson and others. These people hunger for power. And what they have to do is demoralize the people so they become needy of the government, and so bringing in this health care gives these people power. And also, you have to realize that Obama is no different than Jeremiah Wright, Jr., the NAACP and others. They hate white Americans and they especially hate the white man. And what they want to do, this is why Obama said that he believes in redistribution of wealth, because they want to take the power away from the, quote-unquote, "white man," and give it to the people who they think deserves it, and that's the people of color. (Rev. Jesse Lee Peterson in Napolitano 2009b)

In contrast, the distribution of source cues in the other non-news media source included in the sample, the liberal comedy/commentary program the *Daily Show with Jon Stewart* (DS), was fairly similar to that of the other media sources. Pro cues (45%) did account for a significantly larger portion of DS' coding than Anti cues (24%), however, it was not nearly

as extreme as GB's 74 point spread. DS also had the third highest rate of news themes, while GB had the second lowest.

While media bias may be responsible for the dominance of Pro cues over Anti cues among the more 'liberal' news sources, it is not likely the sole or most important factor accounting for the discrepancy. Democrats were the ones proposing, pushing and passing the legislation while Republicans were simply reacting to the Democrats' proposals and actions. Any reporting on ACA and its legislative process requires some consideration of the bill's elements and its authors' motivations, values and arguments, which are all Pro cues. Anti cues, such as arguments against reform, are necessary for discussion of the legislation's opposition and potential implications, but do not necessarily require discussion of Republican's underlying values or alternative proposals. In short, it is possible to discuss ACA without ever mentioning its opposition (Anti cues), but it is impossible to discuss the opposition without also discussing ACA (Pro cues). Based on the simple mechanics of reporting on the issue, it is reasonable to assume that Pro cues should outnumber Anti cues to some extent even in the absence of any bias; and, therefore, that media bias is likely a much more significant factor in the dominance of Anti cues over Pro cues in WSJ and Fox items.

Narrative Elements

While the rates of Pro and Anti cues illustrated in Figure 6 do seem to suggest media bias, disaggregating the narrative elements in the coalitions' cues reveals a much more complicated picture. Table 17 details the occurrence of Pro and Anti narrative elements in

each source's items. While the more liberal news sources did present more Pro than Anti cues in general, there was no consistent pattern of bias in favor of the Pro narrative, either within the sample as a whole or by individual outlets. On the other hand, the more conservative media sources presented more Anti cues than Pro cues *and* exhibited more consistency with the Anti narrative.

Media Bias in Liberal Sources

Every source but WSJ, Fox and GB featured more Pro cues than Anti cues; however, none of them presented the complete Pro narrative. They each emphasized certain problems, solutions, values and players, while downplaying or ignoring others. For example, the media as a whole emphasized reform elements aimed at controlling costs and expanding coverage more than Pros did, while discussing market regulations and measures to improve quality of care much less. Most of the sampled sources mentioned health care problems at rates very similar to the Pros, in 70-80% of their items; however, CNN discussed health care costs and the uninsured at significantly higher rates than did the Pros, while NPR and NYT both discussed insurance abuses and poor health outcomes almost twice as often as Pros did.

Pro heroes appeared much more often than Anti heroes in the media sample; however, this is probably at least partially due to the fact that the Democrats and President Obama succeeded in passing ACA, so any mention of that as a triumph, rather than a catastrophe, would be a Pro hero cue. Both Pro and Anti hero cues were mentioned much less often in media items than they were in the coalition samples.

Table 17. Narrative Elements by Media Outlet

Element	Coalition	Media	CNN	DS	Fox	GB	NPR	NYT	USA	WSJ
<i>N =</i>	<i>P=96 A=125</i>	<i>71</i>	<i>8</i>	<i>8</i>	<i>9</i>	<i>6</i>	<i>10</i>	<i>10</i>	<i>10</i>	<i>10</i>
Pro Problems	74%	61%	75%	38%	11%	17%	80%	90%	70%	80%
<i>Broken System</i>	<i>16%</i>	24%	38%	13%	0%	0%	20%	40%	20%	50%
<i>Costs</i>	49%	34%	63%	13%	13%	0%	40%	50%	40%	40%
<i>Insurance Abuses</i>	27%	21%	25%	0%	0%	0%	50%	50%	20%	10%
<i>Poor Outcomes</i>	<i>11%</i>	6%	13%	0%	0%	0%	20%	20%	10%	0%
<i>Uninsured</i>	28%	15%	63%	25%	0%	17%	30%	30%	10%	0%
Anti Problems	13%	3%	0	0	0	17%	0	0	0	10%
Pro Solutions	91%	76%	63%	63%	78%	33%	100%	80%	70%	100%
<i>Expanded coverage</i>	46%	66%	63%	50%	56%	33%	100%	50%	60%	100%
<i>Improved Quality</i>	38%	8%	25%	0	0	0	0	20%	0	20%
<i>Market Regulation</i>	47%	34%	25%	25%	11%	0	50%	50%	40%	50%
Anti Solutions	39%	31%	25%	13%	22%	50%	30%	50%	10%	50%
Anti-Reform Arguments	90%	97%	100%	75%	100%	100%	100%	100%	90%	100%
<i>American People don't want it</i>	<i>25%</i>	35%	25%	25%	56%	67%	30%	30%	20%	40%
<i>Consequences</i>	68%	73%	75%	38%	89%	67%	70%	90%	80%	70%
<i>Ideological Objections</i>	61%	79%	88%	63%	100%	83%	100%	70%	50%	80%
<i>Process Concerns</i>	<i>20%</i>	35%	50%	25%	67%	83%	40%	30%	0	10%
Debunking Anti Arguments (Pros)	26%	25%	25%	63%	44%	0%	50%	40%	20%	30%
Pro Conflict Theories	22%	39%	50%	63%	33%	0	70%	50%	30%	10%
Anti Conflict Theories	5%	10%	13%	25%	0	67%	0	0	0	0

Element	Coalition	Media	CNN	DS	Fox	GB	NPR	NYT	USA	WSJ
Anti Values	35%	27%	25%	50%	44%	50%	20%	0	20%	20%
<i>Market Fundamentalism</i>	25%	17%	25%	13%	22%	50%	10%	0	10%	20%
<i>Limited Government</i>	-	10%	0%	25%	11%	17%	20%	0	10%	0%
<i>Best Health Care in World</i>	2%	4%	0	13%	11%	17%	0	0	0	0
Pro Values	72%	79%	88%	63%	67%	50%	80%	100%	70%	100%
<i>Affordable</i>	52%	55%	63%	13%	56%	17%	40%	80%	70%	80%
<i>Universal coverage</i>	45%	23%	25%	38%	0	33%	0	30%	20%	40%
<i>Choice</i>	32%	11%	0	13%	11%	0	20%	10%	0	30%
<i>Comprehensive</i>	27%	15%	13%	0	11%	0	20%	20%	20%	30%
<i>Quality</i>	22%	6%	0	0	0	0	10%	20%	10%	0
<i>Security</i>	17%	35%	0	0	11%	0	10%	20%	20%	0
<i>Process</i>	44%	48%	75%	63%	33%	0	40%	80%	40%	40%
<i>Urgency</i>	29%	11%	50%	25%	0	0	0	20%	0	0
<i>Bipartisan</i>	11%	28%	38%	38%	33%	0	20%	40%	20%	30%
<i>Cooperation</i>	17%	20%	25%	13%	22%	0	20%	50%	20%	0
<i>Sustained Efforts</i>	8%	7%	0	13%	11%	0	10%	10%	0	10%
<i>Pragmatism</i>	8%	18%	13%	0	11%	0	30%	40%	20%	20%

Pro Characters										
<i>Heroes</i>	91%	59%	38%	88%	67%	17%	50%	70%	70%	60%
<i>Villains</i>	57%	65%	63%	75%	44%	17%	70%	70%	70%	90%
<i>Victims</i>	61%	58%	75%	50%	56%	17%	50%	60%	50%	90%
<i>Winners</i>	56%	52%	50%	0	33%	0	70%	70%	70%	90%
Anti Characters										
<i>Heroes</i>	57%	30%	63%	25%	33%	67%	30%	10%	20%	10%
<i>Villains</i>	89%	69%	63%	50%	89%	100%	70%	60%	60%	70%
<i>Victims</i>	89%	62%	63%	50%	56%	83%	50%	60%	60%	80%

Element	Coalition	Media	CNN	DS	Fox	GB	NPR	NYT	USA	WSJ
Anti Sources	84%	86%	100%	75%	100%	100%	90%	80%	70%	80%
<i>Republicans</i>	21%	79%	100%	75%	100%	50%	80%	80%	60%	80%
<i>Individual Opponents</i>	-	14%	13%	25%	11%	17%	10%	10%	20%	10%
<i>Anti Organizations</i>	45%	13%	13%	0	11%	50%	20%	10%	10%	0
<i>Negative</i>	26%	11%	13%	0	11%	83%	0	0	0	10%
<i>Businesses</i>	10%	10%	0	0	22%	0	0	20%	20%	10%
Pro Sources	85%	89%	100%	100%	100%	50%	100%	90%	70%	100%
<i>Democrats</i>	8%	70%	88%	50%	100%	33%	60%	90%	60%	80%
<i>Obama</i>	11%	49%	38%	50%	56%	33%	70%	50%	20%	70%
<i>Pro Orgs</i>	65%	21%	25%	13%	11%	0	30%	20%	20%	40%
<i>Testimonials</i>	15%	14%	13%	0	0	0	20%	40%	10%	20%
<i>Supporters</i>	-	10%	0	25%	0	0	0	10%	10%	30%

Pro Symbolism	52%	54%	50%	75%	56%	17%	60%	70%	60%	30%
<i>Historic</i>	19%	30%	38%	13%	11%	0	40%	60%	30%	30%
<i>Fight Defend</i>	24%	21%	25%	25%	11%	0	30%	30%	30%	10%
<i>Out of Control Costs</i>	16%	10%	25%	13%	0	17%	10%	10%	10%	0
Anti Symbolism	80%	79%	75%	63%	89%	83%	70%	90%	70%	90%
<i>Fight</i>	39%	39%	38%	25%	56%	67%	50%	40%	30%	20%
<i>Socialism</i>	16%	18%	0	38%	0	50%	20%	30%	10%	10%
<i>Broken Promises</i>	21%	17%	25%	25%	44%	17%	10%	10%	0	10%
<i>Hitler</i>	-	10%	13%	50%	0	17%	0	0	10%	0
<i>Medical Metaphors</i>	8%	10%	0	0	22%	17%	10%	20%	0	10%
<i>Freedom</i>	17%	8%	13%	38%	0	17%	10%	0	0	0

Pro values were mentioned significantly more often by liberal media sources (80-100%) than by conservative sources, or by the Pro interest groups; however, they emphasized certain values much more than others. Affordability was the most often cited value in the Pro narrative, but the values of quality, choice, universal coverage and a comprehensive approach were also significant. The media focused almost exclusively on affordability, security/stability, and process values (bipartisanship, cooperation, pragmatism, and sustained efforts), while basically ignoring the others. This is likely related to the political conflict frame favored by the media which focuses on competing claims and legislative maneuvering. Quantified cost estimates are easier to compare than potential impacts on patient quality and choice, and process values are all implied in reports of the parties' actions and how they conform to or contradict their words. Similarly, while a majority of the conflict theories in the Pro sample addressed the structural problems and social injustice inherent in the U.S. health care system, only one media item discussed structural issues in any depth, while two thirds of the conflict theory references were narrative and realistic conflict frames focused on political strategy.

While some liberal sources did tend to exhibit more Pro elements than Anti elements, there was no consistent pattern. NYT, for example, referenced Pro values in all of its articles and Anti values in none; however, it also had the highest rates for symbolism cues from both coalitions, and featured Anti symbolism more often than Pro symbolism. Both NYT and CNN cited Republicans and Democrats as sources at very similar rates. And, while the rates of Pro narrative elements in CNN transcripts were fairly comparable to those of the Pro coalition sample, it featured Anti hero cues almost twice as often as Pro heroes, and at nearly

the same rate as GB. For example, in one segment, host Anderson Cooper discussed the 2011 House repeal vote with Ari Fleischer, who was press secretary for President George W. Bush:

COOPER: I want to talk just a little about tomorrow's health care repeal vote [. . .], is it a mistake to play up this vote?

FLEISCHER: No, I think this is fundamental [. . .] it's a very important statement about who Republicans are, what they believe in, that they're going to actually take this vote.

Some Anti elements were even mentioned more often than their Pro counterparts in the liberal sources. For example, the news media discussed the Antis' arguments against the Democrats' health care reform proposals even more than the Antis did, with all but DS and USA mentioning at least one Anti argument in each of their items. The news media also mentioned each subcategory of the Antis' argument more often than the Anti coalition did, including the potential negative consequences, ideological objections, the American people's supposed distaste for the proposed reforms, and concerns about how it was developed and passed. Fact checking and challenges to the Anti's arguments against reform, on the other hand, were present in only about 1/4 of media items. For example, several items noted the Anti's belief that the U.S. has "the greatest health care system in the world," but also included qualifiers about access issues. Fox, for example, quoted the president of AMA stating that "America has the best health care in the world, *if you can get it* [emphasis added]" (Baier 2009).

Other Pro and Anti narrative counterparts received nearly equal treatment in the media, including villains, victims and sources; and greater differences were found in the incidence of others between newspapers and cable broadcasts than between liberal and conservative

sources. For example, NPR, WSJ and NYT had the three highest rates for references to Pro solutions, and each referenced almost every alternative reform proposed by Republicans, while the other sources in the sample had significantly lower rates for both. Testimonials from victims of the broken health care system were also most frequent in newspaper articles, while they were almost completely absent from the cable samples. The newspapers also mentioned winners in at least 70% of their items, while the cable programs had much lower rates, including zero references to winners in DS and GB items.

Despite the predominance of Pro cues over Anti cues in the more ‘liberal’ media outlets’ samples, their selective presentation of the Pro narrative seems to be more reflective of the competitive frame preferred by the media than any clearly identifiable patterns of bias in favor of the Pro narrative. This held true for the sample as a whole, and for the individual news outlets.

Media Bias in Conservative Sources

There was demonstrable bias in favor of the Anti narrative from the conservative sources. While Fox’s *Special Report* and WSJ did not explicitly position themselves within the Anti coalition or promote extreme versions of the Anti narrative as GB did, they did frame health care problems very similarly to the Antis and used much more symbolism from the Antis’ vocabulary than from the Pros’. Pro health care problem cues were almost never mentioned in GB or Fox items. A full 50% of WSJ items did mention the problem of the ‘broken system’ and 40% mentioned costs, but, none discussed poor health care outcomes or the

uninsured. While most of the other media sources mentioned the uninsured at rates similar to the Pros, the uninsured appeared in only one item from each of the more conservative sources; and, consistent with the Anti narrative, usually within criticism of ACA. For example, Fox correspondent Jim Angle noted that “The Senate bill would ensure 30 million uninsured people, but 15 million of them would be pushed into Medicaid, health care for the poor, part of which has to be paid for by the states” (Baier 2009).

GB’s only reference to the existence of health care problems was an acknowledgement of the “tens of millions of people without health care insurance” in June of 2009. However, later in the show, in a puzzling contradiction, a guest used examples of health care problems in the U.S. to argue *against* reform:

REV. JESSE LEE PETERSON, BOND ACTION, INC., PRES. & FOUNDER: [. . .] And I have to tell you, Judge, if you want to know what the government-provider health care will look like, take a look at the health care facilities around the country -- in the inner cities around the country. The service is awful, long lines. [. . .] For example, in south central Los Angeles, Dr. Martin Luther King Hospital went out of business because the quality of service was awful, waste of money -- I mean, literally, people are dying in waiting rooms. And even the emergency facilities around this city, for sure, there are long lines waiting, it is absolutely bad. *And I do want to add that we do not have a health care crisis in our country.* [emphasis added] According to the survey of "USA Today" and [. . .] Kaiser Foundation, 89 percent of Americans are satisfied with their health care providers. This has been made up by the Obama administration, Obama himself, the Congressional Black Caucus, ACORN and others. (Napolitano 2009b)

GB and WSJ were the only sources to make references to Anti problem codes. Both acknowledged Republican claims that “health care costs are rising due to lawsuits,” with Beck adding that “health care regulation is the main cause of rising costs. Regulation has denied people of treatment, resources and made the cost of creating new treatments out of

control. The government should stay out” (Beck 2010a). Likewise, Fox, GB and WSJ had the lowest rates for Pro symbolism and the highest rates for Anti symbolism. Fox and WSJ were the only two sources in the media sample not to mention the Pro cue of “out-of-control health care costs” in any of their documents. Fox, WSJ and GB were also three of only four sources to provide negative source cues, and while they were generally rare, they appeared in all but one of the GB items.

Fox and GB were more consistent with the Anti narrative than WSJ. WSJ articles had high rates of many Pro elements, including problems, testimonials, solutions and winners, that were largely absent in the Fox and GB samples. Fox and GB also made the most references to Anti values—nearly double the rate of the other sources, including WSJ. As demonstrated in Figure 6, however, GB was clearly the most biased source in the sample.

Glenn Beck

Pro narrative elements were almost entirely absent in GB items, and it had the highest rates—usually by far—of most Anti narrative elements. For example, while most media sources referenced Democrats as Anti villains, the majority of other Anti villain cues, including special interests, socialist countries, reform supporters and the media, were attributable to GB—it was the only source to include references to all 7 Anti villain subcategories. GB was also the only source to mention all subcategories of Anti symbolism, and it used them most consistently. For example, socialism appeared in half of the GB sample, nearly twice the rate of all other sources. And, although direct references to socialism only appeared in the prologue and town hall periods in the Anti coalition sample, it appeared throughout GB

items, often in conjunction with vilification of President Obama. In June 2009, for example, a guest asserted that “Barack Obama, the messiah, is a socialist,” in March 2010 ACA was called “a Marxist dream,” and in January 2011, the President was again referred to as a “socialist bureaucrat.”

The Anti value of market fundamentalism also appeared repeatedly in GB items, including this example, which also frames the free market as the virtuous hero and government as the gluttonous, ineffective villain:

Think about it, if private enterprise fails to produce what consumers want or fails to return a profit to investors, it goes out of business. The government does not understand the need to satisfy consumers or investors because it doesn't produce anything. It just keeps consuming our tax dollars, which we, like sheep, just keep turning over to the bureaucrats to spend. When a government wants to save money, it shuts down, like Chicago's city hall did yesterday. When private enterprise wants to make more money, it works overtime. When the voters conclude that the public treasury has become a public trough, then they will send to D.C. only those who will get them as many freebies as they can, and [our] constitutionally guaranteed values of private enterprise and private property will be gone forever. If you want more of something, make it profitable and untaxed it and it will grow and flourish. If you want less of something, let the government regulate it and cap its costs, and it will require taxpayers' subsidies to stay alive. (Napolitano 2009a)

In the above example, market fundamentalism seems to be not only a value, but also a conflict theory, portraying government intervention as the structural cause of the actual and potential health care crises. GB had the second highest rate of conflict theories in the media sample, was one of only three sources to include any Anti conflict theories, and the only source not to include any of the theories associated with the Pro narrative. A reversed relative deprivation argument tied to market fundamentalism and a fusion of narrative theory with

political identity melodrama were the most common explanations for the conflict provided by the program.

Whereas Pros often compared the U.S. negatively to other countries with better health outcomes and lower health care expenditures, the Antis' used relative deprivation to explain the health care controversy in terms of people's fears of losing what they already have, often justifying those fears with the logic of market fundamentalism. GB guest-host Andrew Napolitano and guest Dr. Scott Gottlieb did exactly that in comparing the existing U.S. health care system favorably to the Canadian system:

GOTTLIEB: So, what's happening in Canada is the government-run system is falling apart and they're developing a private market to take its place for the people who are privileged, the wealthy who can access that private market. Here in the United States, we have a private market that's going to be regulated away supplemented with a government system and remnants of the private market will remain for the privileged and the wealthy. So, we might end up looking like Canada with a very large government system and a small private market. [. . .]

NAPOLITANO: [. . .][In] many Canadian towns, there aren't any physicians. The government doesn't send them there, wants them in the more populated areas. So, if you live in that town and you want to see a physician, you have to put your name in a hat and the town clerk pulls the names out of the lottery. If your name is pulled, you get to see the physician. If it isn't, you don't. I mean, can you imagine that happening here? (Napolitano 2009a)

On several occasions GB hosts or guests described the health care crisis as a narrative ploy of villainous Democrats. In November 2009, for example, conservative columnist and author Ann Coulter, suggested that the testimonials about health care problems on which the Pro narrative was based, were lies and exaggerations:

[Americans] don't want their premiums to go up on the basis of these vague stories of people who are somehow suffering with a lack of health insurance. [. . .] I mean, you have a bill that is being premised on all of these sad stories

as they always are, [. . .] they're always putting forward these fake victims to do something terrible and create real victims. And that is exactly what this bill does. I mean, all of these stories going back to Al Gore and right through Obama, about someone who was denied health insurance because, oh, the gallbladder, he had gallbladder stones or gallstones or something, and then, Al Gore was claiming that, what was it, his mother -- his mother-in-law had to use her dog's arthritis medicine. And then, you know, with the slightest investigation, they turn out to be fake stories.

GB only had one segment that included any Pro victim codes and those were part of a larger argument painting Republicans and Tea Party protestors as victims of the media's narrative manipulation:

MSNBC is running loops of Democratic headquarters that had broken windows in, implying that Republicans are doing it, even though there are no -- there have been no arrests made. Where are you getting your facts here? [MSNBC host] Chris Matthews accused Republicans of criminal incitement, saying [Democratic Rep.] Bart Stupak is getting threats. I have a question: did Chris Matthews care about Bart Stupak and his family when he was being intimidated by the left because he opposed the health care bill? Do you remember that last week? I don't recall hearing anything about that from Chris Matthews. (Beck 2010b)

In a clear example of the psychological process of projection, GB's conflict theories described conflict processes it was actively engaging in, but attributed them to its opponents. GB frequently presented a narrative vilifying the President, liberals and the media, by accusing them of propagating a narrative that vilifies opponents based on political affiliation/identity. For example, later in the same episode, Beck dissects a newspaper article sympathetic to ACA, ranting:

Listen to the language in this article from the "Daily Mail." [. . .] Here's the best part. "Sixty-seven percent of Republicans who responded believe Obama was a socialist, despite his central leanings." His central leaning -- he's a centrist? Look how they are rewriting history already.

I mean, "TIME" magazine couldn't even find pictures of the tea partiers when they wrote the year end pictures. No pictures of the tea party movement. You were erased. [. . .] America, you're being set up. And it is only a matter of

time before an actual crazy person really does something stupid [. . .] God forbid something happens. There's going to be a new story and it won't be about a single crazy person, no, no, no. The narrative is being presented to the American people. The groundwork is being laid [. . .] America has a centrist, normal red, white and blue president and Congress -- oh, well, they're just up against a bunch of crazy radical tea party violent freaks ready to attack at any moment, Sarah Palin told them to do it, you know? Barack Obama said he wouldn't use the fear of politics like George W. Bush did. [. . .] And here he is, using the politics of fear to rally his base. (Beck 2010b)

He accused the other side of doing the exact thing he was doing with his accusations. The conflict theories found in GB items were not presented with the intention of providing deeper understanding of complex issues, or finding common ground on which to resolve the nation's problems. GB's conflict theories both simplified and exacerbated the conflict by painting it as a melodrama between his ingroup and outgroup—the good conservatives versus the bad progressives. While GB items frequently criticized the media for presenting a biased narrative, it was clearly the most extreme and biased voice in the media sample.

Based on topic selection, the higher rate of Anti cues, and consistency with the Anti narrative, the evidence in this study suggests that there was more bias in favor of the Anti narrative in coverage from conservative media outlets, especially GB, than bias for the Pro narrative in the coverage from liberal sources. However, a larger sample size and a more rigorous statistical analysis than is possible within the scope of this project is needed to test this hypothesis.

The Sportscaster Frame

While bias only seems to have been significantly implicated in the coverage of the most conservative sources, the media as a whole adopted a very different frame for the health care

reform controversy than either of the interest groups. The media's narrative of the controversy included significantly fewer problem, solution, hero, victim and villain codes and more conflict theories than the interest group narratives. Rather than presenting a melodrama pitting good against evil, the media focused on competition, divisions and conflict in the political process. This frame marginalized other stakeholders in the conflict and largely ignored the competing values held by Pros and Antis.

Sports and Fight Metaphors

Calling the game was the new category of codes that emerged in the analysis of the media sample. At least in the context of health care reform, the news media seemed to see its role as similar to that of sports commentators. They reported mostly on the political strategies and maneuvers—the legislative offense and defense—of the competing parties, and, in fact, every media source in the sample used sports metaphors to describe the political conflict over health care reform. A few examples were,

CNN: “Harry Reid put that right on the political tee for Republicans. All they had to do was swing, Erica, and they are swinging.” (Hill 2009)

DS: “House minority whip Eric Cantor (R – Virginia) take the ball and get some more yardage!” (J. Stewart 2010a)

Fox: “The Senate's health care reform bill is creeping towards a Christmas eve final vote after clearing a major hurdle while most of America slept.” (Baier 2009)

NPR: “[Obama] has made the decision to forge ahead and try to heave a health care bill over the finish line.” (Liasson 2010)

USA: “It's now about to be a very exciting spectator sport. It is neither a slam dunk, nor is it hopeless.” (Wolf and Fritze 2010)

Fight/battle metaphors not attributable to either the Pro or Anti codes, were used just as frequently as sports metaphors in news media items (48%) and much more frequently than in the Pro (24%) or Anti (39%) narratives. While Pros' fight metaphors positioned themselves as fighting for victims of the system and defending their legislation, and Antis fight metaphors positioned the American people as under attack from Democrats' attempts to overreach the proper role of the federal government, the news media used fight metaphors to frame the political process as a battle between two matched sides. For example, in discussing the stalled repeal efforts, NRP reported:

While the legislative battle is likely to end in a draw, at least for now, the battle for public opinion rages on. A new CNN poll just out provides more ammunition for both sides. For Republicans, it finds half of those polled think the law should be repealed. But Democrats will take heart in the fact that nearly eighty percent of Americans favor at least some aspect of the health law.

Accounting for all instances of Pro, Anti and News cues, a full 69% of the media sample featured some version of a fight metaphor. While the violence implied in fight metaphors lends a more serious tone to the issue at hand, both the sports and fight metaphors position the opposing sides in a zero-sum competition in which one will win and one will lose based on their skills, strategic advantages, determination and luck. It is a frame that ignores questions of the public good or social context, and limits possibilities for cooperation, collaboration and win-win problem solving. Table 18 contains the complete list of news media codes and the percentage of sampled items in which each appeared.

Table 18. News Themes: Calling the Game

Element	% of items	Element	% of items
<i>Competitors</i>	79%	<i>Symbolism</i>	75%
Democrats	62%	Fight/Battle Metaphors	48%
Obama	61%	Sports Metaphors	48%
Republicans	52%	Medical Metaphors	15%
Fools	11%	Overhaul	39%
<i>Sources</i>	72%	<i>Themes</i>	69%
Government Officials	52%	Democratic Divide	27%
Polls	28%	Election Implications	25%
Other Media Outlets	25%	Public Opinion	23%
Other Organizations	20%	Partisanship	21%
Academic	10%	Repeal Efforts	21%
Health Field	7%	Deal Making	17%
Businesses - Neutral	4%	Money	13%

Characters

In addition to the use of metaphors, media items also framed the health care reform controversy as if it were a sports contest by focusing primarily on the actions of the two political parties and largely ignoring other interest groups and stakeholders. President Obama, for example, was the most common Pro hero, appearing in every media outlet, and almost 40% of the total sample. He was cast as a hero twice as often as other Democrats, who were the second most common Pro hero in the media sample. Both Obama and Democrats were important in the Pro narrative, but Pro documents were twice as likely to identify organizations working for reform as heroes. Only 3 media items made any reference to health

care reform supporters as heroes, and NYT was the only media outlet to mention any specific Pro groups by name. However, even in that one case they were framed as responding to the President's calls to action, and he was still ultimately cast as the real hero:

At the White House, Mr. Obama's political arm was mobilizing . . . The coalition of about 50 groups, from the AARP to labor unions—some of whom called themselves "Winter Soldiers" to describe their steadfast support—held daily conference calls. They isolated three dozen lawmakers and had influential people in their communities—doctors, insurance agents, business owners—reach out to them.

But it is the president, many Democrats say, who has made the biggest difference, by finally providing the sustained, deep personal involvement Ms. Pelosi and Mr. Reid had been yearning for. He crisscrossed the country for health care rallies and devoted hours to cajoling Democrats. (Gay Stolberg, Zeleny, and Hulse 2010)

Pro groups were mentioned a handful of times as sources, rather than as heroes; but overall, they were nearly absent in the media narrative of the health care reform controversy. The same was also true of Anti groups. Grassroots activists and 'the American people' were the most common heroes in the Anti coalition sample, but only appeared in 8% of media items, while Republicans accounted for more than half of the Anti hero references, and were the only Anti heroes identified by Fox, NPR and NYT.

Similarly, while insurers were the most frequent Pro villain in the coalition sample (40%), and the federal government was the most common in Anti documents (57%), Republicans and Democrats were, respectively the most common Pro and Anti villains in the media sample. The uninsured and people with pre-existing conditions were mentioned as winners more often by the media than by the Pros; however, businesses, families, seniors, the currently insured, children and young adults were mentioned significantly less often as both Pro and Anti victims and as winners. Democrats and Republicans also accounted for the vast

majority of Pro and Anti source cues in the media sample, while other groups that were important sources in the coalition samples were also almost entirely absent.

Competitors

Many media items reported on the actions of the political parties and their members without aiming to frame them as heroes or villains or citing them as sources. Since these references were not consistent with either the Pro or Anti narrative, the new category of ‘competitors’ was created for them. Nearly 80% of media items framed the political actors in the controversy in this way, with competitor cues appearing much more frequently than the melodramatic Pro and Anti characters.

In the Phase 1 findings, Republicans were identified as villains in 18% of Pro documents and as heroes in 20% of Anti documents, but they appeared as competitors in 52% of media items. The Democratic congress was identified as a hero in a little less than 1/4 of Pro documents, as a villain in half of Anti documents, and as a competitor in over 60% of media items. Fox positioned the political actors in the competitor frame in every item, while NPR and NYT did in 90% of their sample. GB was least likely to use this frame, probably because he was most likely to use melodramatic framing consistent with the Anti narrative. The importance the media gave to President Obama’s role in the health care reform controversy far outweighed his importance in the interest group narratives. He was cast as an important competitor in 61% of media items, but only appeared as a villain in 44% of Anti documents and as a hero in 32% of Pro items. Obama’s role in the legislative process was given top billing in many media items which referred to “Obama’s bill” or “Obama’s efforts;” even

before the President released his own proposal in February 2010 in an attempt to reconcile differences in the House and Senate bills.

ObamaCare vs. Overhaul

In sharp contrast to its ubiquity in Anti documents, the term *ObamaCare* was only mentioned a handful of times in the media sample, almost exclusively in quotes from Republicans made during the repeal period. Again, the one exception was GB, which was the only media source to regularly refer to the legislation as *ObamaCare* in its coverage. ACA was called by its official title even less frequently in the media sample, appearing only 4 times total in one Fox segment and two WSJ articles. The media as a whole preferred to refer to the legislation as the “health care overhaul.” The term ‘overhaul’ was found only once in the entire Pro sample, and in 14% of Anti documents, but appeared in 40% of media items. At least half of the Anti’s overhaul references were found in quotes from media items, suggesting that it was a media cue used by the Antis rather than vice versa.

The dictionary definition of overhaul is “to make necessary repairs on” or “restore to serviceable condition” (Dictionary.com 2011). It seems plausible that the media settled on this description of the legislation as a compromise between the Pros’ broken system cue and the Antis’ government-takeover cue. The term both implies that something broken is being fixed and also seems to suggest reforms that are much more far reaching than what was actually included in ACA. ACA created some new regulations for the health insurance industry and provided some new avenues for the uninsured to get coverage, but its patchwork of pragmatic adjustments to the existing system—which is itself an unorganized, unplanned,

and unsustainable patchwork—probably doesn't really qualify as an “overhaul” in the true sense of the word.

News Themes

Further evidence of the sportscaster frame was found in the themes most frequently discussed in the news media's coverage of the health care reform controversy. These themes shifted with the bill's legislative progress, as the media reported on the political players' movements in the political arena, and included, money in politics, the Democratic divide, deal making, election implications, repeal efforts, partisanship, public opinion, and abortion. Only the last theme hinted at any values below the surface of political strategy.

Almost 3/4 of the discussion of money influencing the process occurred during the heated town hall summer and its aftermath. For example, in August 2009, NYT reported that “Interest groups on all sides of the debate have spent more than \$57 million on television advertisements in six months, most of it in the last 45 days” (Seelye 2009). Discussion of divisions within the Democratic party, largely surrounding the public option and abortion rights, were the most prevalent news theme, appearing in more than 1/4 of media items, 90% of which were produced during the Congressional votes period (November 2009 - March 2010). In February 2010, for example, NYT reported,

The future of President Obama's health care overhaul now rests largely with two blocs of swing Democrats in the House of Representatives -- abortion opponents and fiscal conservatives -- whose indecision signals the difficulties Speaker Nancy Pelosi faces in securing the votes necessary to pass the bill. (Stolberg and Pear 2010)

Deal making was also a common theme as ACA approached its final votes. CNN opened its December 2009 broadcast by asking,

Tonight, your money, is it being used to buy votes for health care reform, instead of spending it on actual health care reform? The perks some on-the-fence lawmakers scored ahead of that crucial vote. We're "Keeping Them Honest." (Hill 2009)

Unsurprisingly, 70% of the discussion about the implications health care reform would have/had for each party in upcoming/recent elections and all of the discussion of Republican repeal efforts occurred in the post-enactment periods. Partisanship and public opinion were the only themes discussed throughout the sample. The most interesting theme, however, was the attention given to the divisions within the Democratic Party on abortion rights.

While neither Pros nor Antis were very interested in discussing abortion as part of the health care reform debate—the word “abortion” appeared in only 4% of Pro documents and 6% of Anti documents—1/4 of media items identified it as a key issue in congressional negotiations. In addition to discussing Republicans’ and conservative Democrats’ concerns that the legislation would allow federal dollars to pay for abortions, the media also mentioned liberal Democrats’ dissatisfaction with the abortion restrictions that were included in the final version of the bill—something never mentioned by either coalition. Every source except for DS mentioned the abortion issue at least once, while NPR, NYT and WSJ each discussed it in 30% of their items. This very minor element of the interest group narratives was hugely magnified by the press. While coverage of the abortion issue was clearly part of the sports frame, in that the media was reporting on pivotal ‘movements around the court;’ it is also a rare example of the media identifying an important underlying issue in the controversy.

Conflict Theories

The sportscaster frame also resulted in significantly higher rates of conflict theories and lower rates of melodrama in media items. Conflict theories were the only element of coalition narratives to appear significantly more often in the media sample than in the interest group coalition samples; and they were most prevalent in media coverage during the town hall summer and immediately following passage of the law, when physical manifestations and public participation in the conflict were highest.

The analysis in Phase 1 of this study discovered that melodrama is effectively the default conflict theory for Antis. This finding was supported by several media items which also drew attention to melodrama in the Republican narrative. Most of these references were made after ACA was enacted and Democratic members of Congress were assailed by death threats and vandalism. CNN, for example, played a short clip from an interview with Republican Representative Steve King in which he explicitly defined the controversy as a melodrama:

DANA BASH, CNN SENIOR CONGRESSIONAL CORRESPONDENT: [. . .] Republican Steve King held up a poster of House Speaker Nancy Pelosi, gave her a thumbs-down, and made a slapping motion across her face.

We asked King about that.

(on camera): There was a moment that we have seen. You were up there right on that balcony with a picture of the House speaker, slapping it.

REP. STEVE KING (R), IOWA: Now, that would be an exaggeration. But this is a melodrama. Keep in mind, this is a melodrama. (A. Cooper and Bash 2010)

King was also featured in a short DS montage highlighting both the melodramatic framing and fight metaphors used by many Republican opponents of the legislation:

REP. JOHN BOEHNER: We're about 24 hours from, from Armageddon.

RUSH LIMBAUGH: We need to defeat these bastards.

VOICEOVER READING SARAH PALIN'S TWITTER POST: Don't retreat, instead reload.

LIMBAUGH: We need to wipe them out.

REP. STEVE KING: Let's beat that other side to a pulp. Let's take them out. Let's chase them down. There's going to be a reckoning. (J. Stewart 2010b)

Interestingly, while a majority of the conflict theories in the Pro sample addressed the structural problems and social injustice inherent in the U.S. health care system, only one media item discussed structural issues at any length. CNN devoted an entire segment to exploring the rates of uninsured in U.S. states and the positions of their congressmen on health care reform. They found that the so called 'red states,' which tend to elect Republican candidates, had both the highest rates of uninsured *and* members of Congress who strongly opposed health care reform.

RANDI KAYE, CNN CORRESPONDENT: [. . .] We wanted to know how the Republican senators in Texas would explain to their uninsured constituents that they're against the public option plan for health care. That's a key element that could derail health care reform. And, remember, one quarter of Texans are without health insurance.

Senator Kay Bailey Hutchison's people told us that she is in favor of health care reform but against the public option. Hutchinson calls the bill the House just passed over the weekend a quote, "terrible bill that hijacks our health care system."

The senator says she will quote, "Do everything in her power to prevent this bill and anything remotely similar to it from passing the senate." Instead, she says medical malpractice reform and tax credits for people who purchase insurance will lead to more affordable health insurance.

Texas' other senator Republican Senator John Cornyn wants competition and choice. He has said a government-run single payer system, Anderson, would drive insurers out of the market and limit competition.

COOPER: So if -- in Texas if the rate of uninsured dropped to like the national average, what does that mean for people there?

KAYE: It would be pretty significant, it turns out, Anderson. If Texas could reduce its uninsured rate from 25 percent to 15 percent to match the national average, another 2.4 million people in Texas would be covered. That's a lot of people.

COOPER: All right. Randi, different ways the Republicans and Democrats see the issue. Randi, I appreciate it. (A. Cooper 2009)

Although the CNN segment identified a very interesting inverse relationship between several states' high rates of uninsured and low support for health care reform, followed by several clear references to market fundamentalism by Republican members of Congress, its analysis completely ignores them. Instead they provided only a shallow and incomplete analysis based in a realistic rational actor understanding of the conflict. The host suggests that the Senators' opposition to health care reform might be a problem for them in the next election, rather than interrogating how the values of personal responsibility, personal choice and free market ideology are likely responsible for both the high rates of uninsured *and* opposition to health care reform in the "red" states. Furthermore, in concluding with "different ways the Republicans and Democrats see the issue," they completely delegitimize any implication of a structural or ideological explanation for the conflict by chalking it up to a simple difference of opinion, rather than complex differences in values and ideology that have meaningful, measurable and observable impacts in citizens' lives.

Realistic group conflict was the primary conflict frame in the media sample overall, which, with its focus on competing goals and priorities, is probably the conflict theory most amenable to the sports frame. As in the above CNN excerpt, more than 20% of media items

framed the health care reform controversy as a simple competition between competing policy preferences. However, narrative theories of conflict were offered almost as often. While Glenn Beck, as previously discussed, accused other media sources of propagating a narrative that vilified conservatives, only CNN and DS discussed the possible connections between conservative politicians' violent rhetoric and health care protestors' violent acts. Most of the references to narrative in the media sample addressed the political parties' competing narrative strategies. In discussing the repeal vote, for example, CNN guests suggested that there had been a shift in the Democratic narrative:

COOPER: Lisa, we are hearing from a number of Democrats, though, that this is an opportunity to kind of re-brand or re-message this.

CAPUTO: Yes. [. . .] they're taking this opportunity now to reeducate the public, and they have been very disciplined around it. They have got a very clear message, what we heard today from Kathleen Sebelius, which was really activated through a lot of different channels on the Hill and through the House leadership, you know, talking about how there are roughly, you know, roughly half of the Americans under 65 who will have a preexisting condition won't be eligible to receive health benefits [. . .] if it's repealed.

(CROSSTALK)

COOPER: ... Ari, that certainly seems to be the strategy, is to focus on sort of individual cases, rather than economic issues or some sort of bigger-picture by Democrats.

(CROSSTALK)

FLEISCHER: Right. And, [. . .] it is a shift in the way the law was debated. If you remember, when they sold it to the American people a few months ago, it was to break the cost curve. And now the Democrats are not making the case, the White House is not making the case that it actually reduces costs, because it's not credible. [. . .] So, now the case is about [. . .] the more compassionate case, get health care to the uninsured, which is an important issue, but it's a bait and switch from what we -- the bill was sold on.

Interestingly, the assertion that there was “a shift in the way the law was debated” seems to be more reflective of changes in the media’s coverage of the debate than in the Pro narrative. Affordability was the most frequently mentioned Pro value in Pro documents throughout the phases of the debate, and, in fact, it was mentioned as much as all the other Pro values combined in the post-enactment periods. As Table 17 shows, the media discussed affordability as a Pro value as frequently as Pros did, but they ignored most of the Pros other important values. Universal coverage, for example, was mentioned in nearly half of Pro documents, in both the pre-enactment and post-enactment periods; but it appeared in less than 1/4 of media items. Testimonials from victims of the health care system were also used consistently by Pros throughout the controversy, but appeared more frequently in media items produced in the months following the passage of ACA.

A handful of references were also made to basic human needs, identity, ideology and relative deprivation as explanations for the conflict; however, these references were most often found in quotes from health care reform supporters. For example, WSJ’s one reference to a conflict theory was in a quote from Rep. James Clyburn of South Carolina: “This is not about health care . . . It’s about trying to extend a basic fundamental right to people who are less powerful” (Adamy and Hitt 2010). By predominantly framing the controversy in a realistic, rational actor frame, most media outlets failed to identify the centrality of values in the conflict. Even the references to narrative mostly fell within the sportscaster frame, focusing on narratives as political strategy, rather than as expressions of political identity, morality and values. The one exception to that trend was DS.

The Daily Show with Jon Stewart

Like his conservative counterpart Glenn Beck, comedian Jon Stewart did take an explicit position on health care reform; however, he did not promote the Pro narrative the way Beck promoted the Anti narrative. To the contrary, DS segments criticized Democrats, Republicans and the media in equal measure for their failure to move public discourse beyond political posturing. It was also the only source in the entire media sample to concretely identify the importance of values in the health care reform controversy.

Stewart openly favored reform and exhibited significantly more Pro than Anti character codes. For example, he criticized Republican arguments that ACA would put “a Washington bureaucrat between you and your doctor,” stating sarcastically,

Yes, God forbid a government bureaucrat replace my beloved Connecticut health insurance bureaucrat. Or worse yet, that anything replaces the health insurance plan I had before I was 32 and actually qualified for real health insurance—I believe my plan then was called ‘Excedrin PM and Colt 45.’

He also referred to President Obama as a “Jedi” on several occasions, likening him to the heroes of the *Star Wars* movies. However, the President and other Democrats were the butts of his jokes as often as Republicans. In fact, an additional character code, named ‘fools,’ was developed specifically for Stewart’s sample, and included both Republicans and Democrats who were being made fun of. For example, in discussing the quality of government health insurance options provided to members of Congress, he made fun of the House Speaker’s tan, adding, “Though it should be said, Congress’ health plan hasn’t helped John Boehner’s long-running battle with ‘orange-face’” (J. Stewart 2009a). In another episode, he questioned the President’s actions and evaluated his performance as a hero, wondering “Mr. President, I can’t tell if you’re a Jedi, 10 steps ahead of everything, or if this whole health care thing is

kicking your ass just a little bit” (J. Stewart 2009b). In the same episode he also criticized the Democratic party for failing to promote a cohesive and unified message on health care reform. After first playing several clips showing how Obama administration officials had significantly altered their health care reform talking points, and then playing several clips of Bush administration officials doggedly making their case for the war in Iraq with very consistent talking points, he comments “Salesmanship! Those guys could sell ice cubes to Eskimos. The Democrats, I don’t think could even sell Eskimos shit they need! Insulation. Heating apparatus. . . . I’m not really all that familiar with what Eskimos need. [laughter]” (J. Stewart 2009b).

Stewart often expressed both support for health care reform and disapproval of Democratic politicians. For example, much of his critique of the Anti’s arguments against reform was also used to criticize Democrats for not being thorough enough in defending their own positions and discrediting Antis. In discussing the demise of the public option, DS played a clip of an exchange the President had with a “young free-market idealist;” using it to both provide an example of a market where private institutions do compete effectively with public alternatives (U.S. universities), and to chastise the Obama administration for not making that case as well:

YOUNG MALE PARTICIPANT: My name is Zach Lane, I’m a student at the University of Colorado in Boulder. How in the world can a private corporation providing insurance compete with an entity that does not have to worry about making a profit, does not have to pay local property taxes, [applause] they don’t . . .they’re not subject to local regulations . . .

[end clip]

STEWART: Ya! [Stewart applauds] Private institutions can never compete with strong public options. Right, guy-who-goes-to-publicly-funded-state-

college talking to guy-who-went-to-still-flourishing-not-out-of-business-private-college? Why don't you come correct on this Alex P. Keaton, mother... *What you say?!*

[begin video clip]

OBAMA: This is a legitimate debate to have. All I'm saying though is that the public option, whether we have it or we don't have it, is not the entirety of health care reform.

[end clip] [. . .]

STEWART: No public option? We still get to kill old people though, right? [laughter] Did you just drop public option because little college bg..... Mr. President, I can't tell if you're a Jedi, 10 steps ahead of everything, or if this whole health care thing is kickin' your ass just a little bit. [laughter]

Why is this so hard? Why can't you guys just stay on message? Remember the Bush team? Little bit of discipline, little bit of repetition. They sold us a war nobody wanted, and nobody needed! (J. Stewart 2009b)

DS had fairly low rates of both Pro and Anti narrative elements overall, especially for problem and solution codes. Rather than simply providing summaries of Pro and Anti arguments, DS segments focused more on critiquing them, and often identified the importance of symbolism and values in the controversy. Although DS had the highest rate of Anti values and lowest rate of Pro values, and vice versa for symbolism, they were each mentioned in about 2/3 of its sample. DS identified both market fundamentalism and competing views of the proper role of government as important values in the debate.

Only 11% of media items discussed the role of government at all. DS, however, discussed the Anti value of limited government in 25% of its segments, and was one of only 4 sources to point out the Pro's competing value of government intervention. In another excerpt from the segment covering the bipartisan health care summit, Stewart provided both sides of the

argument before concluding with his evaluation of which was more sound, and, finally, declaring President Obama the winner of the debate:

HOUSE MINORITY WHIP ERIC CANTOR (R – VIRGINIA): It does have to do with our fear that if you say that Washington can be the one to define essential health benefits . . . if we assume that Washington could do that, could really take the place of every American and decide what is most essential, what, what would be the consequences?

[end clip]

STEWART: There you have it, Cantor making the argument that if we want to come together on this, we have to keep government out of it completely; otherwise costs will skyrocket. He's making the never been proven argument that small government is better because it costs less. Let's see the answer:

[begin video clip]

PRESIDENT BARACK OBAMA: Let me respond to your question. We could set up a system where food was probably cheaper than it is right now if we just eliminated meat inspectors.

[end clip]

STEWART: [making light saber noises and motions] [laughter] [applause] [funny voice] *You know I'm your father Luke!*

Did you see how fast Obama took him down? That shit was Jedi! Just look at Cantor's face when Obama hit him with the old 'you like Mad cow, disease, do you Cantor? Is that what you want?' (J. Stewart 2010a)

DS also had the second highest rates for both Pro and Anti conflict theories in the media sample. Its segments drew attention to the melodrama in the Anti narrative, as previously discussed; and made references to narrative, social identity and realistic theories of conflict. In fact, Stewart was the only source to make an explicit reference to the health care reform controversy as an identity conflict. After a skit in which two of its 'correspondents' presented parodies of the liberal and conservative points of view regarding the death threats and

vandalism directed at Democrats after ACA was signed, a third DS correspondent chimed in with his analysis of the situation:

MANVI: [. . .] It is clear now that this is more than just a political disagreement. What we're seeing now is the latest outbreak in a clash of cultures that goes back generations.

STEWART: Then what's your suggestion?

MANVI: A two state solution. [laughter]

STEWART: How would that work Aasif?

MANVI: Well, it all depends on how you draw the boundaries. Here's a classic, socialists get the north, freedom-lovers get the south.

[map of the united States is displayed with the northern states colored blue and the southern states colored red]

[. . .]

STEWART: What you're proposing now it sounds like the Israeli-Palestinian situation.

MANVI: Well, that is one successful example. I was thinking . . .

STEWART: Ya, no.

MANVI: I was thinking more like my homeland, India-Pakistan. The region was rife with tension and violence, until its partition in 1947. [laughter]

STEWART: And, and, now?

MANVI: Well, I haven't really kept up much with them, but I [laughter], I assume that no news is good news!

Rather than using conflict theories to vilify the opposing side, thereby strengthening the melodramatic framing of the issue and further entrenching the conflict as GB did, DS' comedic presentation of conflict theories seems more likely to diffuse the processes of political identification. Social identity theory proposes that the need for self-esteem leads

members of groups to develop positive attitudes towards the ingroup and negative opinions of the outgroup; and that threats, insults or other offenses can cause the ingroup identity to increase in importance (Korostelina 2007). Identifying conservative extremists as heroes and liberals as villains—as GB did in keeping with the Anti narrative—likely increases the salience of political identity for both groups: the conservatives gain self-esteem in being identified with their heroic colleagues, while liberals’ identification increases due to the need to defend their threatened political identity. By painting extremists as ‘fools’ DS’ treatment of the issue probably lessens identification for both groups: conservatives will not want to be associated with a group that is foolish (although if this portrayal is seen as an attack or threat it could have the opposite effect), and liberals will not feel threatened by a group that is ridiculous rather than villainous. Also, by drawing such an unsavory and exaggerated comparison with two extremely bloody and long-standing ethnic identity conflicts, DS forces its audience to evaluate the U.S. health care reform controversy as such, simultaneously implying both the absurdity of dividing the country over a relatively trivial issue, and the very real and devastating consequences political identity conflict could have if allowed to escalate.

DS segments frequently criticized the media, including Glenn Beck, for playing up political divisions rather than diffusing them. Stewart even called attention to the media’s sportscaster frame in the summit segment; and also concluded that it is not conducive to constructive public discourse:

STEWART: [. . .] Now obviously there was grandstanding, there was posturing, but there were some really substantive points made [during the health care summit]. And there were issues where there was great agreement on both Democratic and Republican sides, and there was room for

negotiation. This really did have some important steps for the American people's understanding of this complex and essential issue. Or to put it another way: Media?

[begin video clip]

FOX NEWS COMMENTATOR: Was any progress made? Is anyone winning?

MSNBC VOICEOVER: Now let's talk about who had the best advantage so far today.

CNN NEWSCASTOR: At least in the early, the first 90 minutes or so, I'm not seeing any chance for progress at all.

FOX NEWS COMMENTATOR: Is anyone actually winning this debate?

CNN's LOU DOBBS: If this were the winter Olympic games, or whatever, how would you score this?

[end clip]

STEWART: I would disqualify you for sucking! [laughter] [applause]

Chapter 6: Phase 3 Findings – Narratives in Letters to the Editor

Letters to the editor (LTEs) are a significantly different format than the interest group documents and media items examined in the first two phases of this study. Most notably, they are much shorter, which limits the number of narrative elements that can be included in a single LTE. The average word count for LTEs was 161, compared to 678 for coalition documents and 1,126 for media items. It stands to reason that, for the most part, interest groups and journalists are able to produce documents of the length they require to tell the version of the story they want to tell, while authors of LTEs are pressured to make clear, concise, focused arguments to improve their chances of being chosen for publication. Letters also often respond to previously published content, which means that the authors are responding to a particular framing of the issue rather than creating their own. Despite these limitations, the LTE sample provided some interesting insights into the public narratives in the health care reform controversy.

Jacobs (2001) argued that the press increasingly frames public policy debates “in terms of strategic maneuvering and political conflict, which in turn invite public cynicism of politicians and perceptions that policy reforms pose personal risks to the individual’s current situation” (1367). The previous phase of this analysis found precisely this kind of political conflict frame in the news media’s coverage of the health care reform controversy, naming it

the *sportscaster frame* to reflect the frequency with which sports metaphors were used to describe the political process. There was evidence of cynicism about the political system and vilification of politicians in the LTE sample. For example, in response to a USA editorial advocating the use of congressional reconciliation to pass ACA, one letter writer proclaimed, “I agree we need a "nuclear option" in Washington; it's called voting out the incumbents of both parties” (Knaeble 2010). But in total, only 14% of LTEs expressed concerns about the American political system or the state of democracy in the United States, and many of these were written by ACA supporters criticizing health care reform protestors rather than politicians. While this study cannot attempt to measure whether or how public perception and opinions in the health care reform controversy were affected by the news media’s sportscaster frame, the LTEs in this sample suggest that considerations of values and morality were much more important than calculations of rational self-interest or dissatisfaction with politicians in letter writers opinions on health care reform.

Sample Composition

As has been found in previous research on LTEs, the letters in this sample were not at all representative of the American public. Letters writers tended to be men, from the most populous states, and professionals. A majority of the letters were published by NYT and expressed support for ACA; and moral frames were used more frequently by letter writers than analytic frames. Table 19 lists some of the characteristics of the LTE sample, including position on ACA, issue frame, author demographics, and the presence of Pro and Anti cues.

Table 19. LTE Sample

Element	All LTEs	NYT	USA	WSJ
N	100	45	27	28
Health Care Reform Position				
Pro-Reform	48%	67%	37%	29%
Anti-Reform	35%	29%	33%	46%
Neutral / Unclear	17%	4%	30%	25%
Referenced Content				
Agree	16%	17%	7%	21%
Disagree	36%	33%	41%	36%
Addition	10%	9%	15%	7%
Unclear	9%	16%	4%	4%
Letter Frame				
Moral	56%	69%	56%	36%
Analytic	44%	31%	44%	64%
Author Sex				
Female	23%	27%	26%	14%
Male	74%	69%	74%	82%
Author Profession				
Doctor	18%	24%	4%	21%
Academic	7%	11%	-	7%
Politician	4%	2%	4%	7%
Other	6%	9%	4%	-
Author Region				
NE	36%	56%	15%	25%
Midwest	18%	7%	18%	25%
South	10%	4%	22%	7%
SW	21%	24%	22%	14%
NW	9%	4%	11%	14%
DC	5%	2%	-	14%
Pro Cues*	52%	66%	46%	39%
Anti Cues*	48%	34%	54%	61%

* Percent of sampled text coded to the category, rather than % of documents in which the code was found.

Letter Characteristics

While the Anti interest groups produced a much greater volume of online content than the Pros during the health care reform controversy, people supporting ACA had more LTEs published. Of the 100 LTEs in the sample, 48 supported reform efforts, 35 were opposed, and the position of the remaining 17 towards ACA was unclear. Of this final group of letters, most either critiqued an argument made in a previous newspaper article, offered an alternative or additional health care reform proposal, or expressed concerns about the American political system and the state of democracy in the United States. Three of the letters opposing ACA were written by liberals who opposed the abortion restrictions included in the bill or its lack of a public option; and all 3 were published in NYT and written by women. Most LTEs (71%) referenced an item previously published in the newspaper; of these, more than half expressed disagreement or disapproval of the original item, 1/4 expressed their agreement, and the remainder either offered additional information or analysis, or did not clearly express an opinion one way or the other.

A dozen genres were identified in the LTE sample, which broadly fell into two categories of *moral stance* or *rational analysis*. As detailed in Table 20, moral frames focused on questions of right and wrong in the health care system, the proposed legislation, the American political system, their opponents' actions, etc; while analytic frames challenged the logic of Pro or Anti arguments, evaluated previously published content, offered economic analysis or other critiques of the legislation, and/or offered their own proposals for solving the nation's health care problems. Moral frames accounted for slightly more than half of the LTEs in the entire sample, but both pro-reform (Pro) and anti-reform (Anti) letters used moral frames twice as

Table 20. LTE Genres

Moral Frames	#	Example
<i>Moral Stance</i>	13	We have forgotten our basic American value of looking out for one another . . . Only a health care system that provides each and every one of us with the care we need will be good enough. (Broder 2009)
<i>Dysfunctional Politics</i>	10	[T]he American political system has become so twisted, over time, that it is no longer capable of rational behavior, or the rational fitting of means to ends. (Knapp 2009)
<i>Bad Law</i>	10	Women's reproductive freedom was sacrificed to expedite passage of this bill, rendering it a hollow, soulless victory. (Mischler 2010)
<i>Cheerleading</i>	8	Today is indeed a historic day, as the United States finally joins the rest of the industrialized world that offers citizens guaranteed health care coverage. (Hadjiargyrou 2010)
<i>Bad Democrats</i>	5	[T]he Democratic Party is committing treason by cramming through one-party, big-government spending bills instead of providing responsible government. (Dalambakis 2009)
<i>Bad Republicans</i>	4	Those who voted against this historic legislation should be forewarned. They may have scored easy, even cynical, political points by opposing passage of a comprehensive and expensive health care bill. But . . . the opponents of this bill will be remembered in the same vein as the opponents of the Social Security Act and the Civil Rights Act. (Inlow 2010)
<i>Doomsday</i>	6	Never before have the American people been so stirred up, concerned and outraged over the health care bill and the current direction in Washington. Our country, our freedoms and our democracy are being destroyed . . . (DiLascia 2010)
Analytic Frames		
<i>Proposal</i>	13	Why can we not have a health compliance score based upon each patient's compliance with health programs? This works in the auto insurance industry (more accidents, higher rates) and in the realm of personal credit (late payments, lower rating). (Hamidi 2009)
<i>Challenging Antis</i>	11	The argument that a public option would pose a threat to private insurers only serves to demonstrate the ultimate power of such an option to cut costs for both individuals and small businesses. (Cannavo 2009)
<i>Challenging Pros</i>	3	The presumption that proposed reform will magically lower costs for small business is based on wishful thinking, not facts. Nothing in the current legislation guarantees small businesses that their costs will go down. (Danner 2009)
<i>Critiquing Article</i>	9	Health-care reform will result in some litigation, but lawyers not driven by ideology will advise their clients that their money is better spent elsewhere. (Stolzfus Jost 2010)
<i>Analysis</i>	8	While an excellent idea, care must be taken in designing exchanges. There are two major threats. One is that the minimum benefit package that exchanges require plans to offer is set too high for people to afford . . . The second threat is that plans will seek to attract low-risk people and avoid the sick . . . (Luft 2009)

often as analytic frames. All but two of the letters that did not state a position on ACA used analytic frames. However, many letters in the analytic genres also made moral claims. For example, one physician-author used an analytic frame to provide additional context to the frequent Pro claim that the U.S. has worse health outcomes than other wealthy nations, and then concluded his letter with a moral evaluation:

Nicholas D. Kristof promotes the misunderstanding that our dysfunctional health care delivery system equates to wretched health care and underestimates the devastation that obesity has had on our country's health.

Comparing infant mortality and life expectancy between the United States and Canada or Europe does not account for inherent differences in health between societies that are culturally and economically diverse and those that are more culturally and economically homogenous . . .

The focus of health care reform should be to reform "the system" and to elevate the care of all citizens. Implying that there is widespread practice of substandard health care is misleading. (Allen 2009)

Moral claims were made in 36% of LTEs with analytic frames. In accounting for all references to Pro and Anti value cues, moral claims and moral frames, morality and values were implied in 84% of LTEs.

Author Characteristics

All letters included the author's name and city or state of residence, and all but three of the names were easily identifiable as traditionally male or female names. Three-fourths of letters in the sample were written by men, and the ratio was even higher in the WSJ sample, where only 14% of letters were written by women. Male authors used moral and analytic frames at nearly identical rates, while women were twice as likely to write letters with a moral frame. Male authors wrote 15% more letters in support of ACA than in opposition, while twice as many women authors wrote in support of ACA as in opposition. All three of the liberal letters

opposing ACA's abortion rights restrictions or its lack of a public option were written by women. Male authors were also twice as likely as female authors to be identified as professionals.

Thirty-five percent of letters included information about the author's profession, either in self-disclosure within the text of the letter ("as a primary care physician. . ."), in credentials added to their name ("Mark Haas, M.D.") or in a note included after the author's name ("The writer is a professor of health policy and management and executive director of the Boston University Health Policy Institute"). Medical doctors accounted for more than half of the letters written by authors with professional identification, contributing 18 letters in total—nearly 1/5 of the total sample. Doctors certainly don't comprise 1/5 of the U.S. population, so it stands to reason that their professional proximity to the issue of health care reform probably inspired them to write more letters than others, and swayed editors to select their letters for publication.

Academics were the second largest group of professionals, but only accounted for 7 letters, followed by a few politicians (4), activists (3) and business people (3). Only 3 USA letters made any indication of their author's profession, compared to 1/3 of WSJ and almost half of NYT letters. Consistent with the sample as a whole, half of these 'professional' letter writers supported ACA, 34% were opposed and the positions of the remainder were unclear. Ten of 18 doctors and 5 of the 7 academics in the sample supported reform efforts, while 6 doctors, 2 academics and all of the businessmen were opposed. Nearly all of the longest letters in the sample were written by authors identified as professionals. For example, the second longest

letter in the sample was written by an FTC commissioner critiquing a WSJ editorial, as well as both Pros' and Antis' preferred mechanisms for reform:

Your editorial "The Competition Cure" (Aug. 24) suggests that one useful health-care reform would be to eliminate barriers to interstate competition. That solution is unworkable. It would require enacting legislation repealing or modifying the McCarran-Ferguson Act, which allows states to regulate the "business of insurance"—a daunting task that would depend on overcoming the objections of those who champion states' rights, among others. A better answer would be to establish a federal system that creates incentives for real competition among private insurers—something the current proposals for a "public option" and "co-op option" do not do. (Rosch 2009)

His letter continues for two more paragraphs, in which he lays out his criticism of the public option and his proposal for “the best way to achieve universal health care while ‘bending the curve.’”

Twenty-seven of the U.S. states and Canada were represented in the sample, with 60% of letters coming from 5 of the most populous states (New York – 17, California – 13, Illinois – 10, Texas – 5, Pennsylvania – 5), plus Washington, D.C. (5) and Washington State (5). Pro letters outnumbered Anti letters from all regions except for the Southern states. Sixty-five percent of Pro letters and 47% of Anti letters came from the heavily populated ‘liberal coasts,’ while 44% of Anti letters and 33% of Pro letters came from the more conservative Southern and Midwestern states. The South produced as many ‘neutral’ letters as Anti letters, accounting for about 1/3 of letters without clear health care reform positions; another 1/3 came from the Northeast.

Newspaper Samples

Similar to the findings in the media sample, Pro and Anti cues were almost equally represented in the LTE sample as a whole, but varied significantly by media outlet. As illustrated in Figure 7, all sources featured more coalition cues in the LTEs than in their news items.

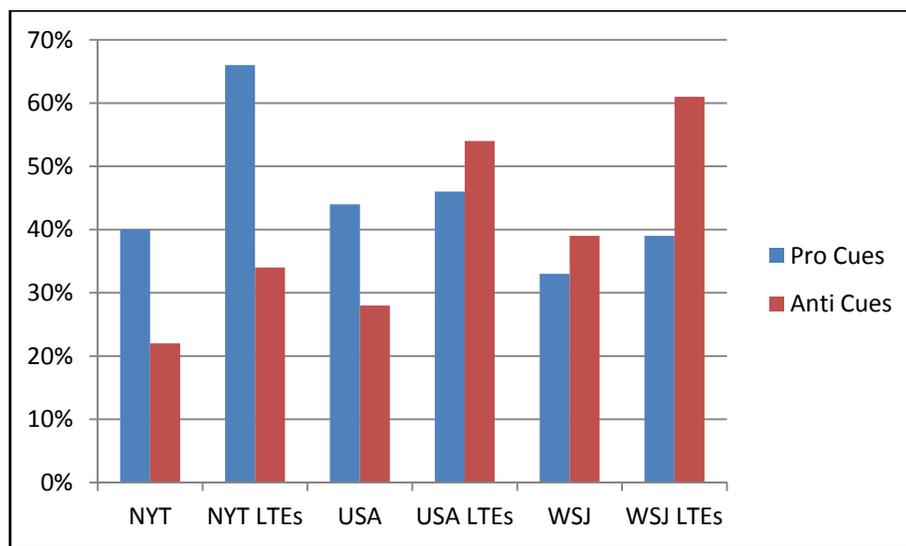


Figure 7. Coalition Cues in News and LTE Samples

NYT

NYT published many more LTEs in the sample periods overall (45) than did USA (27) or WSJ (28), despite not having published any letters specifically focusing on health care reform in either January or March 2011. NYT published more than twice as many Pro-reform as Anti-reform letters, only two that did not specify their stance on ACA, and all three of the letters written by liberals who opposed ACA. Twice as many letters disagreed with its previous content as agreed. Over 70% of NYT letters came from the NE and California,

including almost 1/3 from New York State, which is logical considering the paper is based in New York City. Pro cues were even more dominant in NYT letters than they were in NYT media items: Two-thirds of its sample was coded as Pro cues and only 1/3 as Anti cues. In contrast to the media sample, where Pro cues were more prevalent in most sources, NYT's LTE sample was the only one in which Pro cues outnumbered Anti cues. As such, more than 60% of Pro value cues, almost 2/3 of Pro hero cues, and all but one of the letters discussing the public option as a positive solution—rather than a negative argument against ACA—were found in NYT letters. NYT letters were also twice as likely to use moral frames as analytic frames.

WSJ

The WSJ sample was the exact opposite of the NYT sample in many ways. WSJ letters were twice as likely to use an analytic as a moral frame, and it published 50% more Anti-reform than Pro-reform letters. However, a full 25% of its LTEs did not specify any position on ACA. Fifty percent of WSJ letters were from the NE and Midwest; and 4 of the 5 letters written from D.C. were found in its sample. Anti cues were dominant in both WSJ media items and LTEs, with Anti cues accounting for 60% of its LTE text. Sixty percent of Anti alternative solution cues, and 100% of the references to free market solutions were found in WSJ letters. It did not publish any letters that supported the public option, but published half of the LTEs that disapproved of it.

USA

USA provided the most interesting LTE sample. USA's LTEs featured the most regional diversity, with more than 60% of its letters coming from the South, Southwest and Midwest. It also came closest to equally representing Pros and Antis: the positions expressed in its items were almost equally split between supporting, opposing, and not expressing a clear position on ACA; and Pro and Anti cues appeared at very similar rates. Anti cues made up 54% of its coded text and Pro cues accounted for 46%. This finding was surprising, however, because USA published slightly more Pro than Anti letters, and its media items featured significantly more Pro cues than Anti cues.

Upon further examination, Anti cues were found to outnumber Pro cues two-to-one in letters that did not express a clear position on ACA, which made up 1/3 of USA's sample. Most letters that did not state their position on ACA wrote instead to express their disagreement with previous content published in the paper. For example, one author wrote:

USA TODAY's editorial "Don't blame health reform for rising costs of care" generally supports the cost controls in the recently passed health care reform law, and places the blame for rising health care spending largely on patients and health care providers (Our view).

One important item not mentioned in the editorial is that an important incentive for providers to overtest and overtreat -- avoidance of predatory malpractice lawsuits -- was not addressed in the law. Democrats were unwilling to confront the trial lawyers who donate millions of dollars to political campaigns, despite evidence from the Congressional Budget Office that malpractice reform could save the federal government billions of dollars annually.

The editorial also fails to mention that the cost controls in the law come primarily from cuts in Medicare payment rates to hospitals and doctors. Indeed, according to the Centers for Medicare & Medicaid Services, these payment rates will be cut by 30% over the next three years. (Haas 2010)

The author's focus is pointing out omissions and flaws in a previous editorial and he never clearly expresses whether he supports or opposes ACA; however, malpractice reform, Medicare cuts and the vilification of trial lawyers and Democrats, are all elements of the Anti narrative. The fact that only 2 USA letters wrote in to agree with something they read in the paper, while 41% wrote in to disagree— respectively the lowest and highest rates in the sample—may be a sign of tension between the paper's editorial content and the political views of many of its readers. It was the only newspaper who's LTEs did not follow the trends found in its media sample.

Narrative Elements

The LTE sample exhibited much greater diversity in opinions and perspectives than was found in either the media or coalition samples. This diversity, coupled with the significant differences in the format and length of LTEs, resulted in significantly lower rates of most narrative elements than were found in the other samples. Symbolism and sources were exceptionally low. Given the emphasis on personal opinion in LTE sections, it is not surprising that less than a quarter of LTEs referenced any sources. It is much more surprising that only about 1/4 of LTEs contained symbolism. The fight metaphor was the only consistent symbolism used in the LTE sample, appearing in 1/4 of Anti letters and 15% of Pro letters. However, the sports metaphors that were so prevalent in the media sample were completely non-existent in the LTEs. A couple of Pro letters discussed the historic nature of the legislation or likened members of Congress to children—

Why can't the Congress put away childish things as President Obama stated and come up with a plan that addresses the major issues of health care access and cost? It is time to have some grown-ups in charge who can make the needs of the nation a priority. (Burns 2009)

—but, overall, there were no additional or consistent categories of symbolism found in the LTE sample.

There were a couple of narrative elements that were found more frequently in LTEs than in the coalition or media items, all of which also seem to indicate the importance of morality and values to letter writers. Conflict theories and challenges to the opposing side's claims appeared more often in both Pro-reform and Anti-reform letters than in the coalition documents; and Anti values and health care problem codes were mentioned more often in Anti LTEs than by the Anti coalition members. Villains appeared almost as often in LTEs as they did in the coalition samples, while heroes, victims and winners appeared much less frequently. Table 21 compares the incidence of Pro cues in LTEs that favored ACA, and, likewise, the incidence of Anti cues in LTEs that were opposed, to the interest group and media samples. The shaded squares indicate narrative elements that appeared at similar rates between samples, and illustrates that more consistency was found between the coalition and media samples than between the LTEs and either of the other two.

Pro Letters

With the exceptions of conflict theories and challenges to the Antis' arguments, all other Pro narrative elements were found much less often in LTEs than in either the media or coalition samples. However, the distribution of cues within the subcategories tended to follow the pattern of distribution in the Pro narrative. For example, Pro problem cues were present in just over half of Pro LTEs, compared to 3/4 of the coalition documents. However, the

problem cues present in the LTEs focused on the broken system, including rising costs, the increasing numbers of uninsured, insurance abuses, and poor health outcomes, just as the Pro documents did.

Table 21. Narrative Elements in Coalition, Media and LTE Samples

Element	Pro Cues in % of			Anti Cues in % of		
	<i>Pro Items</i>	<i>Pro LTEs</i>	<i>Media Items</i>	<i>Anti Items</i>	<i>Anti LTEs</i>	<i>Media Items</i>
Arguments Against Reform	-	-	-	90%	72%	97%
Conflict Theories	27%	36%	39%	5%	13%	10%
HC Problems	74%	52%	61%	13%	28%	3%
HC Solutions	91%	31%	76%	39%	19%	31%
Heroes	91%	31%	59%	57%	28%	30%
Opponents' Claims	26%	42%	35%	20%	22%	14%
Sources	85%	23%	89%	84%	19%	86%
Symbolism	52%	25%	62%	80%	22%	79%
Values	72%	46%	79%	35%	50%	27%
Victims	61%	42%	58%	89%	69%	62%
Villains	57%	50%	65%	89%	84%	69%
Winners	56%	27%	52%	-	-	-

Villains appeared at nearly the same rate as in the coalition documents, while other characters appeared much less frequently in LTEs. As in the media sample, Republicans were the most frequent Pro villain, followed by insurers. Each appeared in about 1/3 of Pro LTEs, but almost never in the same letter. Consistent with the trend in the Pro coalition sample, all but one of the letters that positioned insurers as villains were written prior to enactment of the law, while 65% of letters vilifying Republicans were written in February and March of 2010 during the health care summit and final votes. About 10% of Pro LTEs cast ACA's

opponents and ‘special interests’ as villains, and these references were made almost exclusively during the town hall summer of 2009.

Seniors, despite having been an important Pro victim in the interest group documents, were mentioned only once as victims in the LTE sample. The other subcategories of victims were similar to the Pro sample, including Americans, the uninsured and people with preexisting conditions, and a few references to businesses, doctors, and ACA itself. Interestingly, the President, who was one of the dominant Pro heroes in all three samples, was cast as a victim in a couple of LTEs. In a USA letter, for example, one author wrote:

Like a child playing with a sharp object, the Republicans have proved themselves too irresponsible to handle the Senate filibuster rule, constantly demanding their way or refusing to play. Anything that comes along that they don't like -- almost anything President Obama proposes -- is blocked using the filibuster. (Silkett 2010)

Winners were only mentioned in about 1/4 of Pro letters—half their rate in the coalition and media samples. Americans, including children, seniors and consumers, accounted for 3/4 of the winner cues, while the uninsured, businesses and the country as a whole were only mentioned once or twice each.

In contrast to the coalition and media samples, Democrats were cast as heroes more frequently than the President in LTEs. These references were almost entirely to Democrats as a group rather than to specific individuals. The American people were the third largest group of hero references in Pro LTEs. Rather than being cast as the melodramatic restorers of justice, as they were in Anti LTEs, the American people were portrayed as heroic in Pro LTEs for supporting the efforts of other Pro heroes:

[I]n the last election both President Obama and Congressional Democrats made this a major campaign issue and the American people supported them and gave them the majority to carry it out. (Hadjiargyrou 2010)

Even the rare references to the government as a hero, were really references to the American people. For example, two authors quoted Lincoln's famous words from the Gettysburg address in defending the ideal of "a government of, by and for the people" (Moitoza 2009; Latta 2010), from Antis' positioning of government as a malicious, villainous entity.

Although they occurred less frequently than in the other samples, values were one of the most frequently identified narrative elements in Pro LTEs—only health care problems and villains occurred more frequently. As in the Pro documents, affordability and universal coverage were cited most often, while process values, including cooperation, urgency and pragmatism, were also important. Despite having been mentioned in over 1/3 of media items, security was the only main Pro value not to be mentioned at all in the LTE sample. Providing health insurance coverage for all Americans seemed to be more important to Pro letter writers than assuring the security and stability of their own health insurance coverage. About 10% of Pro LTEs also exhibited the value of "government intervention," expressing the belief that it is the government's responsibility to intervene in the provision of basic services when the market is not distributing them equitably. Many Pro values were referenced in one NYT letter:

Reports that the Obama administration is about to abandon a government-run option in reforming the American health care system are deeply discouraging to everyone except the troglodytic right.

It amounts to a near complete surrender to the forces that profit from the dysfunctional system we now have, forces that for decades have ridiculed or ignored the enormous evidence from other Western countries that a government-run alternative is essential. Where one does not exist, health care

becomes, as here, selective, ruinously expensive and inefficient; ordinary human greed conquers all. Only when the profit motive is challenged by a deep sense of public ethics is there anything resembling affordable and universal health care. (Knapp 2009)

Wahl-Jorgensen (2001) found that editors tend to privilege personal experiences in their selection of letters for publication; however, this did not appear to be the case in this LTE sample. This is all the more surprising given the importance of testimonials from victims of the system in both the Pro coalition and media items. The only clear example of a victim testimonial came from a woman who asked,

How are liability protection, increased competition and Medicare reforms going to get health insurance for my sister, who had breast cancer two years ago? Right now, the insurance companies are competing to see who can deny her coverage the fastest. (Jensen 2010)

Many LTE writers did make some sort of self-disclosure about their professional affiliation or personal circumstances, but these were usually efforts to position themselves as an authority on the issue, rather than as victims of the system. For example, one doctor who opposed ACA wrote,

I have practiced medicine in Europe, Central America and the Middle East. I have met many wealthy foreigners seeking care at my institution here in the United States. If our health care is so deplorable, then why do foreigners seek it? (Allen 2009)

The vast majority of letters spoke about victims and winners in the aggregate, making moral claims about what was best or would be harmful to the country and its people as a whole:

Why do we continue to focus our attention on trying to fix something that isn't broken with money we don't have, only to saddle our future generations with the bill? (Petersen 2009)

We have forgotten our basic American value of looking out for one another. Would we support the idea of a fire or police department that provided help only to those who had a "Cadillac" protection plan? I don't think so.

Only a health care system that provides each and every one of us with the care we need will be good enough. We need a single-payer, Medicare-for-all system. (Broder 2009)

Conflict theories and opposition arguments were the only narrative categories to appear more often in LTEs than in the interest group sample. In the media sample, narrative and realistic theories of conflict were most common, consistent with the media's focus on competing priorities and political strategy. A few references were made to realistic and narrative theories in LTEs, including one letter that drew attention to the Antis' melodramatic narratives: "Enthusiasm for this legislation was an inconvenient truth that clearly did not fit into the Republicans' apocalyptic story line" (Inlow 2010). However, Pro letters were more consistent with the Pro coalition narrative in focusing on structural inequities in the existing system that violate the basic human right to quality health care.

One NYT letter managed to reference 5 different conflict theories in 2 paragraphs, both identifying the importance of market fundamentalism as a conservative value (identity/ideology) and a source of the nation's health care problems (structural), and suggesting that the US adopt models from other countries (relative deprivation) that have removed the profit motive from the provision of health care services (rational actor), while mildly vilifying Republicans for holding their values (melodrama):

Free enterprise, the primary platform of [Republican] arguments, is the primary reason we are in the fix we are in. Republicans tout the competition that will flow from well-run insurance companies, conservative medical institutions and nongreedy doctors. Regulatory bodies will monitor this utopian medical world. Need one say more?

The only way to resolve our health care dilemma is to take the primary motive of profit out of the equation as most of the first world -- Europe,

Canada and elsewhere -- has done. The public option, an alternative supplied by a government of, by and for the people, is the only answer and would offer us a truly competitive choice. (Latta 2010)

Relative deprivation was the most common Pro conflict theory. Nearly 20% of Pro LTEs drew attention to the deficiencies of the U.S. health care system compared to other developed nations. For example, in a letter to USA, one author stated:

We are the only industrialized nation that relies on employers to provide health care insurance to our people. Not only does this put employers deep in the hole competitively in the world market, it also leaves our people hanging out there with unreliable health care. (Denton 2011)

Declarations of health care as a basic right appeared in 5 letters. In one short NYT letter, the author boiled the entire controversy down to a simple question of human rights:

All the talk of should we have a public option boils down to one thing: Do you believe quality health care is a fundamental human right? If you believe this, then cost becomes irrelevant; if you don't, then it means you are willing to let people die of treatable conditions. (Mattocks 2009)

Anti Letters

Only 4 Anti letters made reference to any conflict theories, but, representing 13% of the Anti LTEs, this was higher than their rates in either the Anti coalition documents (5%) or the media sample (10%). Two explained the conflict in terms of identity or ideology. As one WSJ letter succinctly put it, “the chasm between liberals and conservatives is wider than ever” (Gaines 2011); while the author of an NYT letter began by explaining the conflict in terms of realistic sources, before vilifying Democrats’ ideology:

I agree that President Obama and Congressional Democrats are in deep trouble because they did not assign foremost priority to the problem that concerns most Americans — a weak economy and lack of decent jobs. Instead, they spent more than a year wrangling over a health care reform law that has further divided the polity.

Such a decision can be attributed in part to a weak, inexperienced president who confuses eloquent speechifying with leadership. It is also a result of the "conceit of liberalism": liberal-left Democrats don't understand that they stand to the left of the majority of Americans on issues like the role of government in the economy and society. (Gonzalez 2010)

The other two references could be considered structural. One claimed that health care costs were rising due to trial lawyers' fees which

in large part help Democrats finance their elections . . . Until the American public understands this corruption, the litigation costs will continue unabated. Directly related health-care prices will continue on their staggering ascent. (Wight 2010).

While the other predicted a doomsday scenario resulting from ACA, rooted in market fundamentalism:

If the logic of ObamaCare is allowed to articulate itself fully, we'll live in an America in which private businesses will be directly or indirectly subjugated to the needs of the welfare state, and in which more than 50% of the population will be dependent upon the nanny state for cradle-to-grave life support. . . Under conditions inhospitable to free enterprise and wealth creation, corporate America will ossify, existing only to feed the ant hill. The rest of us will have to shut up, pay up and look forward to the day when this glorious new system of serfdom collapses from its own weight. (Tobin 2010)

As the above examples of Anti conflict theories illustrate, melodrama was very common in Anti LTEs and often intertwined with their implied conflict theories. Villain cues occurred at almost the same frequency as in the coalition sample, however hero and victim cues were less common. ACA, a.k.a. *ObamaCare*, was the most common villain in the Anti LTEs, while the federal government was third, the inverse of their rankings in the Anti coalition sample. ACA and Democrats, including President Obama and his administration, each appeared as villains in about half of Anti LTEs. 'Special interests' receiving "special deals" in the legislation also appeared as villains in about 15% of the sample, although they were rarely defined in more detail.

In contrast to the frequent identification of Republicans as heroes in the Anti and media samples, they were only cast as heroes once in the entire LTE sample—in one NYT letter:

How refreshing to read the thoughts of Republicans on reforming health care. If President Obama and Democrats had been open to these ideas earlier, we might have seen proposals more acceptable to many Americans and been further along in the reform process today. (Economos 2010)

Hero cues in Anti LTEs were almost exclusively references to the American people. For example, one writer positioned voters as the ultimate heroes with the power to punish the villainous Democrats for their evil deeds:

[M]any of us hard-working, taxpaying citizens think that the Democratic Party is committing treason by cramming through one-party, big-government spending bills instead of providing responsible government . . . Don't worry because the voters now know we made a mistake and will fix this mess when we vote in 2010. (Dalambakis 2009)

Anti LTEs contained more Anti problem and value cues than the coalition or media samples, which provided more insight into the Anti perspective on the health care crisis. About 1/3 of Anti problem cues were still vague references to “problems with the present system;” however, market distortions, including the dependence on third party payers and the prevalence of medical malpractice suits, accounted for another third—and mostly appeared in WSJ letters. The remainder of the problem cues dealt with sustainability issues in the Medicare model, something no one in either the Anti coalition or media samples dared discuss. Interestingly, all of the references to Medicare problems were made in USA letters. Anti letter writers also offered more concrete examples of alternative “free market reforms” than were found in the coalition or media samples; such as,

Why not have the patients pay their health-care providers directly at the time of service, and then try to get reimbursed by the insurance company or

government? Doctors won't have to spend time or money dealing with insurance companies, leaving more time to treat patients; patients will become very conscious of treatment options and prices; and third-party payers will have to deal directly with their customers, i.e., the patients. (Hamidi 2009)

and,

Health-care providers can be required to post their prices, as well as their rates of mortality and morbidity, on the Internet so informed consumers can comparison shop based on both the price and quality of care. (Daley 2009)

Half of Anti letters contained Anti value cues, which was not only higher than Anti coalition and media samples, but was even slightly higher than the incidence of Pro values in Pro LTEs. The preference for limited government was the most common Anti value cue², followed by patient choice, market fundamentalism, and the belief that the United States has the “best health care system in the world.” There was not a single letter that referenced all of these values, but one USA letter, written by physician and Republican Representative Tom Price, summed up the first two, stating “Incentives must be altered to contain costs, but a Washington-based health care system is incapable of providing patient-centered change” (2008). The latter two were expressed in a WSJ LTE written in response to a different Republican Representative who had related the story of the life-saving medical treatment his daughter received:

Sen. Johnson's touching personal story is a powerful reminder of what is positive about the U.S. health-care system and how ObamaCare puts that at risk. The U.S. is ranked highest of any country (by the WHO) for health-care responsiveness. There is certainly a cause and effect relationship that exists between the excellent technology and responsiveness that we enjoy and the high costs that we pay.

² Although it was clearly implied in the vilification of government in the Anti coalition narrative, limited government was not coded as a value in the first phase of the study; had it been identified and coded in that phase, Anti value cues would probably have been higher for the interest group sample as well.

Will innovators invest hundreds of millions of dollars of capital to create new drugs or medical devices if they are not allowed to determine the price of their innovations? Will students be willing to assume tremendous debt and go through years of demanding education if the government will largely determine their compensation? ObamaCare is designed to control cost by command. However well intended, this will reduce incentives to innovate and to enter the field of medicine. (Francis 2011)

Arguments against reform were found less often in LTEs than in Anti coalition documents or media items, however, as in the media sample, ideological objections were mentioned slightly more than the negative consequences of ACA, while the reverse was true of the interest group documents. The ideological objections were mostly references to the belief that ACA constituted a “government takeover” of the U.S. health care system—there were no references to government-funded abortions or providing health care to illegal immigrants in the Anti LTEs. The concrete negative consequences of increased costs for individuals and government, decreased quality of care, and higher taxes were present in 38% of Anti LTEs; while moral objections, based on perceptions of ACA as a corrupt, government takeover of the U.S. health care system not supported by the American people, were present in 63%. The dominance of moral objections over concrete consequences in LTEs also seems to suggest that morals and values were more important to their authors than calculations of rational self-interest.

Challenging Opposing Arguments

Forty-two percent of Pro LTEs challenged Anti-reform arguments, including both specific claims made in previously published content and the general elements of the Anti narrative; while only 22% of Anti LTEs challenged Pro arguments. The letters that challenged Anti

arguments were evenly divided between explaining why the U.S. *does not* have the best health care system in the world, that ACA *did not* constitute a “government-takeover” of the health care system, that the free market had already *failed* to manage the health care economy efficiently or effectively, that there were *no* “death panels” included in the legislation, and that Republicans had flat out *lied* in their characterizations of the legislation and estimations of popular opposition to it. Of the anti-reform letters critiquing Pro arguments, about 1/2 challenged Democrats’ cost estimates, arguing that the bill would wind up costing the government and private individuals more money in the long run. Most of the rest critiqued specific elements of ACA, including the public option and the prohibition against pre-existing condition denials; and one responded to accusations questioning the authenticity of the Tea Party protestors. The higher frequency of these cues in LTEs than in coalition documents or media items, combined with their emphasis on values and conflict theories, seems to suggest that the public was more successful in identifying the values underlying the conflict than was most of the media, and was more interested in actually debating health care reform than were interest groups.

Rational Self-Interest vs. Morality

Rather than presenting testimonials of experiences with the broken system or estimations of how ACA would affect the individual authors’ personal circumstances, the LTEs in this sample reflected competing public narratives about what was best for the country and its people as a whole. The dominance of conflict theories, values, and villains, the lack of personal testimonials and winners, and the preference for moral over analytical frames in the

LTE sample, together suggest that their authors' positions on health care reform were informed much more by morality and values than by rational calculations of self-interest.

The limitations of LTEs as a measure of public opinion and the exploratory methodology of this study both preclude directly extrapolating any findings from this sample to the general public. As suggested by the literature, and the findings of this study, LTEs are far from a representative sample of American public opinion. They privilege, whether due to self-selection of the authors or editorial selection of the newspapers, the voices of men, professionals, and those who are well educated and familiar enough with newspaper style preferences to write a letter deemed worthy of publication. Given the huge overrepresentation of professionals, and specifically of physicians in the sample, it is logical to assume that authors of LTEs are probably less likely to be uninsured than members of the general public. Only one letter in the LTE sample was written by someone who disclosed that he was uninsured, and he also happened to be an ACA opponent. He stated "As one of the uninsured, I gain nothing from this bill. On the contrary, I will lose a portion of my income and gain nothing of real value in return" (Reichard 2010). Self-interest may weigh more heavily in the opinions of the uninsured on health care reform than it does for insured professionals; however, the fact that conservative states have both the highest rates of uninsured and of opposition to ACA (A. Cooper 2009), appears to contradict that hypothesis. Furthermore, women LTE authors were twice as likely to use moral frames as analytic frames in their letters. If that tendency is representative of women overall, morality and values are probably many times more important in the general public's opinions of health care reform than was

suggested by this male dominated sample. Whether or not the trends identified here are representative of the general public's health care reform narratives warrants further study.

Chapter 7: Discussion

The aims of this study were to explore the narratives produced by organized interest groups during the 2009-2010 health care reform controversy, discover how those narratives were treated in the news media's framing of the controversy, and gain insight into how these competing narratives and frames were evaluated and engaged with by members of the public. After briefly reviewing the key findings of the previous chapters, this chapter will discuss the implications of those findings both for understanding the health care reform controversy as part of a larger political identity conflict, and for potential interventions into that conflict.

Key Findings

In Chapter 4, the structural composition of the Pro and Anti narratives were identified: Pros viewed ACA as a pragmatic response to the moral and fiscal imperatives to fix the broken and unsustainable system that violates many Americans' basic right to access affordable, quality health care. Anti's viewed ACA as liberals' most recent attempt to expand the size and reach of the federal government and interfere in free markets. It was also discovered that in addition to ideological differences about the proper roles for the government in the health insurance market, Pros and Antis had fundamentally different estimations of the extent of the nation's health care problems and the urgency of addressing them: Pros discussed the rising

numbers of uninsured Americans, the nation's poor health outcomes relative to other countries, and the great "costs of inaction," in arguing that health care reform was necessary for economic recovery. Antis, on the other hand claimed that the United States already has the best health care system in the world, which is only in need of minor reforms, and argued that the nation had more pressing economic concerns. Both coalitions framed the issue in terms of guiding values and the potential impacts the legislation would have in their audiences' lives.

The analysis of media items in Chapter 5 revealed that the media is a very poor *mediator*. Some evidence supported the media as *manipulator* hypothesis, but only for the conservative media outlets owned by Rupert Murdoch. Fox's *Glenn Beck* program was the most clearly biased, it consistently presented a version of the Anti narrative that was often more extreme than what was found in the interest group documents. More limited evidence of bias in favor of the Anti narrative was found in the samples from Fox's *Special Report* (Fox) and from the Wall Street Journal (WSJ). No consistent patterns of bias were found in the items sampled from the other media sources. Instead, it was discovered that the media adopted a *sportscaster* frame in their coverage of the controversy. This frame, which often employed sports metaphors, focused narrowly on the strategies and motivations of political players, thereby marginalizing other stakeholders and ignoring the central importance of values in the controversy. *The Daily Show with Jon Stewart* (DS) was the only exception. Despite its comedic presentation, DS featured the most accurate analysis—its segments identified both the importance of values in the health care reform controversy, and the media's counterproductive sportscaster frame in covering it.

While the pro-reform and anti-reform letters to the editor explored in Chapter 6 exhibited many elements of the Pro and Anti narratives, they also represented a greater diversity of American public opinion, and provided the only evidence of any substantive public debate about health care reform. As a whole, the LTE sample suggests that the public's opinions about health care reform are more firmly based in conceptions of morality and expressions of values than in rational calculations of self interest.

Health Care Reform as a Social Identity Conflict

The review of the literature in this study identified examples of authors framing the health care reform controversy through every available conflict theory, including rational actor, basic needs, relative deprivation, structural violence, etc. Frustration stemming from the economic recession and latent racism activated by the African-American president may have added to the aggressive intensity of the health care reform opposition; but conservatives would still have (and have) fiercely opposed reform if economic conditions were better and the president was white. Questions of relative deprivation and structural injustice may have inspired supporters to work so diligently for health care reform, but neither of those theories fully explain why people who would materially benefit from reforms remain so staunchly opposed to them. The centrality of morality and values identified in both the interest group and LTE samples suggests that the health care reform controversy is, in essence, a social identity conflict.

The conceptual model developed in Chapter 2 (Figure 1), identified multiple layers of narrative in the health care reform controversy which were connected to the models of liberal and conservative morality developed by Lakoff (2002). The findings from the analysis of the interest group and LTE samples were consistent with that model: The Anti narrative was firmly grounded in conservative identity, specifically in the values of market fundamentalism and limited government, and Anti items tended to be more melodramatic than Pro items. Conversely, the Pro narrative was rooted in liberal identity, including the values of communitarianism and egalitarianism inherent in declaring health care a basic human right; and featured a better, though limited, understanding of the diverse sources and dynamics of intergroup conflict.

Figure 8 provides a revised version of the conceptual model, identifying the health care reform controversy as one manifestation of a multilayered political identity conflict. All of the core differences between the Pro and Anti narratives, including their propensities for using melodrama as a conflict theory and their competing beliefs about the nature and value of social programs, the proper role of the federal government in regulating markets and providing services, and the ability of free markets to self-regulate to optimal outcomes, are rooted in the liberal Nurturant Parent and conservative Strict Father moralities identified by Lakoff (2002). This analysis provides a more complete understanding of the longstanding U.S. health care reform controversy than has been offered previously. It is clearly not just a question of political strategy, of politicians vying to frame an isolated issue in ways that will sway public opinion based on perceived benefits or harm to individuals' circumstances. It is

one example of how competing models of morality produce different evaluations of the problem, preferred solutions for reform, and perceptions of the other side's motivations.

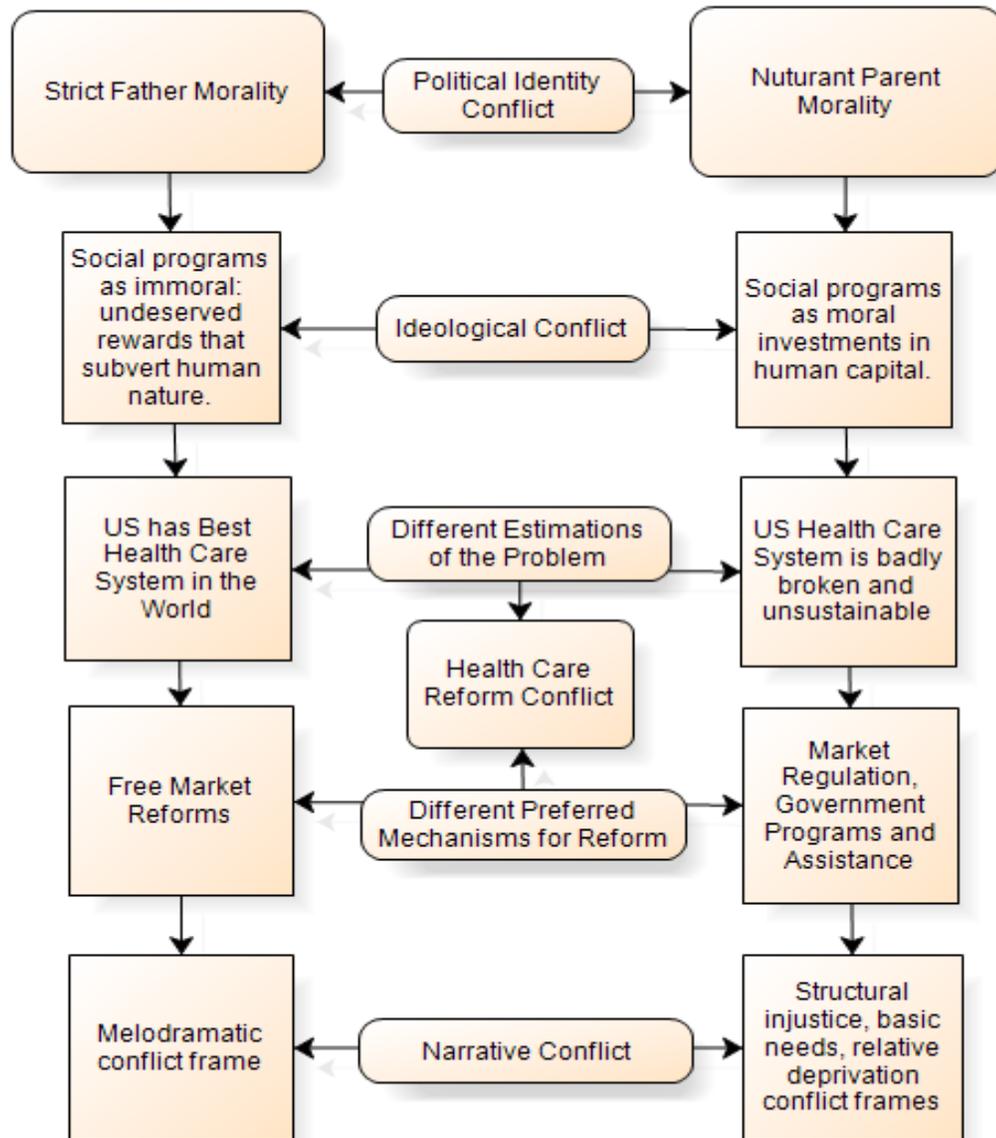


Figure 8. Health Care Reform as a Political Identity Conflict

Inverted Narratives

The implication of this narrative analysis isn't that the two sides simply have different ways of seeing the issue, but that the moral underpinnings that make the Pro and Anti narratives so compelling to their ingroups, render them completely incoherent to the other side. Not only did they have different definitions of the problem and different preferred solutions based on seemingly incompatible ideologies and values, but their arguments were also complete contradictions of one another. Despite all of their thematic and structural differences, the Pro and Anti narratives were essentially exact inversions. As Table 22 summarizes, the solutions and heroes promoted by Pros were identified as problems and villains for Antis; while the negative consequences Antis predicted would result from ACA were the exact opposite of the benefits promised by Pros. From this view, it is not surprising that the opposing sides in this controversy were unable to compromise and reach a "bipartisan solution." Pros and Antis couldn't understand the other's narrative, so each labeled the other as liars. Perceiving an opponent to be a liar creates inherent mistrust and leads to vilification of the opponent, while having one's own side accused of being liars threatens self and group identity. Both dynamics reduce goodwill and motivation to cooperate, and operating together they probably render any negotiation at all impossible (Jeong 2010:161–163).

Media Contributions to Uncertainty, Complexity, and Polarization

Roe (1994) argues that policy controversies exist precisely because the competing arguments' "empirical, political, legal, and bureaucratic merits [are] unknown, not agreed upon, or both" (3), which increases uncertainty, complexity and polarization—the hallmark

Table 22. Inverted narratives in the 2009-2010 health care reform Controversy

Pro Narrative	Anti Narrative
<i>The US health care system is . . .</i>	
Badly broken: in need of a complete overhaul	The best in the world: in need of only minor corrections.
<i>Other countries with nationalized health care . . .</i>	
Have better health outcomes and lower costs.	Provide inferior access and care.
<i>ACA Will . . .</i>	
Lower costs	Increase costs
Improve quality of care	Decrease quality of care
Provide tax credits	Raise taxes
Regulate the health insurance market.	Be a government-takeover of the U.S. health care system.
Prevent people from losing their insurance when they need it most.	Cause people to lose their current health insurance coverage.
Expand health insurance coverage.	Penalize people who don't want insurance.
Encourage employers to provide insurance benefits to their employees.	Encourage employers to eliminate employees' health insurance benefits.
Improve Medicare	Make severe cuts to Medicare
Speed economic recovery	Bankrupt the nation
Create jobs	Kill jobs
<i>ACA is . . .</i>	
Pragmatic	Corrupt
Opposed by special interests	Supported by special interests
<i>The American People . . .</i>	
Support ACA	Oppose ACA
Will benefit greatly from ACA.	Will suffer the grave consequences of ACA.
<i>President Obama, Democrats in Congress and ACA Supporters are . . .</i>	
Heroes	Villains
<i>Republicans and ACA Opponents are . . .</i>	
Villains	Heroes

characteristics of policy controversies. The health care reform controversy clearly illustrates this concept: The issue is incredibly complex—as Antis often pointed out, the legislation was over 2,000 pages long. And while it might be possible to sort out the truth value of claims

about death panels, payments for abortions, and coverage for illegal immigrants, the competing claims about costs, coverage and constitutionality are full of uncertainty. Both sides drew on estimations from the Congressional Budget Office to legitimize their competing claims, but ultimately, no empirical evaluation will be possible until years after the full legislation has gone into effect.

Roe notes that efforts to reduce any one of the key elements of controversy tend to increase one or both of the others (3). For example, the media's sportscaster frame may aim to decrease the complexity of the issue for the public by providing brief summaries of competing arguments and explanations of political strategy, but it also likely increases polarization by framing it as a competition between Republicans and Democrats, and increases uncertainty by discussing strategy while ignoring values. Social identity theory suggests that realistic competition of goals and interests is not necessary for the development of positive estimations of the ingroup and negative estimations of the outgroup. However, when the dynamics of social identification are combined with competition and confrontation over realistic goals and interests, ingroup identity becomes more salient, vilification of the outgroup more likely, and conflicts more entrenched and protracted (Korostelina 2007:147–154). Framing public policy controversies as political competition likely enhances all of these dynamics, increasing polarization.

Furthermore, by merely providing sound bites and brief summaries of competing arguments, the media likely increases uncertainty in two additional ways. First, they rarely provide any explicit empirical evaluation of competing arguments, leaving uncertain which claims

provide a more accurate description of reality, and which may be fabrications. Second, by failing to identify the underlying values or structural context informing the competing arguments, they leave the public without any shared criteria for evaluating them. The public's only option is to evaluate which claims are most narratively coherent according to their own model of political morality. This creates uncertainty and increases polarization as people are left wondering how the other side can believe something so contradictory to their conception of morality. Without understanding the concept and existence of different moral models, the only answer would seem to be that there is something inferior in either their character or their intellect. A conclusion which further exacerbates identification with the ingroup and delineation and vilification of the outgroup.

Potential Interventions

Conflict resolution practices such as mediation and group facilitation are based on the philosophy that a neutral third party can help parties in conflict reach agreement by facilitating good communication to ease tensions and aid parties in uncovering the interests and needs behind their positions. The identification of interests and needs often opens new avenues for collaborative problem-solving, dispute resolution and reconciliation (Jeong 2010). For example, there really isn't any room for negotiation between the Pro argument in favor of ACA and the Anti argument against it, because, as Figure 8 illustrates, their positions are completely contradictory and mutually exclusive: ACA will either save the government money or cost it more, and only time will tell which position is correct. However, the two sides did share some interests, including controlling health care costs and

ensuring patient choice. In theory, a skilled mediator could help the two sides identify their shared interests and develop a mutually agreeable health care reform plan, based on a shared understanding of the problem, and shared criteria for evaluating potential solutions.

Unfortunately, the closest thing we had to a mediator in the national health care reform controversy was the news media, whose preference for framing politics in terms of competition rather than collaboration, tended to obscure interests, exacerbate the dynamics of identity conflict and further entrench the conflict.

Some options for deliberate and thoughtful interventions into the health care reform controversy specifically, and the overarching political identity conflict it stems from, could include establishing collaborative formats for public participation in the policy development process; educating the public about the sources and dynamics of intergroup conflict; and organizing public dialogues to explore the government intervention vs. free market ideological debate and the multiple meanings of the word “freedom.” The goals of any specific interventions should be to diminish the salience of political identity, and to encourage more civil and productive public discourse by moving the discussion beyond the repetition of hard ideological positions.

Collaborative Policy Development

Now that ACA is law, interventions into the health care reform controversy would probably be most appropriate at the state level. Interestingly, state level reform efforts

have tended to be much less controversial than ACA, even in states as politically divided as the nation as a whole, and where reforms were more sweeping. Massachusetts, for example, was the first state to impose an individual mandate requiring all of its citizens to purchase health insurance; while Vermont is attempting to be the first state to provide single-payer health care to its population (Kliff 2011). In Oregon, two health care reform bills passed with nearly unanimous bipartisan support, including one to establish health insurance exchanges—nearly a year before ACA was signed into law--and another which will radically reshape delivery of care and provider payments for its Medicaid program (The Oregonian 2011b, 2011a). The Oregon state government is also remarkably dedicated to collaborative public processes in both its health care and education reform initiatives. It holds frequent meetings with stakeholders and open forums to update the public on its progress and to ask for feedback. It also appointed a consumer advisory group to provide input throughout the process and to help ensure that the process is “accountable to the public interest” rather than “beholden to state budget cycles” (Rojas-Burke 2011).

The federal government and the political parties ought to take a page from Oregon’s playbook and try to engage the public in the policy development process in more meaningful ways. Politicians and interest groups love to position the American people as heroes, however, their heroism is limited to their actions as voters; in the policy development process they are largely relegated to roles as the potential and passive victims or winners. The LTEs in this study clearly showed that some segment of the population was interested in discussing substantive policy issues, including both specific proposals for reform and values to guide the process. Rather than writing legislation on the hill and then calling on constituents to support

or oppose it, leaders of both parties should find more creative and concrete ways to engage the public in both setting policy priorities and developing policy proposals. Of course, establishing collaborative processes at the national level would be a huge undertaking, but it would probably be extremely effective in engaging the public in substantive debate about the practical issues and considerations of policy implications, rather than simply encouraging them to defend unproductive ideological positions in town hall questions or letters to Congress. It would be difficult, but it would be democracy in the truest sense of the word.

Public Awareness of Conflict Theories and Frames

Efforts should also be made to increase the public's understanding of conflict theories, especially the dynamics of identity conflict. If a deeper understanding of conflict sources and dynamics could penetrate popular analysis of political controversy, the public and the media could learn to recognize destructive conflict frames and encourage more constructive public dialogue. The public should be educated about identity conflict, including how identities become salient and the devastating consequences vilification of an outgroup can bring about. The media should be made aware of how its reporting and framing can exacerbate the dynamics of social identity conflicts, and journalists should be encouraged to include conflict resolution practitioners in their reporting as often as possible. Likewise, conflict resolution practitioners should aim to spread their knowledge as far and wide as possible, and appear as guests on cable news shows as often as possible.

Two of the most important findings in this study—the interest groups’ use of melodrama and the media’s use of fight and sports metaphors to frame the health care reform controversy—essentially have the same effect: they both make us think about politics in terms of winners and losers, allies and adversaries, rather than promoting cooperation for the public good. Somers and Block (2005) assert that shifts in dominant cultural narratives are rare and difficult to achieve, but promoting a shift in the dominant public narrative about politics from a competition between politicians and political parties, to an imperative for diverse representatives of the population to cooperate for the public good, would be an incredibly powerful step towards more civil and productive politics. Politicians who cross partisan lines to achieve positive results for the American people should be lauded as American heroes rather than treated as traitors to their political party. Politicians should be encouraged to establish a formal and collective agreement to avoid melodramatic framing of public policy issues. For example, many Republican congressmen have signed a conservative organization’s pledge to never raise taxes (Mascaro 2011); perhaps a group advocating for more civil and effective politics could ask congressmen to sign a pledge to not to characterize their opponents or frame policy issues melodramatically.

The findings in this analysis suggest that the sportscaster frame is more than just journalistic strategy—it reflects a deeply engrained cultural narrative that frames all politics as competition and conflict. Election campaigns are intrinsically competitions between candidates, but policy development is not. Public policy issues are often treated as extensions of or “warm ups” to political campaigns, but they are really the substance of the political process and the reason for its existence. Journalists and the public should be educated about

the prevalence of sports and fight metaphors in popular framing of politics and how they exacerbate the processes of social identity conflict. Journalists should be encouraged to use, and consumers to demand, news coverage with less polarizing frames and more attention to underlying values, ideology and the practical impacts they have in citizens' lives. Journalists should also be made aware of how they privilege politicians and marginalize other stakeholder and interest groups in their framing of policy issues. Increasing the number of voices and opinions included in the public debate would decrease polarization by presenting a complex spectrum of opinions and ideas rather than only two polar and polarizing opposites.

Dialogues about Freedom, Government, and Free Markets

Public forums should be organized to encourage critical examination of the free market vs. federal government ideological debate. Rather than trying to reach a conclusion about which ideology is right or wrong, examples of real cases and contexts in which government intervention or deregulation have each been successful and when and how they have failed should be explored. This would increase complexity and decrease polarization by identifying a spectrum of pragmatic possibilities rather than two all or nothing ideological alternatives. Public dialogue should also explore the multiple meanings of the word 'freedom.' Conservatives seem to have effectively defined that powerful word solely in terms of economic and consumer freedom; however, just as there are many models for evaluating fairness, there are many different kinds of freedom, such as freedom from worrying about how to pay for health care. Freedom is certainly a value shared by all Americans; exploring

what it means to different groups of Americans might lead to a deeper conversation about shared national values and, perhaps, a shared vision for the country. Generating examples of ordinary Americans coming together to discuss these issues and finding common ground would set a good example for politicians to follow.

Future Research

The findings of this exploratory study present many intriguing paths for future research. One of the most interesting questions is why state level health care reform efforts have been relatively uneventful compared to the fiery controversy over national reform. Specifically, it would be interesting to examine how the narratives of local interest groups, media and citizens about state reform processes compare to the corresponding narratives about ACA. Is self-interest a stronger factor than ideology and values in local issues that are closer to home and potentially more concrete in their consequences than abstract national debates? Does the public have opportunities to participate more directly in the development of state level policy than national policy? Does identification with one's home state tend to be stronger than identification with a national political party?

It would also be interesting to examine the structural composition of the Pro and Anti narratives from previous rounds of the health care controversy to those from 2009-2010. Despite the intensity of the opposition, the U.S. passed health care reform legislation for the general public for the first time in its history. Was this simply a product of a shift in the Pro and Anti coalitions—with powerful groups such as AMA and AHIP finally supporting

reform? Or, as suggested by the greater number of Pro than Anti LTEs, are there more liberals in the general population who supported reform than conservatives who opposed it? Is the U.S. undergoing a shift in its dominant moral model—is Nurturant Parent morality displacing Strict Father morality? And/or was there something more compelling, credible or coherent in the Pro narrative this time around? Experiments could also test the persuasiveness of Pro and Anti narratives compared to a new frame based on shared values and interests that promotes civic responsibility and collaboration rather than competition and ideology.

Additionally, in exploring ‘top stories,’ this study identified interesting trends in bias in conservative sources and sportscaster framing in the media overall. A more thorough analysis of the media’s coverage of the 2009-2010 health care reform controversy should be undertaken to explore whether evidence of bias increases or decreases when the entirety of a source’s coverage is taken into consideration. Also is the sportscaster frame prevalent throughout media coverage or is it just privileged in top stories, while other frames are sent to the back of the newspaper or broadcast or given less page space or air time?

Future research should also examine the structure of narratives in other national policy controversies, including those where the roles of the political parties were reversed, or where there was bipartisan support for legislation. For example, are the higher rates of vilification and melodrama in the Anti narrative truly reflective of the conservative moral model, or are they more a function of the narrative strategies adopted by losing coalitions, as suggested by Shanahan et al. (2008). Answering these questions would provide valuable insight into other

possibilities for creating more effective public narratives about our political process, which would potentially lead to a more effective political system

Finally, the sportscaster frame identified in this study is similar to what has been previously identified in the context of political candidates' campaigns, as "horserace journalism" (Iyengar 2011; Iyengar, Norpoth, and Hahn 2004; Pickup et al. 2010). Evidence suggests that this frame has become increasingly popular since the late 20th century (Iyengar 2011), and that its prevalence is partially driven by the public's preference for "soft" strategy stories over "hard news" coverage of issues (Iyengar et al. 2004). However, this frame deserves additional inquiry. For example, previous findings didn't explore whether the public's preference for strategy stories is a response to their prevalence—did the public prefer strategy stories when they were less common than policy stories in the first half of the 20th century?—or how that preference may be influenced by social identity processes—if people have become accustomed to politics framed as an "us-versus-them" competition, they are probably more likely to engage with it as a competition between their ingroup and outgroup rather than as a civic responsibility to weigh the moral and practical implications of differing policy preferences. Furthermore, the findings in this study suggest that the sportscaster frame is more than just journalistic strategy—it reflects a deeply engrained cultural narrative that frames all politics as competition and conflict. Future research should examine how different media frames affect public understanding of issues and how they exacerbate or diminish the salience of political identity.

Epilogue

In October 2011, Judge Andrew Napolitano, frequent guest and guest host on the *Glenn Beck* program³ during the health care reform controversy, appeared on the *Daily Show with Jon Stewart*. The two spent nearly 20 minutes⁴ debating the proper roles of the federal government and the free market, perfectly illustrating the liberal and conservative models of morality identified by Lackoff (2002). Napolitano asserted that the federal government is “inherently evil” because it exists to limit individual freedom, and that “selfishness is a virtue, in the free market;” while Stewart identified structural causes of social problems and expressed concern for defending those abused by free market systems. They even provided brief examples of the Pro and Anti health care reform narratives:

NAPOLITANO: If we didn’t have the government regulating health care, we would be able to go to health care facilities that would as plentiful and as inexpensive as Star Bucks. And you’d be able to choose wherever you wanted to go. Because there’d be competition.

[. . .]

STEWART: Judge, unregulated free markets have been tried—the 80s and 90s were the robber baron age. These [health care] regulations didn’t come out of an interest in restricting liberty [. . .] they came out of an interest in

³ The last episode of the Glenn Beck Program aired on the Fox News Channel in June 2011. The end of his televised broadcast was largely attributed to a widespread advertiser boycott organized in response to racially inflammatory comments made by Beck. He now hosts a daily internet subscription broadcast “Glenn Beck TV” (Easley 2011; Stelter 2011).

⁴ Their conversation ran over the allotted air time; however the video of the complete interview was posted on the program’s website (J. Stewart 2011b).

helping those who had been victimized by a system that they couldn't fight back against.

At one point in the interview Napolitano asks if he can tell Stewart a story. He then presents a logic experiment in which he equates paying taxes to armed robbery. He concludes that paying taxes is essentially the same as giving your money to an armed man who shows up at your door and says "give me your money, I want to give it away in your name." He asks rhetorically, "you wouldn't give your money to this crackpot [. . .] why would you give your money to the government? If you want to give away your money, do it on your own!" He turned to address the audience as he boisterously made his argument, and visibly seemed to be working up to the applause and cheers he expected once he reached his conclusion. But his story, which likely resonates very strongly with conservatives, fell completely flat with the Daily Show's liberal audience. Stewart's response, on the other hand, received thunderous applause and cheers:

Here's why, I'll tell you why. Because you think that they're going to take [that money] and hire a bunch of people that, if your house catches on fire, will come there with water.

There was a clear narrative disconnect between Napolitano and the audience. His stories and arguments, so clearly grounded in conservative morality, were completely incoherent and non-credible according to the moral criteria of the liberal Daily Show audience. At several points the audience even became audibly agitated in response to claims such as "why do the public schools stink? Because they have no competition!" But Stewart heckled the audience to quiet them, saying "Settle down! Settle down villagers! Put down your pitchforks and your flames!" and continued asking Napolitano to explain his point of view.

Despite their passionate defenses of their competing positions, the interview was downright jovial. Stewart and Napolitano seemed like old friends, cracking jokes and laughing together throughout, and even briefly comparing childhood stories of being the outsider. At one point, Stewart qualified his critique of Napolitano's arguments with "I like you so much, and you are so much fun to talk to," and, later in the show, Napolitano declined to position Stewart as a member of his outgroup:

STEWART: You would consider me, in the book, a positivist, yes?

NAPOLITANO: No, I think you recognize that we have rights by virtue of our humanity, that makes you a follower of the natural law. We were both raised in the Judeo-Christian tradition, were we not?

STEWART: I got my ass kicked because of that Judeo-Christian tradition!

NAPOLITANO: So did I!

The interview ended with each telling the other they were welcome on their respective shows any time.

Despite the jokes and the setting on a comedy program, the two did discuss serious issues. But, sitting face to face, they asked questions instead of making accusations. They did not come close to reaching any kind of agreement on the proper roles of the government and the free market, but in discussing labor unions, public education, health care reform, the Civil Rights movement, and more, they found that although they had very different ideas about the best way to get there, in most cases they agreed on what the best end result would be. Stewart ended the interview pondering this dynamic:

STEWART: This is so fascinating to me, because we come at it from such different places, and yet, given each individual decision, I just don't know how much we would actually differ on the individual decisions. But you

paint it in such a very different way than I do, and I wonder if the two groups are just talking past each other by defining their opponents incorrectly?

Napolitano didn't explicitly answer the question, but responded with another story: "When we sent our *Freedom Watch* producers down to the wonderful young kids demonstrating at Wall Street, we found so many of them agree with us."

Perhaps Stewart is on to something. Perhaps the problem with political discourse in the U.S. isn't irreconcilable differences in ideology, but is focusing on problems and adversaries rather than solutions and colleagues. If we could find a way to collectively tell more stories about cooperation and problem solving, rather than framing every political issue as a fight to defeat opponents, perhaps our political process would become more civil and effective. It would require an extreme shift in our dominant narratives about political conflict, but if these two spokesmen for liberal and conservative morality can sit down and have a friendly and meaningful discussion—attempting to understand one another's point of view rather than vilifying or questioning the others' intelligence—then there ought to be hope for the rest of us as well.

Appendices

Appendix 1: Variation in Coalition Narratives Over Time

Most elements of the coalition narratives were fairly consistent over time; however, there were some interesting shifts during the course of the debate. Table 23 details the shifts in each coalition's narrative elements, listing themes that were prominent or unique in each phase of the controversy.

Solutions and Values

Solutions and Values are not included in the chart because they were consistent for the Pros throughout the debate and were only an important factor in the Anti narrative in the prologue period. Both groups offered a bulk of their solutions during the prologue, accounting for almost 1/3 of Pro and 1/2 of Anti solution coding. The main Pro values of affordability, choice, and cooperation were consistent throughout, however, pragmatism and continued efforts were most important during the repeal efforts. Market fundamentalism and 'free market solutions' appeared in Anti documents in all phases of the debate. Letting states develop their own health care solutions was an Anti solution mentioned mostly during the town hall summer. Pros were most likely to call on their audience to take action during the first two periods of the controversy, while more than 90% of Antis' calls to action occurred during the Congressional votes and repeal effort periods.

Problems and Arguments

The main health care problems identified by the Pros, including the deteriorating and broken system, rising costs, the growing number of uninsured and insurance industry abuses were also fairly consistent throughout the controversy. Rising costs was the most commonly identified problem in every period except for the town hall summer. General references to a broken system and its poor health outcomes were dominant in the prologue, with a shift to emphasizing the rapidly deteriorating state of the system during the town halls and vote periods. The "cost of inaction" theme was dominant during that phase of the debate. HCAN, for example, argued that

it is the cost of doing nothing that is unsustainable. We are spending \$2 trillion per year on health care. One person goes bankrupt due to health care costs every 30 seconds. And health care costs are only set to increase. We cannot sustain this trajectory, and so we must reform our system now. (2009b)

Table 23. Narrative Changes in Debate Periods

		Consistent	Prologue	Town Hall Summer	Congressional Votes	Post Enactment	Repeal Efforts
Problems/ Arguments	<i>Pro</i>	Broken System, Uninsured, Rising Costs, Discrimination	Poor Outcomes	Deterioration, Partisanship, Lies	Uninsured	-	
	<i>Anti</i>	Government Takeover; Decreased Quality; Increased Costs; Higher Taxes	HC Problems	Socialism	Medicare Cuts, Abortion, Corruption	-	
Villains	<i>Pro</i>	Insurance Companies; Republicans; Opponents	Insurance Companies			Republicans	
	<i>Anti</i>	Government, Democrats, President, ObamaCare and its Supporters	Government		President Obama, Democrats	ObamaCare	
Victims	<i>Pro</i>	Americans, Businesses, Government	Uninsured		ACA		
	<i>Anti</i>	Americans, U.S. Health Care System, Businesses, Economy, Country	Businesses	People with Preexisting Conditions	Seniors		Youth
Heroes	<i>P</i>	Obama, Congress, Allies	Obama, Congress, Allies			ACA	
	<i>A</i>	Activists; Republicans	Activists		American People	Republicans	
Other	<i>Pro</i>	<i>Winners:</i> Americans, Businesses; <i>Symbolism:</i> Fight, Costs; <i>Conflict Theories:</i> Ideology	Take Action	Opposition Claims, Take Action; Conflict Theories; Melodrama	Melodrama	Emphasis on Heroes and Winners: Small Businesses	
	<i>Anti</i>	<i>Symbolism:</i> Fight; Freedom	Socialism	Socialism, Reaching Across the Aisle	Scratch, U.S. History; Common Sense; Broken Promises; Action; Experiment	Broken Promises; Medical Metaphors	Take Action

More than 3/4 of Antis' references to health care problems occurred in the prologue; they were not an important part of their narrative in other phases of the controversy. Most of the problems they identified were with ACA; and their main arguments—that it would be a government takeover of health care that would increase costs, lower quality of care and increase taxes—were consistent throughout the debate. The argument that the “American people” did not approve of the legislation was most common in the votes and repeal phases, and more than 90% of the references to Medicare cuts, abortion and corruption also occurred during the votes period. In an interesting exception, FreedomWorks was concerned about the potential use of reconciliation to pass health care reform as early as April 2009:

We MUST make it clear to the Senate that a budget agreement with the House that allows debate-limiting "reconciliation" to be used for health care reform is UNACCEPTABLE! [emphasis in original] This is too big an issue to push through on a narrow partisan majority without meaningful debate. (Pappas 2009a)

Villains

There was a clear progression in the dominant villains identified by each group throughout the debate. While the insurance industry, republicans and reform opponents were the main villains in the Pro narrative over the course of the controversy, the insurance industry was only prominent in the pre-enactment periods, while Republicans became the dominant villain in the post-enactment phases. Similarly, the federal government was the primary villain identified by Antis in the prologue and town hall phases, while the Democrats, President Obama and reform supporters were the most prominent villains in the votes and post enactment phases. And, finally, the legislation itself was most likely to be identified as the villain during the repeal efforts. While Democrats were consistently vilified by the Antis, there was a brief period from August to December 2009 in which Antis made some attempts to “reach across the aisle.” These were not so much calls for bipartisan cooperation as appeals for Democratic leaders and citizens to consider the reason and logic of the Antis' arguments. For example, prior to the December 2009 Senate vote, the RNC Chairman called for slowing down the reform process:

Whether you are a Democrat or Republican, all of us can agree on this: In this uncertain economy, growth and jobs have to be our priorities . . . people with a broad range of health reform ideas should be able to come together and realize we need to delay the trillion dollar Obama-Pelosi-Reid health care experiment until next year when we see what the shape of the economy will be. (Steele 2009a).

Heroes

Like villains, the heroes identified by each group were consistent over time, however, the dominant hero for each group shifted from the pre-enactment periods to the post-enactment periods. The organizations supporting reform, President Obama, and Congress were consistently framed as heroes by the Pros throughout the debate. However, ACA itself was the most frequent hero in the post enactment period and the second most common during the repeal efforts. Anti-reform activists, mostly identified in FreedomWorks documents, were the

most common heroes in the first 3 phases of the controversy. Two thirds of the references to the American people as heroes occurred in the congressional votes period; and, heading into the 2010 elections, Republicans gained prominence as heroes in the post-enactment and repeal phases.

Victims and Winners

The main victims identified by the Pros (Americans, businesses, government, ACA) were fairly consistent throughout the debate: Americans accounted for 75% or more of victim references in all periods, except for post enactment, in which health care reform accounted for nearly half of the victim identifications, including AARP's discussion of Republican vows to defund the law, "they can cripple the program by cutting funding before it even gets off the ground" (Barry 2010), and HCAN's vow to defend it: "HCAN will work to protect health reform legislation from political attacks by opponents in Washington and in state capitals" (HCAN 2010). ACA was the second most common victim during the repeal efforts after the Americans who would suffer from repeal: "As their first order of business, newly-elected House Republicans have made repealing health benefits of millions of Americans their top priority" (Cohen 2011). People with pre-existing conditions were most likely to be mentioned as victims during the town hall and votes phases, as were the uninsured. Once ACA was signed into law, the uninsured were only mentioned as winners.

Americans were also the dominant group of victims identified by Antis throughout the controversy, the American health care system, businesses, the economy and the country were also consistent victims. The subgroups of Americans positioned as victims did shift somewhat, however. Consumers and tax-payers made up the largest subgroup of victims in the prologue, while the focus shifted to seniors, patients and the poor during the town hall summer. Most of the Antis' references to the poor painted them as victims being dumped into "the substandard government-run Medicaid plan" (Owcharenko 2009), or otherwise suffering the legislation's consequences: "Employer penalties in the law have led some major companies such as 3M to stop offering health benefits to retirees and low-income workers unless they are granted an exemption by HHS" (Borowski 2011). Each of the victim subcodes appeared in the Anti sample during the votes period, but particular emphasis was placed on individuals, employees and seniors. Seniors were also the largest group of victims identified by Antis during the post enactment phase (coincidentally the same period in which AARP was busiest educating its membership about the law's impacts), along with the currently insured, employees and businesses. Forty percent of the victim's identified during the repeal efforts were the currently insured, while the law's negative effects on youth and employees were also highlighted.

Children and youth were consistently identified as victims of the broken health care system, and winners under reform in the Pro narrative. Requiring insurance companies to allow young adults to remain on their parents' insurance policies until the age of 26 was a major selling point of ACA and one of the first reform components to be implemented. Antis only identified youth as victims of reform in the post-enactment phases of the controversy—at the exact same time that they were beginning to reap benefits from the law. Heritage attempted to minimize the perception of that benefit by pointing out other ways the law could potentially harm young Americans:

Although there are benefits from some provisions of the new law—for example, young adults can now stay on their parents’ health plan until age 26—young Americans will ultimately experience negative effects under Obamacare . . . younger, healthier, insured Americans [will have] to pay higher premiums to subsidize those who are older, sicker, and more expensive to insure.

Other Pro winners included the economy and businesses. Small businesses, in particular, were mentioned more often than businesses in general, especially in the post enactment and repeal periods. In those same periods, Antis focused on the requirements and penalties facing employers: “In 2011, the combined average of premium and out-of-pocket costs for health care coverage for an employee is projected to climb to \$4,386” (RNC Research 2011); while Pros focused on tax credits and other benefits the legislation would provide them: “Small businesses will receive \$40 billion in new tax credits to help cover the cost of health coverage for their employees” (DNC 2011b).

Symbolism

The metaphor of the health care reform controversy as a fight, or battle, or war, was consistently used by both sides throughout the debate. Part of the ‘fight’ metaphor was the Antis’ claim that reform was attacking the economy, and specifically that “Obamacare is the real job killer” (RNC 2010d). The job-killing metaphor shifted slightly to “job destroying” after the House voted for repeal.

Pros emphasized the historic nature of their efforts during the town halls and votes. OFA, for example, reminded its audience that “Seven presidents have tried, and seven presidents have failed to pass health reform” (2010); while the president proclaimed

What we can do right now is choose a better future and pass a bill that brings us to the very cusp of building what so many generations of Americans have sought to build -- a better health care system for this country . . . I just came from the Hill where I talked to the members of Congress there, and I reminded them that opportunities like this come around maybe once in a generation. Most public servants pass through their entire careers without a chance to make as important a difference in the lives of their constituents and the life of this country. This is their moment, this is our moment, to live up to the trust that the American people have placed in us. (Obama 2009b)

Antis responded by making their own references to US history in support of their position:

236 years ago today, on December 16, 1773, a group of colonial Americans came together and took a stand against tyranny and oppression by boarding a British ship and throwing its contents into the harbor. Today, America is facing another threat to our freedom but this time it is not a foreign enemy but a domestic legislative enemy that will do irreparable damage to this country for generations if allowed to pass . . . on the day we remember our founding fathers’ brave actions in Boston, I encourage all concerned Americans to take a stand and let the politicians in Washington know where they stand on health care reform. (Steele 2009b)

Freedom was another consistent symbol throughout the debate, but was most likely to be used during the vote period. For example, in expressing her opposition to the legislation and its individual mandate and employer requirements, Sarah Palin insisted, “there are other ways to reform health care without violating our Constitution and our personal liberties” (2009b); while hours before the House approved the final legislation, House Republican Leader John Boehner proclaimed, “this vote isn’t about saving a presidency or a politician. It’s about doing the right thing for our kids and grandkids. It’s about ensuring that freedom and opportunity remain the birthright of our people” (2010).

Direct references to socialism and ‘socialized health care’ were common during the initial phases of the controversy, but died out after the town hall summer, with only a few implicit references lingering into the vote phase. Appeals to ‘common sense,’ characterizations of the legislation as an ‘experiment’ and accusations that Congress and the President were breaking their promises to voters, were used mostly during the vote phase; and the tagline “start over from scratch” was dominant in February and March of 2010. Medical metaphors, such as “pulse check” and “side effects” were used frequently in the post enactment phase to discuss the status of the law and its impacts.

Conflict Theories

Structural conflict was the most consistent conflict theory in the Pro narrative, implied in explanations of the inequities of the broken health care system and the benefits it provides the insurance industry at the expense of citizens and government. References to health care as a basic human need were most common during the prologue: “our central priority has to be meeting the basic human need of quality, affordable health care for all” (HCAN 2008c); while references to relative deprivation were more frequent during the town halls: “American businesses that compete internationally -- like our automakers -- are at a huge disadvantage” (Obama 2009c).

Conflict theories applied to the specific conflict between Pros and Antis were less common, and most likely to be found during the town hall summer when the public’s direct participation in the conflict was greatest. OFA argued that the forces behind the current opposition movement were no different than in the past. “Every president since Harry Truman has tried to enact health care reform, but each time we've fallen short because the insurance companies and other special interests have spent millions to maintain the status quo and their profits” (Organizing for America 2009a). Ideology was the most consistently mentioned driver of conflict, as in the Democrats condemnation of the Republican repeal vote: “Today, less than a month after Congress convened and without the benefit of any hearings or debate, they passed the first item on their ideological agenda: a bill that would repeal the Affordable Care Act” (DNC 2011a).

Appendix 2: Narrative Variation Within Coalitions

While the central elements of the Pro and Anti narratives were consistent across the coalitions, there were some interesting variations in members' timing of participation and narrative preferences. The Antis were more unified and consistent in presenting their narrative than the Pros coalition, which featured much more variation.

Timing of participation

As Figure 9 shows, the Heritage foundation was the Antis most consistent contributor to the health care reform debate, with the most even distribution of items throughout. Nearly 70% of FreedomWorks' and 100% Sarah Palin's contributions were made during the town hall and vote periods; while just over half of the RNC's documents were produced in the post enactment and repeal periods. AHIP's use of Anti narrative elements occurred mostly in the vote period.

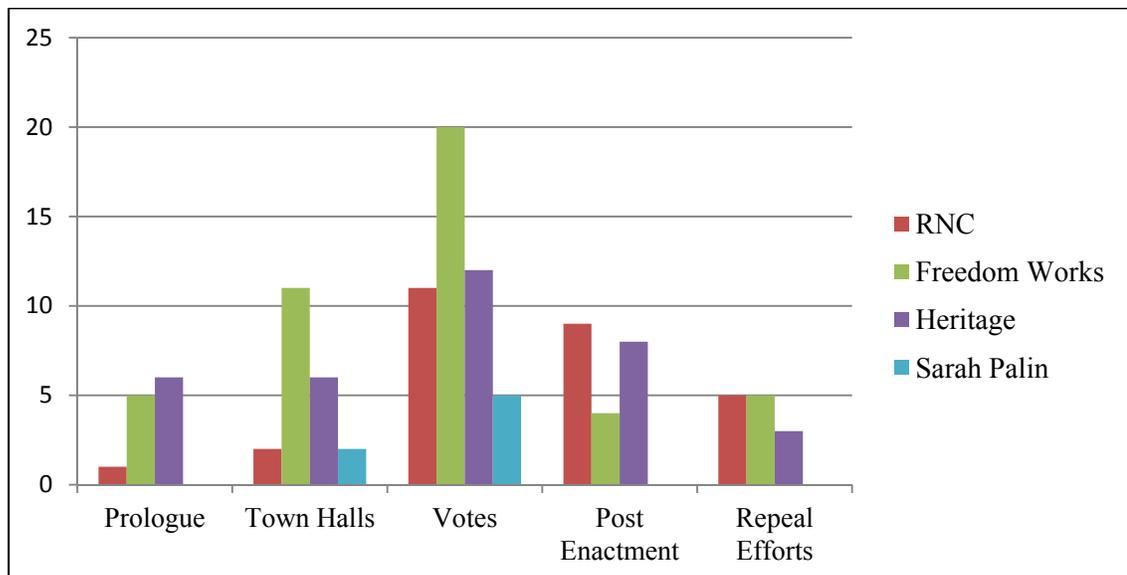


Figure 9. Distribution of Anti Sample by Period

There was much more variation in the distribution of the Pro sample, as illustrated in Figure 10. OFA, despite having one of the smallest sample sizes, was the only member of the Pro coalition to contribute during all phases of the debate. Most of the Pro members, including President Obama, did not have much to say about health care reform after the law was passed, with one significant exception: AARP made 90% of its contributions to the health care reform debate post-enactment, as it provided its members with information about the impacts of the legislation. Two-thirds of the Pro sample in the post enactment period is AARP items, meaning that the Pro narrative during this phase was largely the AARP narrative. Almost 70% of HCAN's contributions were made in the first two debate periods, while most of AMA's participation was during the vote period, and over half of the DNC's items were produced during the repeal efforts.

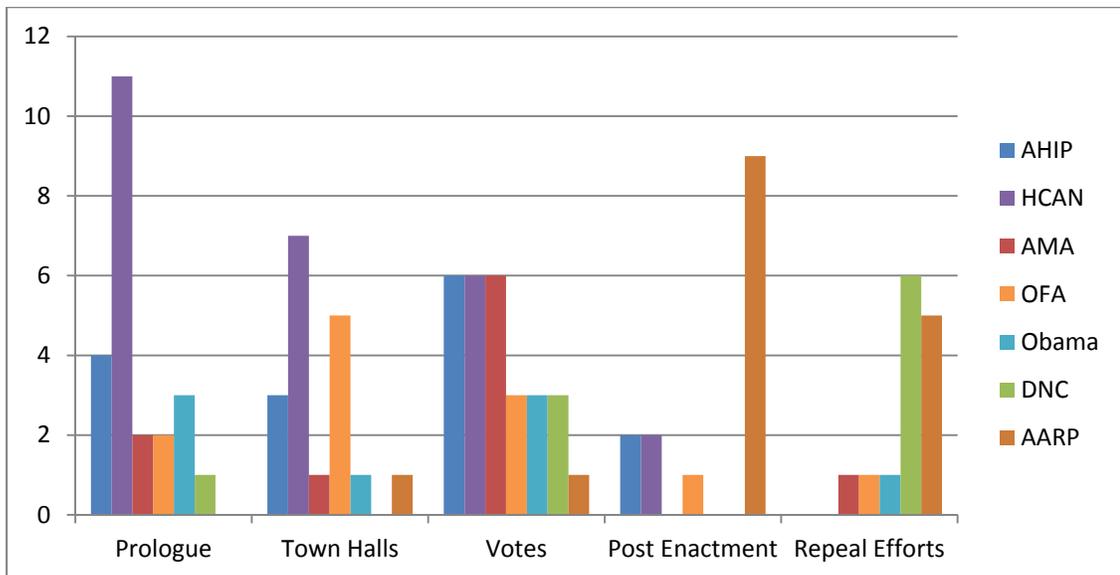


Figure 10. Distribution of Pro Sources by Debate Period

AHIP

Almost half of AHIP's participation was in the first two periods, and during this phase of the debate, they were very consistent with the Pro narrative. However, as the legislation progressed with the inclusion of elements they did not approve of, their items increasingly began to feature elements of the Anti narrative.

Pros

Table 24 details some of the narrative variation in the Pro coalition. Rising health care costs, Medicare costs, and partisanship were identified as problems by all members of the Pro coalition. The broken health care system, the uninsured, and lies and myths spread by the

Table 24. Pro Variations

Element	OFA	DNC	Obama	HCAN	AARP	AMA	AHIP
HC Problems	Rising costs, Medicare Costs, Broken system*, Uninsured*, Partisanship, Lies*						
	Deteriorating System	Immoral System, Insurance Abuses, Poor Outcomes			Doc. Shortage, Deteriorating System, Waste/ Fraud, Part D	Medicare Payments, Cancelled Policies	-
		Discrimination	Waste/ Fraud	Lies			
HC Values	Affordable, Control Costs, Universal Coverage, Keep Current Coverage**, Urgency, Comprehensive**, Choice, Quality, Cooperation**, Shared Responsibility**						
	-	Cooperation, Shared Resp.	Necessary for Recovery, Public Option, Security		-	Bipartisan, Keep Working	
	<i>Obama:</i> Decisions w/ Docs, Portable, Pragmatism, Bipartisan, Cooperation, Shared Responsibility, Keep Working			Comprehensive		Decisions w/ Doctors	Comprehensive, Portable, Cooperation
HC Reforms	Expand Coverage, Improve Quality, Lower Costs, Market Regulation, Exchange, Tax Credits, Investment/Innovation, Medicare, Preventive Care, Consumer Protections, No Cancellations / Limits						
	Eliminate Waste, Parents' Insurance	-	Eliminate Waste, Deficit Reduction	Public Option	(see below)	Malpractice Reform, Medicare Payments	Requirements, Quality Reporting
	<i>AARP:</i> Requirements; High-Risk Pool; Investment; Outcome Payments, Quality Reporting, Eliminate Waste, Parents' Insurance						
Symbolism	Fight						
	Costs; Historic	American Dream, Health care like Congress has			-	-	Out-of-control Costs
		-	Costs, Historic	Fight			

Element	OFA	DNC	Obama	HCAN	AARP	AMA	AHIP
Villains	Insurance Industry, Republicans, Opponents				Republicans, Current System	Insurers	-
	Special Interests	-	Special Interests	-			
Victims	Americans, Families, Uninsured*, Businesses,*** Nation,*** Government(*) (***)						
	Government, Congress	Women, Stories	-	HCR, You, Us	HCR, Seniors		-
	Obama: Government, Specific Stories, Sick, Insured, Children Employees				Jobs, Government	Doctors, Tax-payers	-
Winners	Americans: Families, Seniors, Children,* Insured, Uninsured, High-Risk,* Low-Income, Middle-Class,						
	Women	-	HCAN: Women, Employees Businesses, Economy		Employees	AMA: Physicians, Patients, Women	
Heroes	Allies, President Obama, Congress(people), Reform,						
	Grassroots	American People, Children			Grassroots, HCAN	AARP	AMA, Physicians
Sources	Pro-Reform Organizations, Government Officials/Offices, News Media						
	Businesses	Testimonials			Other Orgs., Academic	-	Other Orgs., Businesses
Genres	Call to Action	Shame on Them	Appeal to Reason, Victory	Fighting Good Fight; Report	-	Fighting the Good Fight	Appeal to Reason
				Fact Sheets			

* Not mentioned by AHIP ** Not mentioned by AARP ***Not mentioned by AMA

opposition were problems identified by all but AHIP. AHIP had the smallest number of health care problem codes in the Pro coalition, mentioning mostly rising costs and rising premiums, with a couple references to people facing bankruptcy due to medical bills.

Obama, HCAN and AARP talked about the greatest diversity of problems. In addition to the standard insurance industry abuses, AARP focused on issues relevant to seniors more than most other groups, including Medicare costs, the Medicare Part D prescription drug coverage “doughnut hole,” and the nation’s doctor shortage. The only problems they did not mention were lifetime limits and cancelled policies. Cancelled policies and the uninsured were two of the problems most frequently discussed by the AMA; however, their top problem was the Medicare providers’ payment formula. ACA did not make the changes they were requesting, and they were still lobbying for them as the law reached its one year anniversary.

Interestingly, AMA never mentioned insurance abuses, or the poor health outcomes in the U.S. Poor outcomes, discrimination, other insurance abuses, and the general ‘immorality’ of the U.S. health care system were problems identified by the DNC, Obama and HCAN. President Obama discussed the immorality of the system the most, often sharing stories of Americans wronged by the system, such as the following example from his 2009 health care speech:

[A] woman from Texas was about to get a double mastectomy when her insurance company canceled her policy because she forgot to declare a case of acne. By the time she had her insurance reinstated, her breast cancer had more than doubled in size. *That is heart-breaking, it is wrong, and no one should be treated that way in the United States of America [emphasis added]*” (Obama 2009c).

HCAN and OFA were the most likely to accuse their opponents of spreading “rumors and lies.” For example, OFA said “It seems like a new lie about health insurance reform crops up each day. These lies create fear and anger – and we’re seeing the results around the country” (Organizing for America 2009b)

Most of the values and specific reform elements were mentioned by all or most of the Pro members. AARP documents had the fewest references to values, probably because most of its documents were produced post-enactment; while HCAN, AHIP and Obama included the most values. Obama and HCAN argued that reform was necessary for the nation’s economic recovery and sustainability, for individuals’ and families’ security and stability, and that a public option was essential. AMA, AHIP and the President advocated for a bipartisan solution and for continued efforts to improve the law after enactment.

The specific reform elements included in ACA were discussed by most Pro groups, however, AARP talked about them the most, focusing especially on the requirements on individuals and businesses, the high-risk pools, investment and innovation, quality reporting, outcome payments, eliminating waste, fraud and abuse, and allowing young adults to remain on their parents’ insurance until age 26. These last two were also mentioned frequently by OFA and Obama. Obama was most likely to address the law’s deficit reducing measures; and AHIP also discussed requirements and quality reporting in many of its items. HCAN talked about the public option more than other groups, probably because it was most active in the early

stages of the debate, before the public option was eliminated from the legislation, and because other Pros—AMA and AHIP—were adamantly opposed to it. Aside from a couple of AHIP references, AMA was the only group to advocate for malpractice reform and changes to the Medicare payment formula.

President Obama was among the most likely to mention values and the most likely to mention specific reforms. This is probably due in some part to differences in format. The president's sample was entirely composed of speeches, which are lengthier and allow for more thorough discussion of issues than press releases or other public consumption items intended to be brief and concise. Although Obama had the smallest number of documents included in the Pro sample, his sample had the second highest total word count.

While all of the Anti groups shared several prominent metaphors and symbols, there was not a single category of symbolism shared by all Pros. In fact, the AMA did not have any symbolism codes at all, and neither AMA nor AHIP used the most common metaphor of framing the controversy as a 'fight.' HCAN used the fight metaphor more than 3 times as often as any other group. Obama was most likely to describe the reform efforts as historic and to describe rising health care costs as "out-of-control." Obama, HCAN and DNC made a couple of references each to health care reform being linked to the American dream, and to providing all Americans with health coverage 'like members of Congress have.'

There was also not a single category of villain shared by all Pros. The insurance industry was one of the most frequent villains for every group except AMA and of course, AHIP. However, the DNC was more likely to vilify Republicans, and OFA's preferred villain was "partisan attack organizations." OFA and Obama both identified 'special interests' as villains; while AARP primarily vilified Republicans and the pre-ACA health care system.

Families, the uninsured, Americans, businesses and the economy were identified as both victims and winners by nearly every member of the Pro coalition. Obama mentioned the largest number of victims, and was most likely to cite the government, the insured, employees, children, those with preexisting conditions, and the stories of specific individuals victimized by the system. The DNC also frequently shared the stories of specific individuals and was the most likely to discuss women, both as victims of the system and of Republican policies. HCAN was most likely to position ACA as the victim of its opponents, and to use the inclusive pronouns "you" and "us;" as in "if the insurance companies can continue charging *you* as much as it wants for health care, with no caps on out-of-pocket costs, it's reform that works for them and not *you* [emphasis added]" (HCAN 2009b). AARP and AMA both frequently painted ACA as a victim, especially during the repeal efforts: "[Republicans] can cripple the program by cutting funding before it even gets off the ground" (Barry 2010). Both groups also identified seniors as victims, with AARP also mentioning jobs and government, and AMA focusing on doctors and tax-payers. The government was identified as a victim by all but AMA and AHIP. For example, OFA argued "if we don't act...the rising cost of Medicare and Medicaid will sink our government deeper and deeper into debt" (Organizing for America 2010).

The organizations campaigning for reform, President Obama, and Congress—specific members or as a whole—were identified as heroes by all Pro groups. Within the broad category of allied pro-reform organizations, however, not a single sub category was shared by all groups. AARP, AMA, HCAN and AHIP were each most likely to position themselves as heroes. AHIP was the only member of the Pro coalition not to frame ACA as heroic, and only identified the President and Congress as heroes in the earliest stage of the debate. AMA was the only group to name physicians as heroes; and DNC, Obama and HCAN were the only groups to identify the American people as heroes.

Pro-reform organizations, both those included in the sample and others, were most likely to serve as sources of information for every Pro group. Government officials or offices, and news media were also cited by each group; however, OFA, HCAN and AHIP were many times more likely to cite news sources, and AMA and AHIP much less likely to cite government officials. AARP was most likely to cite other kinds of organizations, which ranged from the Antis' Heritage Foundation and the conservative American Enterprise Institute, to the Kaiser Family Foundation and the National Association of Realtors. AHIP and OFA provided most of the businesses references, and DNC, Obama and HCAN often relayed testimonials and personal stories from their constituents.

All Pro coalition members used both analytic and fight genres; however 75% of OFA's documents used fight frames, while nearly 70% of AARP's and 60% of AHIP's contributions used analytic genres. Obama, DNC, HCAN and AMA each used about half moral/fight frames and half analytic genres. There were no genres used consistently by all members of the Pro coalition. Call to Action, Fact Sheet, and Fighting the Good Fight were used most often and by 5 of the 7 groups, but not the same 5. DNC, AHIP, HCAN and AARP were the only Pros to present a platform or proposal for reform; and HCAN was the only Pro featuring 'Heat of Battle' or 'Comedy' items. Only HCAN, Obama and OFA produced items that fell into the 'Victory' genre, and only HCAN and DNC used the 'Shame on Them' frame. HCAN had the greatest narrative diversity overall, featuring 10 different genres, followed by AARP with 8.

Antis

Table 25 displays the narrative elements that were consistent between members of the Anti coalition and the main differences between them. Neither Palin nor FreedomWorks shared Heritage and RNC's sentiment that there was consensus for reform in the country. Palin and the RNC were the only Antis to discuss the problem of rising health care costs, although, with the exception of Palin, they did all recognize that the system was broken to some extent. Members of the Anti coalition mentioned values slightly more often than specific reforms, but at roughly similar rates between groups. Free market solutions, allowing health insurance to be sold across state lines and tax reform were each mentioned as specific health care reforms by all groups. Heritage was the only group not to mention tort reform.

The Antis were more consistent in their arguments against ACA; all of the main arguments--that it would be government-run health care, would increase costs and ration care, wasn't supported by the American people, was an inappropriate use of the reconciliation tactic,

Table 25. Anti Variation

<i>Element</i>	<i>FreedomWorks</i>	<i>RNC</i>	<i>Heritage</i>	<i>Palin</i>
Arguments Against Reform	Increase costs; AP don't want it, Reconciliation, Special Interests, Rationed Care, Gov-Run HC; Federal Spending, Increase Deficit, Mandates, Medicare Advantage, Threat to Freedom			
	Bad Timing, Closed Doors, Limit Choice, Lose current coverage, Force/expand Medicaid, Higher Premiums			Death Panels, Rationed Care
	Didn't Read; Public Option	Business Costs	Abortion	
	Doctor Shortage		Pubic Option	
Symbolism	Fighting Government Takeover/ Socialized Medicine, Broken Promises, Start from Scratch			
	Freedom	Experiment, Job-Destroying/Killing	Medical Metaphors, Freedom	Death Panels, Rationed Care
Villains	Democrats, President Obama, ObamaCare and Supporters, Government/Bureaucrats			
	Democrats, Big Business, Washington	Medicaid	Washington, Medicaid	Death Panels, Rationed Care
Victims	American People, American HC System			
	Taxpayers, Public, Insurers, Citizens, Currently Insured, Blue Dogs, Republicans	Businesses, Jobs; Employees, Currently Insured, Seniors, Medicare, Families, States	Families, Individuals, Taxpayers, States	Insurers, Businesses, Seniors, Children, Disabled, Country
Heroes	Republicans, American People, Market			
	FreedomWorks, Activists	Only the American People and Republicans	Varied, anyone that agrees with them.	We
Sources	Government officials, CBO, News Media, Negative Sources			
	Legislation text; a few RNC/HTG, mostly itself.	Polls, Businesses	Itself, Washington Post.	Coalition members, Republicans
Genres	Doomsday, Heat of Battle, Reports			
	Hope on Horizon; Call to Action	Alternatives	Analysis; Alternatives	Call to Action

catered to special interests, included an unconstitutional individual mandate and unfair cuts to Medicare Advantage, and that it was a ‘threat to freedom’—were made by all of the groups. Others were made by all but Palin—probably because her sample contained the smallest number of documents and overall word count—including poor timing, a closed door process, that it would limit choice, make people lose their current coverage, expand Medicaid, and raise health insurance premiums. FreedomWorks never mentioned abortion, but was the only group concerned that the legislation was passed before members of Congress could read it. FreedomWorks and the RNC were the only groups to argue that ACA would make the doctor shortage worse, however, the RNC primarily focused on the costs it would impose on businesses.

Most of the primary Anti metaphors and symbolism were used consistently between groups, including the fight metaphor, “socialized medicine,” “government-takeover,” “start over from scratch” and “Democrats as promise breakers.” Heritage used less symbolism than the other groups; for example, it never described the legislation as “job-killing” or “job-destroying” or made references to “common sense.” FreedomWorks used the most violent imagery of all the groups. For example, it described the individual mandate as “the figurative gun to the head of every American enforcing this government takeover” (Kibbe 2010). They also continued to characterize ACA as a ‘job-killer’ when the RNC shifted to ‘job-destroyer.’ The RNC was the only group to criticize the legislation for being an “experiment;” while Heritage praised the states for their individual solutions to health care problems and encouraged them to continue “experimenting.” The “death panel” claims were made entirely by Palin and she continued making them throughout the controversy: “Please ask yourself: who will be left behind? And who will decide – what kind of *panel* [emphasis added] will decide – who receives the health care that government will obviously have to ration?” (Palin 2010b).

The federal government, Democrats, President Obama and his administration, supporters of ObamaCare, and ObamaCare itself were cast as villains by all the Anti groups. FreedomWorks was most likely to vilify the government and the RNC least likely; the RNC was also the only group not to vilify Congress as a whole and the most likely to cast the legislation as a villain. While businesses were usually victims in the Anti narrative, FreedomWorks cast insurance and drug companies as villains for a short period from August to November 2009 in response to claims that these interests were behind the anti-reform protests:

Liberal blogs and MSNBC are trying to write off anti-Obamacare protesters as shills of corporate America. But why is it that they are silent about the support the big drug companies, who stand to gain from Obamacare, are giving to the effort? And what about Wal-Mart's support for Obamacare? Last time I checked they were a big corporation, too. Why is it that the media, liberal blogs and others get away with calling us "astroturf for corporate interests" when the reality is that big business and big government are colluding to screw over the taxpayer?? [sic] (Steinhauser 2009b)

They also pointed to the millions of new customers the insurance industry stood to gain from reforms as a sign of their collusion:

This is an incredible use of government power to force us to buy the product being sold by private insurance companies, and why FreedomWorks went to

protest the insurance companies call for this "individual mandate." (Pappas 2009b)

Republicans, the American People and the 'market' were named as heroes by all 4 Anti groups. Heritage was the only organization not to cast itself as a hero, while most of FreedomWorks hero references were self-references. The RNC and Sarah Palin cast Republicans as heroes most often, while FreedomWorks and Heritage referred to the states as heroes for opposing the law:

Last March, Virginia and Florida (joined by 12 other states) filed suit against Obamacare, challenging its constitutionality. Since that time, many other states have joined in, recognizing the threat posed by the legislation to both the Constitution and their own state budgets. (B. Stewart 2011a)

The American people and the American health care system were the most frequent and consistently identified victims across the Anti coalition. The RNC was most likely to identify Medicare, the currently insured, consumers, doctors, businesses, the economy, jobs, employees, families and states as victims: "Just What The Doctor Didn't Order . . . ObamaCare Is Killing Jobs And Causing Doctor Shortages" (RNC 2010d). Although they were they only Anti group to identify the health insurance industry as villains, FreedomWorks was also the most likely to identify them as victims:

Health and Human Services Secretary Kathleen Sebelius wrote a threatening letter to insurance companies stating that they were not allowed to blame premium hikes on ObamaCare . . . It seems that Insurance companies only option is to keep silence about the reason for their rate hikes or be cut off entirely from government payments (Borowski 2010).

They were also most likely to cite the 'public' as a victim, especially in conjunction with the argument that the American people did not support reform: "Opposition to the President's policies has remained high since last November. Yet, he is still trying to repackage his ideas and force them down the throats of the American public" (Clemente 2010). And they were the only group to identify Democrats, specifically conservative Blue Dog Democrats, as victims:

It is now clear that Democrat control of both the legislative and executive branches is the problem. They will not bend to the will of the American people, they will not reach across the aisle, and they have neutered every "Blue Dog" Democrat that once claimed to know better. (Kibbe 2010)

Palin and Heritage mostly focused on the Anti's primary categories of victims. Heritage placed some additional emphasis on individuals, tax-payers, businesses and the poor: "While the country is trying to recover from a deep and dangerous recession, it is ironic that the day after the jobless rate officially reached 10.2% that Congress would insist on imposing more taxes on individuals and businesses" (Moffit and Owcharenko 2009b). Palin was uniquely concerned with the elderly, disabled, and children that would suffer from government-rationed care:

And who will suffer the most when they ration care? The sick, the elderly, and the disabled, of course. The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama's "death panel" so his bureaucrats can decide, based on a subjective

judgment of their “level of productivity in society,” whether they are worthy of health care. Such a system is downright evil. (Palin 2009c).

Comparing Table 24 and Table 25, it is clear that the Pro narrative was both more complex as a whole, and more internally fractured than the Anti narrative. This is likely due in part to the diversity within the Pro coalition and the fact that it is easier to state what you are against than what you are for.

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Curriculum Vitae

Theresa Logan earned a B.A. in Sociology, Music and Spanish with minors in Economics and Black Studies from Portland State University in 2005. After completing her undergraduate degree, she moved to the Washington D.C. metro area where she worked for the Inter-American Foundation supporting grassroots community development projects in Latin America and the Caribbean. During her graduate studies at the George Mason University's School for Conflict Analysis and Resolution she worked part-time for a D.C. non-profit supporting parental engagement in local preschools, and was trained as a professional interpreter. Theresa has now returned to her hometown of Portland, Oregon with her family and is serving as a volunteer community mediator with Resolutions Northwest. She is looking forward to continuing her career in the field of conflict analysis and resolution, with a particular dedication to its applications in the arenas of public policy, community development and education.