

Charles University

Faculty of Arts

Department of Political Science

Master's Thesis

Bc. Jana Leichterová

Conservative Criticism of Obamacare and its Transformation in the Context of Donald Trump Running for President

Konzervativní kritika Obamacare a její proměna v souvislosti s prezidentskou
kandidaturou Donalda Trumpa

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Supervisor: doc. PhDr. Ing. Milan Znoj, CSc.

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Declaration:

I hereby declare that I have compiled this thesis independently, using the listed literature and resources only. I hereby declare that my thesis has not been used to gain any other academic title.

Prague, December 7, 2018

Prohlášení:

Prohlašuji, že jsem diplomovou práci vypracovala samostatně, že jsem řádně citovala všechny použité prameny a literaturu a že práce nebyla využita v rámci jiného vysokoškolského studia či k získání jiného nebo stejného titulu.

V Praze, dne 7. prosince 2018

Jana Leichterová

Abstract:

The thesis deals with the debate over the health care reforms in the United States. It focuses specifically on the debate over the Affordable Care Act, also known as Obamacare, a health care reform initiated by President Barack Obama that was signed into law in March 2010. The goal of the thesis is to identify the main arguments of the conservative criticism of the Affordable Care Act, and to determine whether the debate transformed with the emergence of Donald Trump onto the political scene. The thesis provides historical context of the three main approaches to the health care policies in the United States throughout the 20th century: the Social Security path of strong government in the 1930s, the mixed "American way" with government providing social benefits to citizens through private institutions in the 1970s, and the approach of unregulated free market since the 1980s. Obama's health care originates in the urge for a national solution of the high number of uninsured citizens (more than 50 million in 2009) and rising cost of health care. The reform has three essential pillars: 1. the reform of the health insurance market that unifies the diverse state approaches and bans insurance companies from denying the insurance to applicants based on their pre-existing conditions; 2. the individual mandate that requires individuals to purchase health insurance otherwise to pay a penalty; 3. the government subsidies that help to buy the health insurance those who cannot afford it. Opinion pieces published in the media titles The New York Times, The Wall Street Journal, and National Review were selected for the analysis of Obamacare criticism. The first case study analyses the media coverage of health care debate during the legislative process and implementation of the health care reform, the second case study analyses the coverage of the debate during Donald Trump's presidential campaign and his first months in the office. The main arguments occurring in the conservative criticism of Obamacare are the expanding power of government interfering with individual liberty, the government takeover of free market supposedly resulting in higher prices and lower quality of health care, and the obstruction of individual rights (e.g. freedom of religion). The main finding of the research is the absence of a significant transformation of the debate in the second case study. The understanding of the health care debate is theoretically anchored in the American political culture characterised by competing ideological concepts such as liberty, community, or responsibility.

Abstrakt:

Tato diplomová práce pojednává o debatě nad reformou zdravotní péče ve Spojených státech amerických the Affordable Care Act, neboli Obamacare, zavedenou za vlády prezidenta Baracka Obamy v roce 2010. Cílem práce je identifikovat hlavní argumenty užívané kritiky reformy, a určit, zda se debata proměnila s nástupem Donalda Trumpa k moci. Práce předkládá historický kontext tří hlavních přístupů k politice zdravotní péče v USA v průběhu 20. století: přístup založený na silné vládě typický pro 30. léta; kombinovaný přístup, kdy vláda poskytuje sociální benefity občanům skrze soukromé instituce typický pro 70. léta; a přístup neregulovaného volného trhu od 80. let dále. Obamova reforma reagovala na vysoké počty nepojištěných (více než 50 miliónů v roce 2009) a rostoucí ceny zdravotní péče. Reforma má tři základní části: 1. reformu trhu se zdravotním pojištěním, která sjednocuje roztržštěné přístupy jednotlivých států a zabraňuje pojišťovnám neposkytnout zdravotní pojištění žadatelům na základě jejich zdravotního stavu; 2. individuální mandát, který požaduje, aby si každý jednatlivec pořídil zdravotní pojištění pod pohrůzkou pokuty; a 3. státní podpora pro ty, kteří si nemohou dovolit koupit drahé zdravotní pojištění. K analýze kritiky Obamacare byly vybrány názorové články a komentáře následujících titulů: The New York Times, The Wall Street Journal a National Review. První případová studie analyzuje mediální pokrytí debaty v době legislativního procesu a implementace reformy, zatímco druhá případová studie analyzuje debatu v době prezidentské kampaně Donalda Trumpa a během jeho prvních měsíců v úřadu. Hlavní argumenty, které se v konzervativní kritice Obamacare objevily, jsou rozpínající se moc vlády, jež zasahuje do svobod jednotlivce, přebrání kontroly nad volným trhem vládou, což údajně vede k vyšším cenám a nižší kvalitě zdravotní péče, a omezování individuálních práv (například svobody vyznání). Hlavním zjištěním práce je absence signifikantní změny v kritice Obamacare v porovnání první a druhé případové studie. Pro porozumění debatě ohledně zdravotní reformy je důležité teoretické ukotvení v americké politické kultuře, která je charakteristická soutěžícími ideologickými koncepty, jakou jsou svoboda, komunita či odpovědnost.

Key words:

Health Care, Health Care Reform, The United States of America, Barack Obama, Donald Trump, Affordable Care Act, Obamacare

Klíčová slova:

zdravotní péče, zdravotní reforma, Spojené státy americké, Barack Obama, Donald Trump, Affordable Care Act, Obamacare

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1 Introduction

The Affordable Care Act, also known as Obamacare or simply President Obama's health care reform, has been a source of vigorous debates. We have heard anything from it being the rescue of America to it being the evil government takeover of free market and people's liberty. According to James A. Morone and David Blumenthal, health care policies illustrate the complex architecture of institutive framework of the American presidency as passing a health care reform has been a challenging thing to do for many U.S. Presidents.¹ Moreover, the debates over health care illuminate many aspects of American political culture as they are taking place in a field of ideological clashes and are built on various interpretations of cultural myths characteristic for the American society.

When Donald Trump entered the Republican presidential primary race on June 16, 2015, no one believed he would become the next president of the United States. "*He came into the race something of a joke, he conducted his campaign in ways that sometimes seemed like a joke,*"² nevertheless, he won the Republican nomination in summer 2016, beat Democratic nominee Hillary Clinton in autumn 2016 and was sworn into the office on January 20, 2017. Trump's campaign was called the final phase of a populist revolt that had been building up in America for a long time or a culmination of an uprising that would change the world.³ According to Amy Chua, it was the failure of elites to recognize how group identities drive politics⁴ resulting in the emergence of Donald Trump. Most importantly, there was the unprecedented nature of Trump's election and presidency.⁵ It was not only his vulgarity, racism, and authoritarianism but also his evident inappropriateness for the office as claimed by many.⁶ Donald Trump supposedly brought a new economy, a new patriotism, a new civil society, and a new democracy.⁷ Also, the criticism of Obama's health care reform was an important aspect of his presidential campaign. How did this imprint into the health care debate? Can we label it as a new

¹ Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, Berkeley: University of California Press, 2010.

² Katty Kay, 'US election: How Trump defied all predictions,' *BBC News* [online], May 4, 2016, accessed December 5, 2018, <https://www.bbc.com/news/world-us-canada-36200591>

³ Joshua Green, *Devil's Bargain: Steve Bannon, Donald Trump, and the Storming of the Presidency*, New York: Scribner Publications, 2017.

⁴ Amy Chua, *Political Tribes: Group Instinct and the Fate of Nations*, New York: Penguin Random House, 2018.

⁵ E. J. Dionne, Norman J. Ornstein, and Thomas E. Mann, *One Nation After Trump: A Guide for the Perplexed, the Disillusioned, the Desperate, and the Not-Yet Deported*, New York: St. Martin's Press, 2017.

⁶ Ibid.

⁷ Ibid.

approach to health care politics? Did Donald Trump bring such a change he promised and so many people were afraid of?

The objective of this thesis is to answer the questions arising from the observation of the health care debate in the United States. My ambition is to provide an understanding of the complexity of the American health care debate and specifically the conservative criticism of health care reform initiated by the Obama administration. Health care reforms were always sources of great disputes and controversies – I am interested in the last one built around the Obama's Affordable Care Act. However, there is also another aspect: Donald Trump supposedly brings a significant shift in U.S. politics and I seek to detect if this assumption is confirmed in the health care debate. In order to determine that I ask the following questions: What did the criticism of Obama's health care reform look like? What were the main arguments used against Obamacare? And how did the debate and the criticism transform with the presidential campaign of Donald Trump and his first few months in the office? These are the main research questions for this thesis.

The structure of the thesis consists of three main parts: historical, analytical, and theoretical. The first chapter offers historical context of how the health care debate changes throughout the 20th century. It answers the questions what are the main approaches to health care resonating in the American political discourse and what has been the role of public view regarding health care. It explains the origins of Obama's health care reform and describes the essential elements of the law itself. In this chapter, there is also definition of the relationship between the terms of the Patient Protection and Affordable Care Act (the original Senate bill signed into law) and the Affordable Care Act (the reform consisting of the fundamental law and the so-called sidecar law passed as a requirement of the basic law by many Congressmen and Congresswomen). However, I will be also using the common alias "Obamacare". The second part of the thesis is the outcome of the research of Obamacare criticism. The main goal of the research is to analyse the main arguments used against Obama's health care reform and to identify the ideological concepts these arguments are built on. The research consists of two case studies from two different time periods allowing to make a comparison and to determine if the debate transformed with the entrance of Donald Trump onto the political scene. The last chapter aims to provide context for understanding ideological concepts underlying the health care debate. Its intention is to map a field of ideological clashes through the key ideological concepts that are constantly competing for dominance, and crucial cultural myths that together create the American ideological tradition. I understand the health care

debate as a part of wider American tradition of political thinking that I want to capture through the clashing ideological concepts. Terms like liberalism, community, or responsibility were selected as vital for understanding the health care debate and particularly the criticism of Obamacare. Another important part is the legacy of moral politics that is influencing the debate even nowadays.

The core of the thesis is the research. It is a media qualitative analysis consisting of two case studies. Three U.S. media titles were selected for the research due to their national reach, biggest circulation, and ideological position from the centrist to the openly conservative: The New York Times, The Wall Street Journal, and National Review. The first case study analyses the media coverage of the legislative process and the first years of implementation of the Affordable Care Act, whereas the second case study analyses the coverage of the health care debate during Donald Trump's presidential campaign and first months in office. Two media databases are used: Nexis Uni and ProQuest US Major Dailies, which both offer a wide range of tools to specify the search. The subject of the analysis are only opinion pieces published by those media titles since the media news coverage should be as objective as possible whereas the commentary sections are where we can find texts expressing the writer's or newspaper's opinions. The research focuses on conservative criticism of Obama's health care reform and thus the media where we can expect the conservative opinions were selected. While analysing the articles, three dimensions of the health care debate were followed with a special focus: the liberty of an individual and how does the health care reform interfere with it; the conflict between state and federal level of government; and the issue of women's health care and controversial topics related to the reproductive health.

2 Health care in the United States: From Roosevelt to Obama

Every U.S. president since Franklin D. Roosevelt, who came to the White House in 1933, had to deal with the health care in one or other way. Some have made an attempt to carry through a health-care reform, others have tried hard to avoid it, nevertheless, every single president during the 20th century had to acknowledge it in his agenda.⁸ According to Blumenthal and Morone, the issue of health care illuminates presumably every aspect of the specific institutive framework of the American presidency – given the fact that health care reform is an extremely difficult part of the agenda to push through the legislative process, as we can see later on. Blumenthal and Morone even claim that health care reforms, or at least attempts at them “*test presidents’ ideas, heart, luck, allies, and their skill at running the most complicated government machinery in the world.*”⁹ President Truman delivered a speech in a joint session of Congress in 1945 when he said: “*Millions of our citizens do not have a full measure of opportunity to achieve and enjoy good health. Millions do not now have protection or security against the economic effects of sickness. The time has arrived for action to help them attain that opportunity and that protection.*”¹⁰ Truman’s speech took place at the end of World War II, but we can hear almost the same words in the 1990s as well: “*This health care system of ours is badly broken and it is time to fix it. (...) Our health care is too uncertain and too expensive, too bureaucratic and too wasteful. (...) At long last, after decades of false starts, we must make this our most urgent priority: giving every American health security, health care that can never be taken away, health care that is always there.*”¹¹ These words belong to President Clinton and were also meant for Congress during its joint session in 1996.

Moreover, what these two speeches also have in common is that the reform they endorsed never happened. Both Truman and Clinton failed in their attempt to change the American health care system, despite the fact that in both cases it was the president’s party, Democrats, which controlled both houses of Congress, and polls showed that Americans are asking for an improved health care.¹² But both presidents underestimated the strength of their opponents – special-interest lobbyists who contain enormous power

⁸ Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, University of California Press, 2010, p. 2.

⁹ Ibid, p. 2.

¹⁰ Tom Daschle, *Critical: What We Can Do About the Health-Care Crisis*, New York: St. Martin’s Press, 2008, p. xi.

¹¹ “Clinton’s Health Plan; Transcript of President’s Address to Congress on Health Care,” *The New York Times*, September 23, 1993, accessed November 9, 2018, <https://www.nytimes.com/1993/09/23/us/clinton-s-health-plan-transcript-president-s-address-congress-health-care.html>.

¹² Tom Daschle, *Critical: What We Can Do About the Health-Care Crisis*, New York: St. Martin’s Press, 2008, p. xii.

in American politics. In Truman's time, it was mainly the doctors who opposed the reform and led the public debate, whereas in the 1990s it was primarily insurance companies standing against President Clinton.¹³ During the 20th century, we can see a transformation of the prominent voices in the health care public debates: for most of the time period, it was predominantly doctors and other medical professionals who had a great power regarding the health care – “*health care providers [often] acted as trustees of health care policy.*”¹⁴ In the 1990s, it happened to be the insurance industry that controlled the public debate and shaped public opinions through powerful media campaigns.¹⁵ Insurance companies also had the strongest voice in the public debate regarding the Obama's health reform effort in 2009 – aware of their strong position, President Obama and other legislative initiators invited representatives of the health insurance industry to table talks at the beginning of the reform crafting process. (As we can see in detail in the following chapter 2.5 The legislative process of Obamacare.) Nevertheless, as often happens in the American political framework, both presidents lost their chances after the midterm elections when Republicans seized the Congress and definitely closed the door for any health care reform attempt. These are not the only examples of unsuccessful efforts of health care system transformation in the United States and although the circumstances and particular characteristics of each political plan and failure are diverse, “*the pattern of failure (...) has remained remarkably constant.*”¹⁶

2.1 Three historical approaches to the U.S. health care

Every president has brought a slightly new approach, new priorities and a new perspective with his political agenda in health care politics. Few other topics can get as personal as health care – every president has ageing parents, family experiences with illness and death, and his own health issues.¹⁷ President Nixon was influenced in his policies by his brothers' unsuccessful fights with tuberculosis, the stroke of President Kennedy's father motivated him for an emotional speech at a pro-Medicare rally in 1962. Apart from personal perspectives, there have been also different approaches given

¹³ Tom Daschle, *Critical: What We Can Do About the Health-Care Crisis*, New York: St. Martin's Press, 2008, p. xii.

¹⁴ Morone, James A., *The Democratic Wish: Popular Participation and the Limits of American Government*, New Haven: Yale University Press, 1998, p. 254.

¹⁵ Jennings, Bruce, Liberty: Free and Equal, in Crowley, Mary (eds.), *Connecting American Values with Health Reform*, New York: The Hastings Center, 2009, p. 1–4.

¹⁶ Tom Daschle, *Critical: What We Can Do About the Health-Care Crisis*, New York: St. Martin's Press, 2008, p. 45.

¹⁷ Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, University of California Press, 2010, p. 3.

the historical circumstances and party ideologies. We can distinguish three general sets of beliefs of how the health care system should be built, each one tightly connected with a specific era, still slightly overlapping as time goes by. The fundamental distinction between them lies in the question of how to balance free markets and government interference in order to achieve the common good?

The first path is rooted in the idea of strong government, connected with the 1930s and President Roosevelt. The then perceived universal right to health should have been secured by national mandatory insurance plan – it can be explained as a concept of “*Social Security extended to medical care.*”¹⁸ Roosevelt came up with three different proposals for a health care reform, each in one of his three terms serving as the president. None of them succeeded and liberals then have perceived national health insurance as an unfulfilled legacy of New Deal for decades, if not until nowadays. It is essential to realize what the historical circumstances of this strong-government approach to health care are: it is mainly the Great Depression, affecting the United States and its people during the 1930s. There is also a great impact of racial segregation, especially the southern countries of the union were strongly opposing any attempt to govern such issues from the federal level and they rooted for a state governed solution for health care. It might be one of the reasons why Roosevelt’s proposals did not succeed. This liberal path acknowledges access to health care as a problem of the whole nation requiring the strong, centralized solution, however, in the context of the United States, no health care policies since the original Social Security reform allowed this pure governmental approach. We might say that the 1960s entitlement programmes Medicare and Medicaid were at least partly successful, but even they required a compromise with more conservative, free-market-based American values (as we can see in the following chapter 2.3 Medicare and Medicaid).

In the 1970s this “Social Security” approach has been replaced with a new one, based on a compromise between the strong centralized government-driven path and an unregulated market approach. In the U.S. context, it is called the ‘American way’ even though it is not exclusively American fashion since we can find it in the health care systems all around the globe. It might be described as a mixed way, combining the strong hand of government with the market principles, and in the 1970s it offered an alternative to direct federal programmes in a form of public policies operating through private

¹⁸ Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, University of California Press, 2010, p. 15.

institutions.¹⁹ A specific American element that we might find is the double tension characteristic for this approach: there is not only the tension between the government policies and free market principles but also a tension between two levels government where we have a federal government on the one side and 50 state governments on the other. The crucial point for this path was a move of Eisenhower administration (1953–1961) that waived the income tax on employer-sponsored health insurance, which became a strong motivation for many companies to provide health insurance for their employees. Employer-sponsored health insurance is the most common way of insurance in the United States²⁰ – this tradition started during the World War II when due to a lack of workers that had been joining the military many employers had to come up with creative ways to attract new labour. The federal government exempted health insurance as a work benefit from wage and price regulation, thus buying health insurance for employees was a way to compete for limited workforce despite the federal wage controls and many employers began to offer a generous health coverage to gain new workers.²¹ The decision to exempt health benefits from income taxes helped to solidify the American employment-based system of health insurance which even nowadays manage to cover most of the American citizens. Blumenthal and Morone call this system a shadow welfare state when the main burden of health insurance has been pushed “*from the shoulders of the government (...) to backs of business (...)*.”²² Actually, more than a third of social benefits are provided to Americans through their labour contracts, i. e. through their employers.²³ Compared to the first approach, Social Security path, where the government offers social benefits such as health insurance directly to the people, this mixed American way means that the government induces insurance companies and employers to provide the citizens with social welfare benefits instead. Basically, it means that the state is filling up the gaps the private sector cannot or does not fill. Medicare is a prime example – a federal programme that is taking care of the notoriously high prices of health insurance for the elderly through inducing and demanding certain guarantees from the private

¹⁹ Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, 1st edition (University of California Press, 2010), p. 16.

²⁰ According to the U.S. Census Bureau, in 2017 the employer-based insurance was the most common type of coverage, covering 56 per cent of the population, followed by Medicaid (19.3 per cent), Medicare (17.2 percent), direct-purchase coverage (16.0 percent), and military coverage (4.8 percent). Source: “Health Insurance Coverage in the United States: 2017,” *United States Census Bureau* [online], September 12, 2018, accessed November 18, 2018, <https://www.census.gov/library/publications/2018/demo/p60-264.html>.

²¹ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 23; Tom Daschle, *Critical: What We Can Do About the Health-Care Crisis*, New York: St. Martin’s Press, 2008, p. 50.

²² Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, University of California Press, 2010, p. 16–17.

²³ James A. Morone, “American Ways of Welfare,” *Perspectives on Politics*, vol.1, no. 1 (2003): 137–46.

insurance companies.²⁴ President Nixon came the furthest with his failed attempt at a national health cover based on the concept of employer-sponsored health insurance with the state filling up the gaps. The reform did not pass in the early 1970s, but every Democratic presidential nominee after him (although not to be forgotten, Nixon was a Republican president) has offered a variation of the Nixon's plan. Even the Obama's reform was inspired by it.

The third approach is defined by unregulated or perhaps rather minimally regulated market principles and it starts with the rise of Ronald Reagan in the 1980s. Even in the late 1970s, we can notice a beginning of something often called the Republican era that rewrote American politics and pushed Democrats closer to the centre, farther from the New Deal and big government solutions. "*Democrats (...) touted what had once been a Republican perspective. And the Republicans themselves moved on to a still more forceful embrace of individual choice and private markets.*"²⁵ Republicans did not attempt to destroy all social welfare programmes, but rather reconstruct them in a way that would reflect typical Republican principles, mostly individualism and the concept of free markets. The first move of Reagan administration was to withdraw billions out of Social Security programmes – as Blumenthal and Morone comment: "*the 'original sin' of big government*"²⁶ that Republicans inherently oppose – and intended to bring the health care system closer to the market model while weakening the power of government in this field. "*Government is not the solution to our problem,*" Reagan claimed in his inaugural speech, "*government is the problem.*"²⁷ (However, the great paradox of Reagan administration is that he actually sponsored a great expansion of Medicare.²⁸) Core values of this third approach are individualism, liberty and responsibility: Individuals choose freely on the unregulated market between different options and are responsible for their choices. There is no space for shared risk or long-term security, the key elements of the Social Security approach. In an extreme vision of the free market perspective, conceptualized for example by President George W. Bush, individuals choose on the free market without any regulation and interference from neither government nor employers.

²⁴ James A. Morone, "American Ways of Welfare," *Perspectives on Politics*, vol. 1, no. 1 (2003): 137–46.

²⁵ Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, University of California Press, 2010, p. 18.

²⁶ Ibid, p. 19.

²⁷ Ibid, p. 287.

²⁸ Ibid, p. 287.

2.2 **Americans' views on health care**

In 2001, Health Affairs journal published an article called Americans' Views On Health Policy: A Fifty-Year Historical Perspective, an analysis of data-based research that studied the American public opinion regarding the health care system and proposed reforms during the last 50 years. Pair of Harvard scholars, Robert J. Blendon and John M. Benson compared the people's view on the President Truman's health care reform with President Kennedy's and then President Johnson's construction of still-running federal programmes Medicare and Medicaid, and all that happened between and after. They are providing the reader with an extraordinary analysis of how Americans' views of the same issue have changed in different time periods, offering a way to understand "*the changing nature of the health policy environment.*" (*Americans' Views on Health Policy*) The main findings are that Americans have conflicting views on U.S. health care policies. They describe dissatisfaction with the nation's health care system and with private health insurance companies, and they support a general change, even in the direction towards national health plan (single-payer system, as is it called in the public debate nowadays). However, most Americans are at the same time satisfied with their particular medical arrangements (health insurance plan, for example) and do not trust the federal government regarding a health care reform. The trend of the need for a complete rebuild of the American health care system starts significantly in 1991 with the start of the great health care reform debate of the early 1990s. Authors conclude that in the analysed time period the majority of Americans was unsatisfied with the condition of the U.S. health care system and required a certain level of transformation. Polls show that citizen distrust in government has hit the lowest point in the 1960s and the early 1970s, a time period when Medicare, Medicaid and other entitlement programmes were introduced. Since then the public willingness for a federal government to regulate the private sector has only arisen.²⁹ What we can see is that those conflicting views (on the one hand, there is a need for government to rebuild the health care system, on the other hand, Americans do not trust the federal government and see the federal taxes, necessary to finance a national health plan, as already too high) has been difficult to resolve in a legislative action. The Affordable Care Act, also known as Obamacare has been a first, up to a certain level successful attempt to do so.

²⁹ Robert J. Blendon and John M. Benson, "Americans' Views On Health Policy: A Fifty-Year Historical Perspective," *Health Affairs*, vol. 20, no. 2 (March 1, 2001): 33–46.

2.3 Medicare and Medicaid

The current form of the employer health insurance system is an outcome of a series of legislation, regulations and insurance industry practices.³⁰ There were three institutions crucial for the formation of the public-private health care system: the Taft-Hartley Act of 1947 that organized employer health and pension plans and induced both insurance companies and employers to help them solidify, then there were the insurance industry's rate-setting practices that further developed the employer-sponsored insurance plans in the post-war era, and finally government pension standards of 1974 that encouraged large employers to draft their own insurance plans rather than buy them from the health insurance companies.³¹ Another crucial step was passing two government entitlement programmes in the 1960s – Medicare and Medicaid, “*two sections of the single most important piece of health care legislation in American history*,”³² filling up the gaps in the private and employer-based insurance system. Obama's health reform has a wide range of focus and many complex parts – some of them extremely controversial, causing hours and hours of political debates, inflammatory speeches and demonstrations, newspaper criticism and after their implementation also series of attempts to repeal the whole law or rule it unconstitutional. Expansion of Medicaid and reform of Medicare are among those complex parts. Therefore, it is important to understand what these programmes are and what the context of their origin is.

Medicare and Medicaid are two government-run programmes adopted in the 1960s. It was a government response to the inability of older and low-income American citizens to purchase private health insurance. Generally, Medicare is a federal programme that provides health coverage for people of age 65 years and older, whereas Medicaid is a joint federal and state programme that helps people with low income with the medical cost. Different states have different rules for eligibility for Medicaid, but generally speaking, it is meant to be a support programme for poor and either elderly, parents or people with disabilities.³³

Even before the 1960s, there was a basic government support for those who needed the health care the most and/or could not afford it. The government had already run

³⁰ James A. Morone, “American Ways of Welfare,” *Perspectives on Politics*, vol. 1, no. 1 (2003): 137–46.

³¹ Ibid.

³² Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, University of California Press, 2010, p. 163.

³³ “What's Medicare?” *Department of Health and Human Services USA, Centers for Medicare & Medicaid Services*, 2015, accessed November 18, 2018, <https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare>

municipal hospitals and dispensaries to care for the poor and there had been state-operated mental hospitals. However, in the late 1950s, only less than 15 per cent of the population older than 65 years had some kind of health insurance.³⁴ That changed with President Kennedy and his health care reform. According to Blumenthal and Morone, already during the presidential campaign in 1960 parts of John F. Kennedy's speeches concerned with the medical care for the elderly had the most vivid reactions.³⁵ Health care was one of his key topics in the field of domestic politics, before becoming president Kennedy co-sponsored several health-care related bills. Perhaps this concern of his was caused by his own condition, or maybe by the traumatic experience of his father having a stroke. Supposedly, his reaction to the medical expenses connected with his father's hospitalisation and the following care was: "*My God, it isn't going to financially devastate us, but what do other people do if they have a similar problem?*"³⁶ Kennedy came up with the proposal for Medicare, however, due to the conservative fraction of Democrats, the bill was unable to pass the Congress even though Democrats had a majority on paper. Medicare seemed to be a liability that might have wrecked the administration.³⁷ For decades, the first hundred days in office are the most potentially effective for any President, therefore, also Kennedy tried to pass his reform during this time – however, to lose the first vote in Congress might have had a devastating effect on the administration, and no one was willing to risk that. But health care was a priority for Kennedy, a major battle for his administration, he was thoroughly preparing for – by mobilizing the public. Blumenthal and Morone claim that "*for the first time, a president would take the fight over a health care bill directly to the public.*"³⁸ There was an inevitable question in American society, especially in the Cold War context: Is this a socialized medicine? Kennedy's team found an undebatable answer: this was also the opposing argument against Social Security in the 1930s and now the programme is successful and enjoying great public support. In his State of Union speech in 1962, Kennedy declared: "*Social Security has long helped to meet the hardships of retirement, death, and disability. I now urge that its coverage be extended without further delay to provide health insurance for the elderly.*"³⁹ He framed Medicare

³⁴ Thomas Bodenheimer and Kevin Grumbach, *Understanding Health Policy: A Clinical Approach*, New York: McGraw-Hill Medical, 2009, p. 10.

³⁵ Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, University of California Press, 2010, p. 144.

³⁶ Ibid, p. 138.

³⁷ Ibid, p. 146.

³⁸ Ibid, p. 149.

³⁹ John F. Kennedy, "State of the Union Address, January 11, 1962," *Presidency Project* [online], accessed November 14, 2018, <https://www.presidency.ucsb.edu/documents/annual-message-the-congress-the-state-the-union-4>.

simply as an extension of Social Security. However, the internal fight for the bill was complicated and the negotiations were endless. On November 22, 1963, Kennedy died before the bill made it to the Congress floor.

Kennedy's failure paved the way for his successor's triumph. President Lyndon Johnson, who was sworn into office few dozens of minutes after Kennedy's assassination, was given a programme more or less ready for congressional action thanks to Kennedy's effort.⁴⁰ Medicare and Medicaid are among the proudest legacies of President Johnson, together with all the laws Kennedy pre-prepared and Johnson actually got passed through the Congress (e. g. Civil Right Act, or the War on Poverty legislation, Kennedy's tax cut and other). But the narrative of almost passed reforms that Johnson just got to push over the edge is not right, it was Johnson's enormous political skill and his full focus on the domestic issues what enabled the reform to come to life. We also have to acknowledge an important role of Republican Representative Wilbur Mills, who, after Johnson's landslide victory in presidential election in 1964 followed by huge liberal Democratic majorities in both chambers of Congress, changed from Medicare opponent to its champion and created the Medicare and Medicaid programmes as America knows them. Mills added a provision of governmental aid to the poor to the original idea of Medicare as a programme for the elderly, and therefore designed the future Medicaid.

Medicare has several parts, with Parts A and B being the most important and also the most commonly used ones. Medicare Part A is a hospital insurance plan for elderly financed through a Social Security system tax, Medicare Part B provides the coverage for physician services and is financed partly by a federal tax and partly by monthly premium payments from the beneficiaries. Medicaid is financed by federal and state taxes and pays for the care of specific low-income groups of citizens.⁴¹ The perception of Medicare within the general public is much more positive compared to the Medicaid because many people believe they do have a right to receive the coverage when they are old as they contribute to the system through their taxes. Many Americans imagine the Medicare programme as a kind of savings – they put their own money in the form of taxes into an account that they can use when they are old. This is a very common misconception, however, it causes much greater public support for Medicare compared to Medicaid. In fact, only those, who have been participating and have paid a certain amount

⁴⁰ Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, University of California Press, 2010, p. 160.

⁴¹ Thomas Bodenheimer and Kevin Grumbach, *Understanding Health Policy: A Clinical Approach*, New York: McGraw-Hill Medical, 2009, p. 10.

through the Social Security taxes are able to enrol in Medicare. On the other hand, Medicaid is an example of a public assistance model when “*those who contribute (taxpayers) may not be eligible for benefits.*”⁴² Medicaid is sometimes seen by the middle and upper-class as an abuse of federal and state money by so-called welfare queens and people who simply “don’t try hard enough,” which is tightly connected with the idea of American dream and hard-work-pays-off perspective (that will be discussed more in detail in the chapter 4.5 Responsibility).

These programmes are not perfect and usually do not provide full coverage of all needed medical treatments. Also, qualifications for Medicaid are sometimes causing a public outcry as well as the rising number of physicians who do not accept Medicaid patients. A coverage gap called the “doughnut hole” in the coverage for drug prescriptions has been particularly controversial. When paying for medication, the patient starts with standard deductible, which is then followed by the Medicare coverage with coinsurance until a certain amount of money is spent (with a standard plan in 2007 it was \$2,400 in total drug cost), after which coverage stops until the patient has spent quite a lot of money (\$3,850) out of pocket, above that sum the coverage resumes.⁴³ In other words, if we imagine a scale of patient’s expenses on drugs and other medication, going from no expenses towards the more and more money spent, there is the standard first part – deductible – patient is paying directly, then the coverage kicks in and higher expenses are covered, however, then there is the “doughnut hole” where patient has to pay everything as out-of-pocket payments, and when the cost is high enough the coverage starts again. This caused serious trouble especially to chronically ill patients in need of several medications. But even without these gaps, according to the Kaiser Family Foundation, in 2002 Medicare paid only circa 45% of average expenses of its beneficiary forcing most of the Medicare beneficiaries purchase a supplement coverage – either buy a private insurance plan, enrol into Medicare Advantage programme, or qualify both for Medicare and Medicaid.⁴⁴ Elimination of this “doughnut hole” was one of the aspirations of Obama’s reform.

⁴² Thomas Bodenheimer and Kevin Grumbach, *Understanding Health Policy: A Clinical Approach*, New York: McGraw-Hill Medical, 2009, p. 14.

⁴³ *Ibid*, p. 12.

⁴⁴ *Ibid*, p. 10.

2.4 The origins of Obamacare

President Johnson passed the crucial Medicare and Medicaid programmes. President Nixon unsuccessfully attempted at national health insurance reform which legacy served as an inspiration (controversially) for Democrats for decades.⁴⁵ President Reagan opposed the idea of government as a solution for social problems vigorously and promised to shrink the federal government, however, ended up enormously expanding the Medicare entitlement.⁴⁶ Presidents George H. W. Bush and his son George W. Bush built a cornerstone for the Obama's reform: the idea of empowerment of the individual and small groups in the insurance market.⁴⁷ Bill Clinton passionately tried and failed to deliver a health care reform he had promised during his campaign already in 1992. The idea of coverage for all Americans has resonated in American society and politics since then, but simultaneously, the great loss of Clinton administration caused a disappearance of health care from the public discourse for years to come.⁴⁸ President G. W. Bush passed the Medicare Modernization Act of 2003 that provided coverage of prescription drugs for the elderly, being then the biggest expansion of Medicare since its beginning of existence and also a rather Democratic move (made, however, by a Republican president).⁴⁹

Since the 1960s with the federal programmes Medicare and Medicaid, we see the tendency of government to fill up the holes occurring in the privately solved health insurance. Together with the federal steps, there have been also several state programmes and attempts to provide their own support and coverage innovations and expansions on the state level.⁵⁰ Despite those efforts, the number of uninsured (or even uninsurable) people in the United States has been rising. When Obama introduced his health care agenda, the number of uninsured Americans was at 50 million and official estimates of that time projected that without any reform there would be almost 60 million of uninsured people in 2019.⁵¹

⁴⁵ Blumenthal, David and Morone, James, *The Heart of Power: Health and Politics in the Oval Office*, University of California Press, 2010, p. 206–247.

⁴⁶ Ibid, p. 283–318.

⁴⁷ Ibid, p. 344–345.

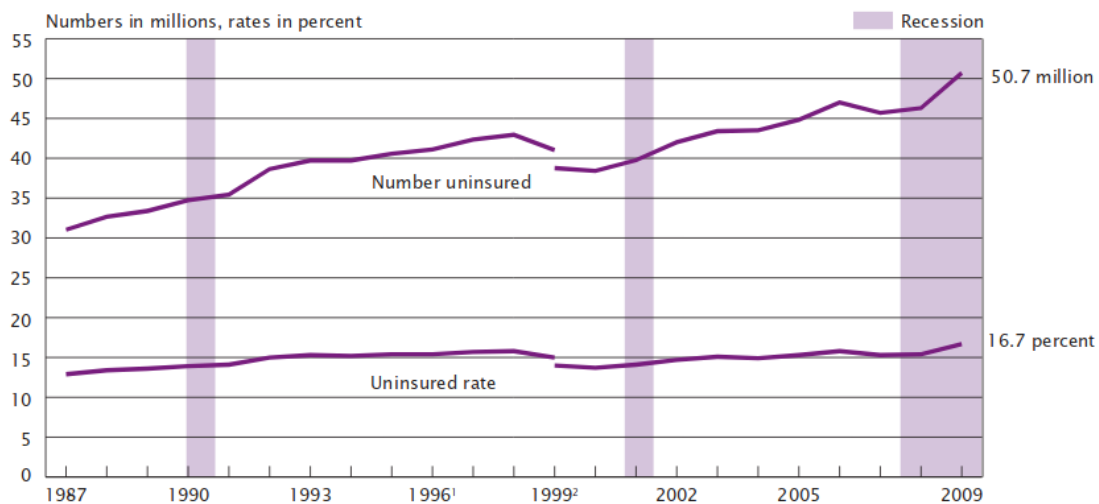
⁴⁸ Ibid, p. 346–384.

⁴⁹ Ibid, p. 385–386.

⁵⁰ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 24.

⁵¹ Ibid, p. 24.

Number Uninsured and Uninsured Rate: 1987 to 2009



1 - Number Uninsured and Uninsured Rate: 1987 to 2009⁵²

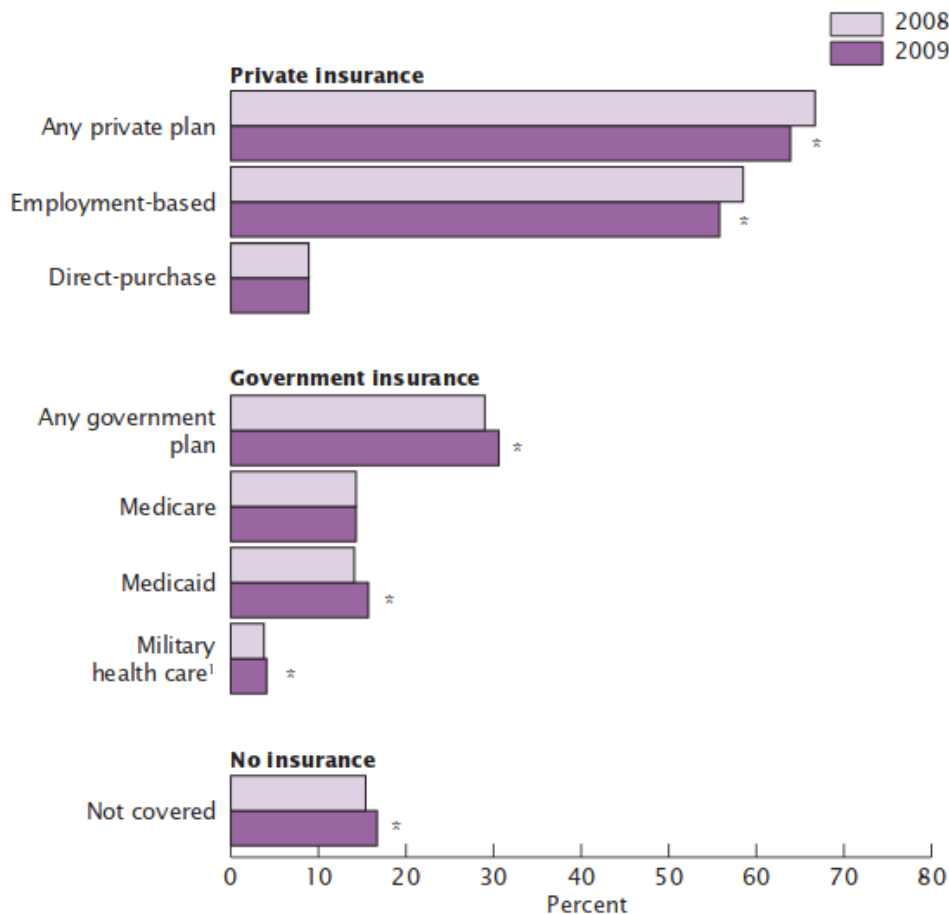
Even though the group of the uninsured has been and still is a diverse population, there are several trends we can notice:⁵³ generally speaking, poor people tend to lack health insurance more, naturally, because they cannot afford to buy expensive private plans, another group usually lacking insurance are young adults who recently stopped being covered by their parents' insurance and are assuming they are healthy enough, hence an accident or unexpected serious illness might be financially devastating for them. The uninsured population also usually works in smaller companies with fewer than 50 employees (and therefore health insurance is not a part of the job social benefit), is less educated, however, ethnically very diverse.⁵⁴ What is more important is the essential connection between lack of insurance and people's health condition. According to the Institute of Medicine report in 2009: "*Uninsured adults are more likely than insured adults to suffer extremely poor outcomes [of stroke], including neurological impairment, intracerebral haemorrhage, and death.*" According to the research findings, they are also "*more likely (...) to be diagnosed at an advanced stage of cancer, especially if effective treatments are available and the condition can be detected early by screening (...).*" The uninsured are more threatened by a heart failure, more likely to die after a heart attack,

⁵² "Current Population Survey, 1988 to 2010," U.S. Census Bureau [online], Annual Social and Economic Supplements, accessed November 20, 2018, <https://www2.census.gov/programs-surveys/demo/visualizations/p60/238/fig07.pdf?#>

⁵³ Due to the limited space and scope of this thesis, the statements about the group of uninsured people are short and general. In case of deeper interest, the highly recommended web page to visit is the U.S. Census Bureau (www.census.gov) that provides complex statistics on various topics, health insurance included. Interesting table related to the issue discussed here is "People Without Health Insurance Coverage by Selected Characteristics: 2008 and 2009" (accessible from <https://www2.census.gov/programs-surveys/demo/tables/p60/238/tab8.pdf>).

⁵⁴ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 24.

they are at greater risk of mortality in hospital, they also have higher mortality rates as results of car accidents, and many more.⁵⁵ Another research estimated that almost 45 thousand Americans die every year due to the lack of health insurance.⁵⁶



2 - Coverage by Type of Health Insurance: 2008 and 2009⁵⁷

Another worry besides the high number of uninsured Americans and the consequential risks is the cost of health care. The United States spends approximately twice as much on health care compared to other high-income nations, but with worse results such as lower life expectancy and high infant mortality rates.⁵⁸ The number of doctor visits is not the problem, the cost of drugs, treatments, medical staff salaries, and

⁵⁵ Institute of Medicine, *America's Uninsured Crisis: Consequences for Health and Health Care*, Washington, D.C.: National Academies Press, 2009.

⁵⁶ Andrew P. Wilper et al., "Health Insurance and Mortality in US Adults," *American Journal of Public Health*, vol. 99, no. 12 (December 2009): 2289–95.

⁵⁷ "Current Population Survey, 2009 and 2010," *U.S. Census Bureau* [online], Social and Economic Supplements, accessed November 20, 2018, <https://www2.census.gov/programs-surveys/demo/visualizations/p60/238/fig08.pdf?#>

* Statistically different at the 90 per cent confidence level.

⁵⁸ Lisa Rapaport, "U.S. Health Spending Twice Other Countries' with Worse Results," *Reuters*, accessed November 16, 2018, <https://www.reuters.com/article/us-health-spending/u-s-health-spending-twice-other-countries-with-worse-results-idUSKCN1GP2YN>.

especially administrative costs and process inefficiencies are what raises the overall spending to astronomical numbers. Related to not so high quality of provided care as one would assume due to such high costs, that was another motivation for a health care reform for the Obama administration. „*Health care policy has long been divided into three domains: access, quality, and cost.*“⁵⁹

What is necessary to mention here is the state health care reform of 2006 in Massachusetts, because Obamacare found a lot of inspiration here. Governor of Massachusetts Mitt Romney, future Obama's competitor in the presidential election, passed a legislation significantly expanding access to health care while balancing private marketplace and government assistance.⁶⁰ The reform stood on three main pillars, each essential for the plan of near-universal coverage and each later occurring in the Obamacare as well: 1. individual mandate, 2. insurance market reform, and 3. subsidies for low-income citizens.⁶¹ Massachusetts reform did ensure an expanded access to health insurance – in 2014, 98 % of Massachusetts residents had coverage. On the other hand, it did not reduce the state health care costs as initially planned.⁶² And even though it definitely was an enormous success – especially for a Republican governor to push through a reform of almost universal coverage – a severe criticism came from both sides, the conservative right as well as the liberal left.⁶³ That is all something Obamacare will share with the Massachusetts reform, not being conservative nor liberal enough, having trouble with the taming of the medical costs.

2.5 The legislative process of Obamacare

Health care had been a central issue during the Democratic primaries in 2007 and 2008, when Barack Obama and Hillary Clinton competed against each other with two different approaches to universal coverage, and then also during the general election. The main issue during the Democratic primaries was whether to include an individual mandate as an obligation for individuals to purchase health insurance (Hillary Clinton supporting the idea, Barack Obama against), and during the general election it was the question of taxation of the employer-provided health insurance, proposed by

⁵⁹ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 27.

⁶⁰ Thomas Kingsley, “Diagnosing the Current Problems of the United States Health Care System Requires Examining the History of Health Reform,” *Harvard Kennedy School Review*, Vol. 14 (2014): 63–69.

⁶¹ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 118–127.

⁶² Thomas Kingsley, “Diagnosing the Current Problems of the United States Health Care System Requires Examining the History of Health Reform,” *Harvard Kennedy School Review*, Vol. 14 (2014): 63–69.

⁶³ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 38.

the Republican candidate John McCain and heavily opposed by the organized labour communities and later on also by general public.⁶⁴ Historically, the exclusion of employer-provided insurance from the federal taxation has been the cornerstone of American health insurance system since the World War II.

In American politics, the key role is held by stakeholders and other interest groups. A wide array of competing interests had ensured that national health care reform was unsuccessfully attempted by many presidents from both political parties.⁶⁵ Obama wanted to avoid this mistake and invited the stakeholders to the table, offered them the possibility to contribute to the process of crafting the policy from the very beginning. They were provided with three options, three different approaches to the reform, called Constitution Avenue, Independence Avenue, and Massachusetts Avenue, varying from a major overhaul of the current system towards the single-payer concept to adopting the Massachusetts reform as a model. The invited stakeholders supported the latter.⁶⁶

Pivotal for such a big reform is the political will in the legislative institutions of American political system – in 2008, Democrats have found a majority in both houses of Congress. It was important to act quickly, the first 100 days of the presidency are those with the most potential to actually pass a significant agenda. The Senate acted earlier, already in June 2008 (months before the presidential election) this chamber organized bipartisan debate tables and meetings with representatives from business, medical institutions, physicians, the drug industry and more, and 8 days after Obama's election there was first bill proposal (so-called white paper) prepared.⁶⁷ Two persons were crucial for the whole process, moderate Democratic Senator Max Baucus and liberal Democratic Senator Edward M. Kennedy, who had served in 1965 when Medicare and Medicaid legislation had been crafted and who chaired the essential Senate Committee on Health, Education, Labor and Pensions (HELP) in 2008. In the Senate, there was a strong feeling of bipartisan efforts to provide Americans with quality, affordable health insurance coverage that would be built on the employer-based system, discussion groups have representatives from both sides of the aisle and everyone believed it is possible to find a great compromise that would ensure good for all Americans. However, this hopes for a bipartisan reform started to disappear quickly with the collapsing economy and more

⁶⁴ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 51, 60–61.

⁶⁵ Thomas Kingsley, "Diagnosing the Current Problems of the United States Health Care System Requires Examining the History of Health Reform," *Harvard Kennedy School Review*, Vol. 14 (2014): 63–69.

⁶⁶ *Ibid.*

⁶⁷ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 63–64.

and more pressing cleavages between the two parties.⁶⁸ Since the House of Representatives had been historically very partisan, the cooperation between the parties on the health reform was much less enthusiastic here compared to the Senate. In the House, Democrats after the 2008 general election increased their majority to 257 (of the 435 voting members) and a great part of them were supporters of progressive reform heading towards the Canada-inspired single-payer system. The bill that was crafted by the House of Representatives was distinctively to the left of the Senate's bill⁶⁹, partly because from the very beginning it was a partisan work, not including members from the other side of the aisle. However, even though the Senate started the reform work with strong hope for a bipartisan bill, during the negotiations more votes for Democrats occurred (some Republicans switch sides and the outcome of one extra election happened to be a win for Democrats). In spring 2009 there was a certainty for 60 votes and bipartisan health bill was no longer needed. Moreover, there was a strong sense of time running out, because the earlier the bill moved to the Congress floor, the bigger the chance was for it becoming a law. More disagreements occurred and by the end of the year 2009, all Senate Republicans working on the reform moved to the opposition. Supposedly, some essential elements of the Democrat's reform design such as individual mandate, tax increases, Medicaid expansion, and expensive subsidies were too much for Republicans and especially for the party's hardening base.⁷⁰ The path for bipartisanship on the health reform closed.

The Obama administration wanted to avoid the 1990s failure when drug companies spent millions on an anti-reform campaign, and from the very beginning government and Senators cooperated with the businesses, including the business representatives into the process of constructing the reform. In spring 2009, there were several deals made with big drug and insurance companies, hospitals, medical device makers and others that resulted in a financial contribution to the health reform from the private sector. The pharmaceutical industry has even paid for a substantial advertising campaign to support the reform. This government's move, often described as making secret deals, was also later greatly criticised.⁷¹

In August 2009 Senator Kennedy, a key figure for the health reform, died. The fight for reform then began to be framed by many Democrats as a tribute to their late friend and

⁶⁸ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 69.

⁶⁹ Ibid, p. 84.

⁷⁰ Ibid, p. 80–82.

⁷¹ Ibid, p. 76–79.

colleague, with buttons “Do it for Ted” worn by politicians and by public as well.⁷² Also, pressure from President Obama arose, he “played the presidential card” by a joint address to both houses of Congress – his speech was well received, increasing poll numbers of the public support for the reform. In summer 2009, there were several versions of the reform – the House started with one version to which several committees made amendments and changes called Affordable Health Care for America Act;⁷³ while the Senate had two versions from the very beginning and it was an excruciating several-week-long process to merge those two into one final bill. Especially controversial topics were insurance-market reform, individual and employer responsibility, exchanges, premium subsidies and cost-sharing.⁷⁴ However, these merged Senate bills will become the Patient Protection and Affordable Care Act, even though there were still significant changes to be made in order to gain the necessary 60 votes to pass the bill in the Senate – for example, the public option (government-provided insurance plan for those who cannot afford a private one) had to go. Many amendments were added in this process of ensuring the votes, every one of the 60 Democrats needed for the passage got something in exchange for their vote, and all these changes were included in the new part of the bill, Title X called the Manager’s Amendment - “*It made reading the actual legislation messy — anything in the first nine titles might be amended in Title X. It was OK, they [Democrats leading the negotiations, one of them Max Baucus mentioned above as one of the key figures in the health reform] thought, because it would all get cleaned up in a final process merging the Senate and House bills.*”⁷⁵ But this final merging never happened. The final vote on the Senate bill was on December 24, 2009, it passed. At the very end of the year 2009, both chambers of Congress passed their version of health reform, it was something that has not happened for almost half a century. After New Year’s Day, everyone expected the negotiations would start between the House of Representatives and the Senate on the final bill that could actually become a law.

The usual legislative process is to organize a bipartisan committee which job is to merge two bills into one. However, Senate Republicans were blocking the creation of such committee, thus Democratic leaders from both chambers decided they will negotiate the merging on their own and then both chambers would approve the exact same version of the bill. Twelve sub-groups were created for the merging negotiation, each taking care

⁷² John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 86.

⁷³ Ibid, p. 88–89.

⁷⁴ Ibid, p. 89.

⁷⁵ Ibid, p. 92.

of a specific topic: Coverage, Medicare, Medicaid, Abortion, Fraud-Abuse-Transparency, Prescription Drugs, Immigration, etc.⁷⁶ Many of the meetings also included President Obama himself. The main hitch came with the special election to fill the seat of late Senator Kennedy – a Republican candidate has unexpectedly won and Senate Democrats have lost their needed 60 votes to avoid filibustering from Republicans. There were two options at the time: the House would pass the Senate bill in the original version, without any changes made, or there would be a space for much-needed changes and amendments, while still using the Senate bill, but then the new bill would have to be passed using the reconciliation process. That means the bill would be attempted to pass under the new president's budget proposal and it would require only 51 votes in the Senate for passage.⁷⁷ However, *“the only matters that can be included in a reconciliation bill are those having a direct and substantial impact, positive or negative, on the budget.”*⁷⁸ Republicans were furious about this idea and later, this would be one of the major arguments against the reform and its supposedly wrong legislative process by its critics. Also, House Democrats were not excited, although later they accepted the necessity of voting for the Senate bill only under limited changes permissible in the reconciliation bill – they became to be referred to as a “sidecar”.⁷⁹ It appeared to be the only way to achieve national health reform. There was also an abortion controversy, on which pro-life and pro-choice Democrats could not agree and a group led by pro-life Democratic Congressman Bart Stupak threatened to kill the whole national health reform effort over it. As a result of the negotiations, President Obama issued an executive order that forbids a federal funding of abortions through the Patient Protection and Affordable Care Act. The debates were intense in the House as well as in the Senate, however, on March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act into law and signed the so-called “sidecar” one week later.⁸⁰

2.6 What Obamacare looks like

The health reform has two parts: the Patient Protection and Affordable Care Act and the sidecar called the Health Care and Education Reconciliation Act, needed for the complicated budget reconciliation process making amendments to the fundamental

⁷⁶ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 93.

⁷⁷ Ibid, p. 66–67.

⁷⁸ Ibid, p. 97.

⁷⁹ Ibid, p. 95.

⁸⁰ Ibid, p. 97–98.

law. The language itself can be confusing, before one even gets to read the legislation itself: The term Patient Protection and Affordable Care Act (PPACA) refers to the Senate bill approved by the Senate on December 24, 2009, and by the House of Representatives on March 21, 2010, and signed into law by President Obama on March 23, 2010. Then there is the so-called sidecar legislation, the Health Care and Education Reconciliation Act (HCERA), which was approved in the House and also in the Senate on March 25, 2010 and signed by President on March 30, 2010. The most common term for the health care reform is the Affordable Care Act (ACA) and it refers to the original PPACA as modified by the HCERA.⁸¹ The PPACA has ten titles, each consisting of several subtitles and almost 11 000 sections.⁸²

Title I: Quality, Affordable Coverage for All Americans

- regulates private health insurance and makes expansion of private insurance so it offers coverage to more Americans, provides government subsidies to help affording the cost of private health insurance, establishes new state health insurance marketplaces called “exchanges” where individuals and some companies can easily buy coverage, requires most individuals to purchase insurance (individual mandate) and many businesses to pay when they do not provide coverage for their employees, and more.⁸³

Title II: Role of Public Programs

- expands public coverage in the Medicaid programme.

Title III: Improving the Quality and Efficiency of Health Care

- besides improving the quality and efficiency of medical care, it makes changes to Medicare.

Title IV: Prevention of Chronic Disease and Improving Public Health

- creates new initiatives to prevent injury and disease and improves public health systems.

Title V: Health Care Workforce

- improves the quality of health professionals and the care they provide.

Title VI: Transparency and Program Integrity

- provides new tools to fight fraud and abuse in the system of health insurance.

⁸¹ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 105.

⁸² “Patient Protection and Affordable Care Act, 42 U.S.C.,” [online] 2010, accessed August 8, 2017, <https://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

⁸³ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 109–116.

Title VII: Improving Access to Innovative Medical Therapies

- “creates a new pathway for the production and sale of generic-like biologic pharmaceuticals, also called biosimilars, in the United States.”⁸⁴

Title VIII: Community Living Assistance Services and Supports – CLASS Act

- creates a new voluntary public programme to help disabled people.

Title IX: Revenue Provisions

- finds ways to pay for the cost of expanded coverage (in Titles I and II).

Title X: Strengthening Quality, Affordable Health Care for All Americans, the so-called Manager’s Amendment

- makes amendments to Titles I – IX.

Such as in case of Romney’s reform in Massachusetts, Affordable Care Act consists of three essential components (especially the provisions in Title I), each interrelated like a three-legged stool: insurance-market reforms, an individual mandate, and insurance subsidies.⁸⁵ First is the reform of health insurance market that up to a certain level unifies otherwise extremely diverse patchwork of different state approaches. It has two essential parts: On the one hand, there is a guaranteed issue that requires the insurance companies to sell coverage to anyone who qualifies.⁸⁶ Companies are banned from denying coverage to someone based on pre-existing conditions, which was a common practice before the reform had taken place, or price the premiums depending on one’s medical history. Insurers are allowed to vary premiums of insurance plans by three categories — how old the applicant is (but there is a limitation of the difference: older people must pay no more than three times the premium of the youngest participants; the pre-reform practice in most states was much higher), whether the applicant is a smoker, and whether the applicant is participating in certain wellness activities within an employers’ or insurers’ programme.⁸⁷ On the other hand, there is the development of marketplaces where employers and individuals can buy insurance and choose between different plans by different companies. „The idea of an exchange was particularly popular among Republicans, who favored

⁸⁴ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 104.

⁸⁵ Ibid, p. 118.

⁸⁶ Ibid, p. 120.

⁸⁷ Ibid, p. 120.

private competition in the health market.“⁸⁸ The marketplace, in reality, has a form of a website, run either by the state or the federal government, where an individual can learn about different options of health insurance available for them, and choose and buy an insurance plan.

The second leg is an individual mandate that requires an individual to purchase a health insurance or pay a fine. This was extremely important for the insurance companies due to the guaranteed issue – without the obligation for every individual to purchase an insurance people would wait with the purchase until they get sick, knowing they cannot be turned down by the insurance companies.⁸⁹ Younger people would not buy the insurance and the pool would consist of primarily old and ill people, consequently rocketing the premiums prices that would trigger an insurance cycle known as a death spiral⁹⁰ – healthier consumers would decide to opt out due to the high prices making the prices even higher. The obligation of individual mandate eliminates the problem a free rider. Under the ACA individuals are required to purchase a health insurance that meets the law’s minimum standards or they have to face a penalty when filing taxes.⁹¹ That is also why later on, there was confusion when the reform was challenged at the Supreme Court whether it is a fine or a tax – and if the federal government has the power to set such a requirement. Very controversial was the amount of the fine, while some were protesting against the sole existence of this fine, others were saying it is not high enough, and truly, for some people it was more rational and financially efficient to pay the fine rather than buy themselves an insurance plan. In theory, the combination of the guaranteed issue and individual mandate prevents adverse selection and stabilizes the costs.⁹²

Simultaneously, the government has to make sure the fine is not a tool to punish those who cannot financially afford a private insurance, and thus provide subsidies for low-income individuals.⁹³ These government subsidies are the third leg of the reform. There are two parts to subsidies: premium reductions and cost-sharing reductions. Premium is the monthly payment to the insurance company for buying an insurance plan, premium subsidies are thus essential so people can afford to buy a health insurance. It’s not enough, though, to reduce the price of premiums to an affordable level if the coverage requires co-

⁸⁸ Thomas Kingsley, “Diagnosing the Current Problems of the United States Health Care System Requires Examining the History of Health Reform,” *Harvard Kennedy School Review*, Vol. 14 (2014): 63–69.

⁸⁹ Ibid.

⁹⁰ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 120.

⁹¹ Ibid, p. 120.

⁹² Thomas Kingsley, “Diagnosing the Current Problems of the United States Health Care System Requires Examining the History of Health Reform,” *Harvard Kennedy School Review*, Vol. 14 (2014): 63–69.

⁹³ Ibid.

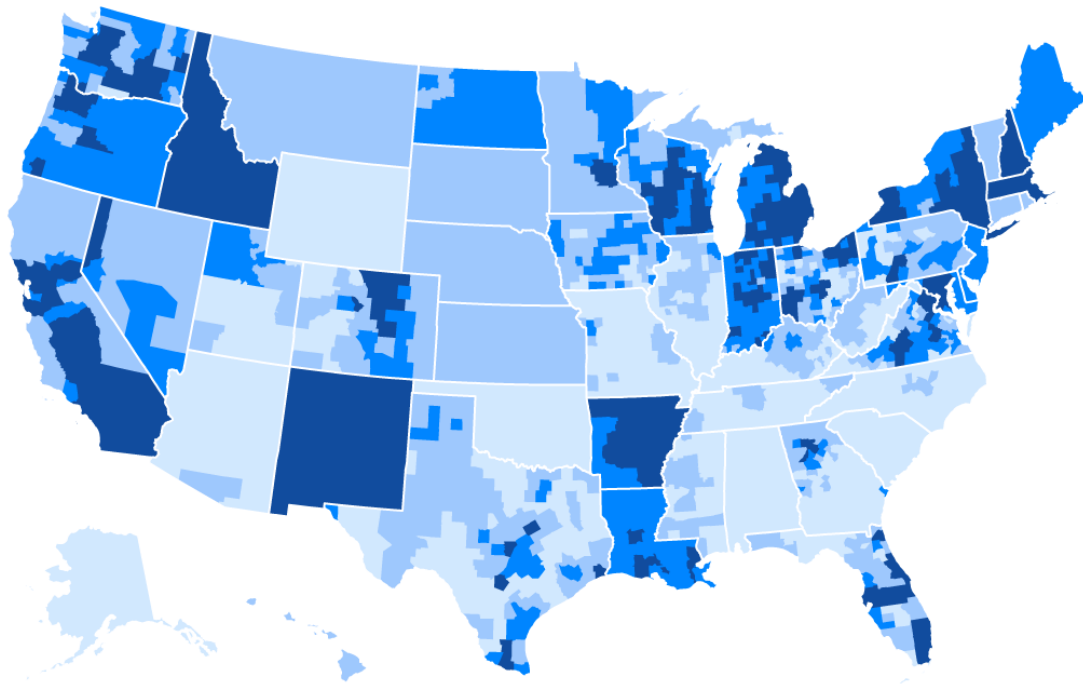
payments, deductibles, or co-insurance that might still be too expensive for someone.⁹⁴ Cost-sharing reduction thus helps with this part of the individual's insurance expenses. An important part of the ACA is the expansion of Medicaid, health insurance programme for poor that sets the eligibility for the programme in all states at 133 per cent of the federal poverty level and lower. Other uninsured individuals with income between 133 and 400 per cent of the federal poverty level are eligible for the federal subsidies.⁹⁵

The Affordable Care Act reform has been presented as a universal health insurance. It is not quite true – in the time of implementation, there were official estimates of circa 23 million of uninsured non-elderly Americans in 2019. Those might be partly undocumented immigrants, who are not eligible for Medicaid or subsidies, partly low-income people who are eligible for Medicaid and do not enrol for various reasons, people who voluntarily decide to pay the penalty rather than buy a health insurance, and also individuals who cannot find affordable option available for them. The last one happened to be a real issue because during the implementation many insurance companies left certain regions, and as a consequence, there are areas in the United States when people have very few or somewhere only one option of insurance that might be too expensive for them. According to the latest data of the U.S. Census Bureau, 8.8 per cent of the population did not have health insurance in 2017, which is circa 28 million of people – therefore, 91.2 per cent did have insurance. That is a significant increase compared to the year 2009 when only 83.3 per cent of the population had insurance, resulting in 50.7 million of uninsured.⁹⁶

⁹⁴ John E. McDonough, *Inside National Health Reform*, Berkeley: University of California Press, 2011, p. 124.

⁹⁵ Ibid, p. 125–126.

⁹⁶ “Health Insurance Coverage in the United States: 2017,” *United States Census Bureau* [online], September 12, 2018, accessed November 18, 2018, <https://www.census.gov/library/publications/2018/demo/p60-264.html>; “Income, Poverty, and Health Insurance Coverage in the United States: 2009,” *United States Census Bureau* [online], September 2010, accessed November 18, 2018, <https://www.census.gov/content/census/en/library/publications/2010/demo/p60-238.html>.



3 - Number of Exchange Insurers (the lightest blue indicates 1 insurer, the darkest blue indicates 4 and more insurers)⁹⁷

2.7 Conclusion

What is interesting about the debate over health care in the United States and what might be one of the factors why the fight for a health care reform has been reoccurring in almost every decade, is that clashing dichotomy of American perspective on health care: on the one hand, there is long-lasting urge to change the situation, Americans feel the need for a crucial reform that would transform the system in which they are currently living; on the other hand, deeply rooted in the American society is the distrust of government. Americans do not perceive the government as an instrument of people and are very cautious even about its limited powers. These two elements are clashing in the public debate and politics throughout the 20th century, resulting in two extreme approaches to health care (strong, centralized government policies such as Social Security on the one hand, unregulated free market on the other) and one mixed compromise called the American way when government fills up the gaps of free market and pursues policies

⁹⁷ “Thousands of Obamacare Customers Could Be Left Without Options in 2018,” *Bloomberg* [online], accessed November 18, 2018, <https://www.bloomberg.com/graphics/2017-health-insurer-exits/>.

through private institutions. During the decades, different approaches have dominated, different presidents and law-makers have believed in diverse values resulting in divergent policies. This fundamental clash of perspectives might be seen in the legislative processes, especially in the process of crafting and passing Obama's reform, consequently producing many compromises.

Moreover, according to Beatrix Hoffman, generally speaking, Americans do not recognize a right to health care.⁹⁸ Firstly, opposed to other countries that legally set a right to medical care in their institutional or legislative frameworks, the furthest Americans ever got is the right to assistance in the emergency room established in 1986 that requires the stabilization of the patient.⁹⁹ Secondly, as we will see in the following case studies in Chapter 3, health care is generally not perceived as a right or an entitlement in the United States. Americans do not see health care as something one can receive automatically without giving much back, something connected to a person's dignity and humanity. There are many arguments against President Obama's health care reform of 2010 based on a view that health care is just another common good, such as car or nice clothes you can buy if you have enough money for it, hence government should not make in an entitlement or right. It is not a goal of this thesis to make any normative evaluation, neither is to decide whether health care shall be universally accessible or not. What is the interest of this work is to look at these arguments and build a context around them. Undoubtedly, these aspects of American society are part of the reason why the debate over universal health care or universal coverage is so vigorous and heated, no matter what decade we are looking at. And also why so many attempts to bring dignified access to health care to all citizens have failed. The Patient Protection and Affordable Care Act was signed into law by President Obama in March 2010 and it is a milestone in the history of American health care.

⁹⁸ Beatrix Hoffman, *Health Care for Some: Rights and Rationing in the United States since 1930*, Chicago: The University of Chicago Press, 2012.

⁹⁹ *Ibid*, p. xi.

3 The media analysis of the debates over Obamacare

The main goal of the analysis is to identify the main arguments used by the critics of President Obama's health care reform and to identify the underlying thesis of these arguments – assumptions that are already naturalized in the society, accepted as a norm, not challenged and even not recognized any more.

This empirical part of the thesis includes the outcome of two case studies. In both of them, media texts were searched and analysed. The same media titles have been analysed with the same approach and with tools as similar as possible. Three U.S. media – two newspapers and one magazine – were selected for the research. The publications were chosen based on their ideological tendencies and their national reach. All of them are national media titles distributed in all states and regions of the United States with the highest circulations. That was important for the research in order to make the most relevant conclusions possible; the titles chosen are not focusing on a specific region or a segment of population, even though every media has its own audience and creates its content with it in mind, and it has been taken into account during the research. Apart from the national distribution and being among the print titles with the highest circulation in the United States, titles have been selected based on their ideological position – there is one centrist newspaper (The New York Times) aiming for a neutral journalism providing space to both of the sides in an argument, one centrist-conservative newspaper with a prevailing focus on economic and financial issues (The Wall Street Journal), and one right-winged magazine with an explicit position of defending the conservative values (National Review).

The New York Times and The Wall Street Journal are among the top three U.S. daily newspapers in circulation according to the Pew Research Center.¹⁰⁰ The New York Times defines itself as *“a global media organization dedicated to helping people understand the world through unrivaled, on-the-ground, expert and deeply reported independent journalism,”* reporting without *“fear or favour.”*¹⁰¹ Its editors see high value in the unbiased journalism, even though the title's absence of ideological leaning has been historically challenged and it is a widely acknowledged that The New York Times has a slight bias for liberal worldview. On the other hand, The Wall Street Journal is also acknowledged as a mainstream media without partisan bias, identifying itself as a unique

¹⁰⁰ “Trends and Facts on Newspapers | State of the News Media,” *Pew Research Center: Journalism & Media* [online], accessed October 19, 2018, <http://www.journalism.org/fact-sheet/newspapers/>.

¹⁰¹ “Who We Are,” *The New York Times Company*, accessed October 19, 2018, <https://www.nytc.com/who-we-are/>.

source of critical journalism and “*the most believable and credible newspaper*”¹⁰² (referring to the Pew Research Center studies), however, readers commonly expect a more conservative position in the opinion sections, especially on the economic issues.¹⁰³ The third analysed media title is National Review, not a daily newspaper but rather a magazine with a monthly frequency. National Review identifies itself as a conservative magazine, “*having defined the modern conservative movement and (enjoying) the broadest allegiance among American conservatives.*”¹⁰⁴ On its website, National Review states it fights “*on behalf of the conservative causes,*” publishing “*conservative commentary on major political and cultural issues.*”¹⁰⁵ National Review, even though it has a different format than the daily newspapers The New York Times and The Wall Street Journal, was selected to complement two more or less centrist media titles with an openly partisan position.

These three media titles are analysed in two different time periods. The first case study aims to capture the media discourse of Obama’s healthcare reform critique during the legislative process and first years of its implementation. The second case study is defined by the entrance of Donald Trump onto the political scene as a candidate for the 2016 presidential election and his later attempt to repeal and replace Obamacare with his own health-care initiative as the President of the United States. The goal is to identify whether there is a difference between the critical debates over Obamacare in two different time periods, without and with Donald Trump controversial presence on the political scene.

In order to have the most reliable outcome possible, the two case studies are almost identical in the used methods. The same media titles were researched, search tools as similar as possible and the same criteria while selecting the database results for analysis were applied. However, the two case studies – even studies of individual media titles within one time period – are not completely the same due to the specifics of every analysed title.

For the search of the media texts, two databases were used. Nexis Uni is a new database produced by the LexisNexis company that replaced the database called Lexis

¹⁰² “Newspaper,” *WSJ Media Kit* [online], accessed October 19, 2018, <https://www.wsjmediakit.com/products/newspaper/>.

¹⁰³ “Wall Street Journal,” *Media Bias/Fact Check* [online], accessed November 06, 2018, <https://mediabiasfactcheck.com/wall-street-journal/>.

¹⁰⁴ “FAQ - Frequently Asked Questions,” *National Review*, accessed October 19, 2018, <https://www.nationalreview.com/frequently-asked-questions/>.

¹⁰⁵ Ibid.

Nexis Academic widely used by universities and other academic institutions. Nexis Uni is a database collecting news, legal and business sources dating from 1790 until the present days, including deep archives of local, regional and international newspapers, print and online journals, even television and radio broadcasts.¹⁰⁶ It offers the researcher a wide range of limitation tools that help specify the usage of the database sources and narrows the search, for example, tools as timeline, subject, source, publication type, or location by publication. That is why this database has been used for the National Review and The New York Times analysis. However, in the case of The Wall Street Journal and the second time period search of The New York Times, the ProQuest US Major Dailies database was used. The reason was the inability of the Nexis Uni database to search exclusively through The Wall Street Journal archives while missing the tool to narrow the search through the source limitation (although Nexis Uni provides this option in case of other media titles selected for the analysis). US Major Dailies enables the user to access archives of the five “most respected” U.S. newspapers since the 1980s,¹⁰⁷ The Wall Street Journal and The New York Times among them. As well as the Nexis Uni database, it provides a wide range of tools for modifying the search, e.g. timeline, source, document type, or subject of the sought text. In the case of the second time period search in The New York Times, US Major Dailies was able to specify and thus narrow the search in more sufficient way and provide more relevant results compared to the Nexis Uni database.

The subject of the database search and consequently the analysis were exclusively opinion pieces published by the selected media titles. This was because along with the principles of quality journalism in the news there is no space for expressing one’s opinions or worldviews. The news is supposed to be as unbiased as possible. However, it is necessary to acknowledge that this distinction between publicist and news genre is more or less idealistic – the objectivity of media is nowadays seen more as a practice, a set of rules for collecting and processing information, rather than a notion of truth.¹⁰⁸ Media can offer one version of the truth, however, there is a distinction between the unachievable concept of objectivity as a presentation of The Truth, and conscious and continuous attempt for a neutrality and unbiased reporting. A newspaper or magazine undoubtedly shows its ideological background and its worldview by providing space to certain types

¹⁰⁶ According to the description of the database at the website of the Lexis Nexis company. “Products - Nexis Uni,” *Lexis Nexis* [online], accessed October 22, 2018, <https://www.lexisnexis.com/en-us/products/nexis-uni.page>.

¹⁰⁷ According to the description of the database at the website of the ProQuest company. “Products - US Major Dailies,” ProQuest [online], accessed October 1, 2018, <https://www.proquest.com/products-services/US-Major-Dailies.html>.

¹⁰⁸ Denis McQuail, *McQuail’s Mass Communication Theory*, London: SAGE Publications Ltd, 2010, p. 200.

of information that might not be limited in the genre of opinion pieces. Moreover, newspapers have been “*an actual or potential adversary of established power*”¹⁰⁹ since their early days in the 17th century. Therefore, we can find the opinion material in other forms of texts, not only in so-called opinion pieces. It might be distinguishable in interviews, reports, even book reviews, since the editors or owners make certain decisions about with whom to make an interview, what story is worth telling, or which books to review. However, due to the limited scope of this analysis, this thesis focuses solely on the type of publicist texts that explicitly shows author’s (or newspaper’s) opinion – i.e. commentaries or editorials.

3.1 First case study

The first time period on which the media research focused is framed by the events of the introduction of the health care reform bill in 2009 and its passage through both chambers of Congress later that year, although in different forms,¹¹⁰ and on the other hand the Supreme Court’s ruling regarding the individual mandate as a part of the health care law in 2012. Therefore, in the first case study, a time range of January 1, 2009 – December 31, 2012 as a searching limitation in the used databases was set. The outcome of the work with the databases is the whole four years of media coverage. As it has been stated above, the analysis focuses solely on opinion pieces, which is also reflected in the searching queries used in the databases throughout the research of the three chosen media titles.

3.1.1 New York Times I.

*“(They) have argued that if Congress could force Americans to buy health insurance, it could require them to do most anything. And in each case, they have raised the specter of what this might mean — a government that can force you to buy a General Motors car, join a gym or even, horror of horrors, eat your vegetables.”*¹¹¹

Kevin Sack, The New York Times, February 1, 2011

¹⁰⁹ Denis McQuail, *McQuail’s Mass Communication Theory*, London: SAGE Publications Ltd, 2010, p. 29.

¹¹⁰ The passage of the bill(s) and complications tied with the legislative process of the health care reform are described in detail in the chapter 2.5 The legislative process of Obamacare.

¹¹¹ Kevin Sack, “Tea Party Shadows Health Care Ruling: Reporter’s Notebook,” *The New York Times*, February 1, 2011.

For The New York Times, a database Nexis Uni was used. Together with the timeline limitation (01/01/2009 – 12/31/2012 in the American form), the same as for all the other media titles in the first case study, the search was narrowed by using the “Source” tool. It clarified that The New York Times title shall be used exclusively as the source for the searching through the database. The query used for The New York Times in the first case study stated:

("Obamacare" OR "Obama care" OR "Affordable Care Act") AND ("Opinion" OR "OP-ED").

Obamacare, Obama care and Affordable Care Act were the three common alternatives used by the media while referring to the new health care reform initiated by the Obama’s administration and it is the core of the search question for the whole media research, used in both case studies. The goal is to find articles using any of those three variations. The second part of the query varies according to the specific title and date range, i.e. the first or the second case study. The purpose of these search terms is to eliminate news and include only opinion pieces: “OP-ED” is a name of a section in The New York Times where different contributors publish their commentaries and opinions. Likewise, when different media titles researched in the analysis have a specific section reserved for opinion pieces it is included in the search terms. This is the reason why the particular queries differ and why sometimes different tools narrowing the search are used – the search is always tailored to the specific title. The two parts of the query are connected in a way that the algorithm is searching only for results including both parts – it means, an outcome of the search is an article about Obama’s health-care reform and does include (usually in the metadata as a name of its location in the newspaper) a term opinion or OP-ED.

When using search terms and limitations as described, 219 results were found. Even though there were several limitations to narrow the database search to get the most relevant results, not all of them were valuable and useful for the analysis; for example, in every case study and in every media search there was a certain number of texts discussing completely different, health care unrelated topics while only mentioning Obamacare by the way. These texts did not provide any relevant information for the analysis, therefore, another selection of texts was made personally, after reading all the results. After that, only the articles that comprehensively discussed the health care issues and contained analysable arguments that

enabled studying the discourse of Obamacare were saved and further analysed. In case of The New York Times, time period 2009–2012, this number of selected texts was 38. A vast majority of these articles had a positive connotation and referred to the health care reform in positive terms or was explicitly supporting and/or defending it. Out of the 38 articles used for the analysis 21 was categorized as positive. On the other hand, only 4 were clearly negative. All of those 4, even though they discuss different issues, build their core arguments on the opposition to the centralization of the U.S. political system and the expansion of the federal government. One of them is specifically talking about religious freedom and how Obamacare is interfering with it as it forces religious institutions to provide contraception and other family-planning means controversial for social conservatives as a part of the insurance.¹¹² Therefore, in this article, we can find a topic of religious freedom, as well as the topic of abortion, birth control and other related issues of women health.

The New York Times (contrary to The Wall Street Journal, for example) specifies the name of the author in case of all opinion pieces. Exceptions are Editorials that express the views of the whole newspaper or at least the editorial office, if not stated differently. All editorials discussing the issue of the health care reform in the analysed time period of 01/01/2009 – 12/31/2012 were positive towards Obamacare. The title has several traditional commentators that focus on specific issues, nevertheless, The New York Times also might decide to publish texts from writers who do not belong to the staff or usually focus on different topics. Among the most frequent names occurring in the research are Paul Krugman, one of the most active commentators on the issue of health care and Obama's reform and also Nobel Memorial Prize in Economic Sciences laureate, Frank Rich, Bill Keller, or Gail Collins. However, more important are the names of Ross Douthat and David Brooks, who according to the research done for this thesis represent the conservative voice in The New York Times opinion section.

Ross Douthat focuses primarily on the topics of moral value, religion and politics.¹¹³ In his article called Government and Its Rivals, Douthat contests a part of the health care reform that stipulates the necessity of providing insurance for certain care related to women's reproductive health. *"The new health care law requires that all employer-provided insurance plans cover contraception, sterilization and the morning-*

¹¹² Ross Douthat, "Opinion | Government and Its Rivals," *The New York Times*, January 28, 2012, sec. Opinion.

¹¹³ "Ross Douthat," *The New York Times*, accessed October 1, 2018, <https://www.nytimes.com/column/ross-douthat>.

after (or week-after) pill (...), which can work as an abortifacient."¹¹⁴ He criticizes the power of the government to force institutions into activity conflicting with their beliefs and moral values. *"Critics of the administration's policy are framing this as a religious liberty issue, and rightly so. But what's at stake here is bigger even than religious freedom. The Obama White House's decision is a threat to any kind of voluntary community that doesn't share the moral sensibilities of whichever party controls the health care bureaucracy."*¹¹⁵

Together with the issue of religious freedom and women's reproductive health (typical issues for social conservatives as the problems of abortion and contraceptives are framed in the context of family values rather than control over women bodies or sexism – a narrative often used by centrist or left-leaning media), Douthat's article is building its opposition on the premise of small government. The main fear, often articulated in the analysed articles, is that Obama's health care reform is another step towards a more centralized political system, more powerful federal government, and a slippery slope to the welfare state and even socialism. Naturally, this extreme is not used as an argument in the texts published in The New York Times. However, a threat of growing government oppressing individual rights as well as free market and people's businesses is present in these texts too. Douthat writes: *"But it's also an intimation of a darker American future, in which our voluntary communities wither away and government becomes the only word we have for the things we do together."*¹¹⁶ David Brooks in his commentary Step to the Center warns: *"The Obama health care law represents another crucial moment in the move toward centralization."*¹¹⁷ He acknowledges the power of government to regulate business activity, what is new, he says, is that Obamacare *"compels people to enter into activity so that it can regulate them. This new ability to compel activity opens up vast new powers."*¹¹⁸ What he is concerned about is the individual mandate requiring people to buy insurance if they are not already covered by their employer, otherwise they face a financial penalty. This is the new ability of government – to *"compel people to enter into activity"* means to force them with law into buying a health insurance, which is a sign of a too strong, oppressing government.

¹¹⁴ Ross Douthat, "Opinion | Government and Its Rivals," *The New York Times*, January 28, 2012.

¹¹⁵ Ibid..

¹¹⁶ Ibid.

¹¹⁷ David Brooks, "Opinion | Step to the Center," *The New York Times*, March 26, 2012.

¹¹⁸ Ibid.

Another strong argument that is extremely common throughout the whole research including all targeted media are the negative consequences people have to face because of the health care reform. These consequences include higher prices (the price for premiums had skyrocketed during first years), less of individual choice (there were several companies leaving the individual insurance market and therefore narrowing the range of options for a customer) and a loss of insurance plans people have been satisfied with. David Brooks writes: *“The case against Obamacare is pretty straightforward. In the first place, the law centralizes power. (...) The law also creates the sort of complex structures that inevitably produce unintended consequences. The most commonly discussed perverse result is that millions of Americans will lose their current health insurance.”*¹¹⁹

Even though only 4 articles have been coded as ‘Negative’, there were altogether 12 articles including arguments against Obamacare. That means even if the whole connotation of the article was positive, it might have cited an opponent of the reform and provided an argumentation against Obamacare. Usually, those quotations were originally from Republican politicians, mostly from Congressmen and Congresswomen, or the author describes a conservative argument and work with it further (if the whole article is positive towards the health care reform, usually the author explains why he or she perceives such an argumentation against the Obamacare as wrong). Out of those 12, one also referred to abortion and birth control. J. D. Kleinke writes in his piece *Why Obamacare is a Conservative’s Dream* that *“today’s Republicans dare not own anything built on principles of economic conservatism, if it also protects one of the four horsemen of the social conservatives’ apocalypse: coverage for the full spectrum of women’s reproductive health, from birth control to abortion. Social conservatives’ hostility to the health care act is a natural corollary to their broader agenda of controlling women’s bodies.”*¹²⁰ Naturally, this example is an argument created by an Obamacare supporter (or at least not an opponent) interpreting a conservative point of view, i.e. in this case Republican perspective. However, that is exactly what the analysis of The New York Times as an ideologically centrist medium leaning towards centre-left can offer and it might be very valuable for interpreting the anti-Obamacare discourse.

Another example is an article called *Learning from Europe* by Paul Krugman. In his opinion pieces, Krugman focuses mostly on macroeconomics, social politics and health

¹¹⁹ David Brooks, “Opinion | A Choice, Not a Whine,” *The New York Times*, July 2, 2012.

¹²⁰ J. D. Kleinke, “Opinion | Why Obamacare Is a Conservative’s Dream,” *The New York Times*, September 29, 2012.

care.¹²¹ In January 2010, he wrote: *“Even calmer conservatives have been issuing dire warnings that Obamacare will turn America into a European-style social democracy.”*¹²² He points out a very common assumption in the American debate: the European way of politics is a disaster and a modern-day socialism is threatening the American values. *“Representative Devin Nunes, a Republican of California, warns that by passing health reform, Democrats ‘will finally lay the cornerstone of their socialist utopia on the backs of the American people.’”*¹²³ What Krugman does in his article is that he enlightens the European politics and policies and highlights the economic success of many European countries, because the threat of slower economic progress is often used as an argument against social policies in general, and consequently also Obamacare. Interesting contribution into this debate is an article defending Obamacare called *President Obama Should Seize the High Ground* by Thomas L. Friedman: *“‘Obamacare is socialized medicine,’ says the Republican Party. No, no — excuse me — socialized medicine is what we have now! People without insurance can go to an emergency ward or throw themselves on the mercy of a doctor, and the cost of all this uncompensated care is shared by all those who have insurance, raising your rates and mine. That is socialized medicine and that is what Obamacare ends. Yet Obama — the champion of private insurance for all — has allowed himself to be painted as a health care socialist.”*¹²⁴ This argument is quite similar to those we can find in the texts published by The Wall Street Journal and National Review, as it focuses on the individual responsibility and sharing the risks and costs. The arguments are described in more details later on, in the sections devoted to these media titles. Interesting here is an attempt to show that Affordable Care Act is not “too leftist” as many claim, but on the contrary – it is a change in the more conservative, economically liberal direction, far away from the socialism as some fear.

As expected, in The New York Times, the overwhelming majority of texts was either defending or supporting the Affordable Care Act. Negative arguments that occurred in the articles were usually using the arguments of Republicans or generally conservative critics of the reform. However, even here the scope of the covered topics was quite limited, the threat of the expanding, more centralized government on the one hand, and the controversy of contraceptives coverage on the other. The overall perspective

¹²¹ “Paul Krugman,” *The New York Times*, accessed October 2, 2018, <https://www.nytimes.com/column/paul-krugman>.

¹²² Paul Krugman, “Opinion | Learning From Europe,” *The New York Times*, January 10, 2010.

¹²³ Paul Krugman, “Opinion | Going to Extreme,” *The New York Times*, March 25, 2010.

¹²⁴ Thomas L. Friedman, “Opinion | President Obama Should Seize the High Ground,” *The New York Times*, May 26, 2012.

of The New York Times is positive towards President Obama's reform, highlighting stories when the reform could actually save lives and/or a lot of money, helping people to whom the system might have been unfair. Even though this narrative is strongly targeted on the individual, the arguments are not ideologically individualistic. That we can see further on, in the case of The Wall Street Journal and National Review which position is to defend the individual and his or her rights against the interference of the government.

3.1.2 The Wall Street Journal I.

*"The worst thing that can be said about the House health bill is what's in it."*¹²⁵

The Wall Street Journal, July 31, 2009

In the search through a daily newspaper The Wall Street Journal, for the first case study the same date range of 01/01/2009 – 12/31/2012 was used. However, the Nexis Uni database does not provide access to the whole archive and another database, ProQuest US Major Dailies, turned out to be more useful, providing more complex and comprehensive outcomes. The query used for the search looked as follows:

(pubid(10482) AND ("Editorial" OR "Commentary") AND ("Obamacare" OR "Obama care" OR "Affordable Care Act")) NOT ("Romney").

The first part is a specification inherent for the US Major Dailies database that determines the source – the number is an identification of The Wall Street Journal. Therefore, it ensures The Wall Street Journal is the only source the search will include. The second part, connected with 'AND' which means both of those commands have to be fulfilled within the results, specifies two forms of publicist genre The Wall Street Journal offers. Identically to the case of The New York Times, the query has been tailored to this specific media title in order to provide the most relevant outcomes of the search. The third part is a standard core of the query, same as in the case of other media and other time periods. However, the last part NOT ("Romney") is unique for The Wall Street Journal. The reason why this search term eliminating references to Republican politician Mitt Romney had to be incorporated into the query is that at the end of the searched time period a political campaign before the next presidential elections culminated. As a Republican

¹²⁵ "Repealing Erisa II," *Wall Street Journal*, July 31, 2009.

candidate Mitt Romney was challenging the sitting president Barack Obama and during the months before the elections, The Wall Street Journal dedicated a high number of texts to cover his campaign, including his health care agenda. Consequently, results of the search have contained texts without any relevance to the debate on Obamacare or its discourse, however, they occurred among the results because Obamacare had been mentioned, usually without any further development or argumentation. The number of such texts concluded approximately 25 per cent of the results.

As an outcome of such a defined query (including the elimination of Romney), there were 186 results out of which 98 were then selected for further analysis after assessing texts' relevance. As expected, a vast majority of them argued against Obamacare. Only 1 article had a positive connotation. Most common arguments against Obamacare were the negative consequences the health care reform possessed for individuals (40 articles), the cost of the reform and financial burden for the federal budget (31) and fear of big government and centralization of power (also 31). However, the range of the different arguments is much wider compared to The New York Times, and even National Review (the third of the analysed media): Twenty articles used the narrative of Obamacare interfering with the individual rights, an overlying issue with the possibility of making a choice and personal responsibility. Eighteen articles elaborated on the conflict between state and federal rights – often connected with the fear of big government, however, these texts specifically highlight the authority and powers of state governments being in the conflict with the supposedly new powers given to the federal government through the health care reform. Eleven articles criticized the behaviour and activities of Democrats, in the majority of cases Congressmen and Congresswomen, sometimes in the intensity of a personal attack. Six used the threat of a welfare state. Five criticized the legislative process: health care reform had been passed within the so-called reconciliation process that enables to pass financial bills in an accelerated mode with a simple majority. The same number argued that Obamacare was a strongly partisan law which is supposedly unusual and unprecedented for a social policy of such a magnitude. Another similarly common argument was that Obamacare is a tool of rationing health care by politics which is inherently wrong. Three articles used the argument that health care is not an entitlement and 2 articles argued that the Supreme Court's rulings regarding Obamacare were biased. Another 2 articles covered the issue of women's reproductive health.

An interesting thing about The Wall Street Journal opinion pieces is that they were not signed. Thus, all of them – excluding some individual exceptions – might and are to be considered as representing the opinion of the whole newspaper.

Abortion and contraceptives, otherwise very controversial topic for the conservative audience, did not have much space in The Wall Street Journal. Commentary The Doctors of the House¹²⁶ mentioned the issue of women's reproductive health next to several other arguments against Obamacare, such as the skyrocketing prices, financial burden of the federal budget, an exclusively partisan support and rushing the bill through the Congress, destruction of small businesses, and an expanding power of the federal government (quoting: *"House Democrats last night passed President Obama's federal takeover of the U.S. health-care system."*¹²⁷). Regarding the abortions, the author (or authors – the by-line says anonymous, though the plural "we" occurs in the text) comments on the fact the law had gained support even from pro-life Democrats, i.e. Democratic Representatives strongly opposing the abortions and their legal support, in exchange for president's executive order *"that will supposedly prevent public funds from subsidizing abortions."*¹²⁸ However, The Wall Street Journal notices that the language of the order does not differ significantly from the bill and hence *"Democratic pro-lifers sold themselves for a song, as they usually do."*¹²⁹ What is visible even from these short passages, abortion is not really a topic here, the author of the article is solely using it to criticize Democrats for their behaviour. On the other hand, we might see that abortion is an important part of the Obamacare debate, as it was part of the Congress negotiations.

The other article covering the issue of women's health is an editorial called Catholics in Court referring to the lawsuits filed by Catholic plaintiffs against Obamacare birth control mandate. The topic of reproductive health – thus not only abortions but also contraceptives and other means of family planning – is framed here as a question of religious liberty: *"The nation's most prominent Catholic institutions are saying that the same federal government they have viewed for decades as an ally in their fight for social justice is now a threat to their religious liberty."*¹³⁰ Moreover, as a question of expanding federal government: *"'If the Government can force religious institutions to violate their beliefs in such a manner,' argues the Notre Dame suit, 'there is no apparent*

¹²⁶ "The Doctors of the House," *Wall Street Journal*, March 22, 2010.

¹²⁷ Ibid.

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ "Editorial: Catholics in Court," *Wall Street Journal*, May 23, 2012.

limit to the Government's power."¹³¹ The core argument states that Democratic politicians see more value and importance in "*sexual politics and expanded reproductive freedom*"¹³² rather than in religious liberty.

Opposite to the less covered issue of women's health care stands the financial burden that reform brings either to the federal budget, or individuals and small personal businesses. This cost-related topic has been covered together by 54 articles, which is more than a half of the whole amount chosen for an analysis. Most of the arguments have been combined with blaming the government, for example: "*Because these mandates would raise the cost of insurance, ObamaCare would then turn around and subsidize individuals to buy the insurance that the politicians made more expensive. Only in government could such irrationality be sold as 'reform',*"¹³³ and "*Individual insurance is going to be very expensive if it's available. But what the President and Democrats won't tell you is that these problems are the result mainly of government intervention.*"¹³⁴ It is only natural that a newspaper focused on financial and business issues devotes most of the space to the financial aspect of the reform. Especially during November and December 2009, which were the months Democrats worked most intensively on passing the bill(s), the biggest concern about the whole reform seemed to be its cost: firstly, the effect on the federal deficit; secondly, the cutting made in the already flawed Medicare system; thirdly, the increasing premiums¹³⁵ and taxes for individuals.

*"The result will be destructive on every level -- for the health-care system, for the country's fiscal condition, and ultimately for American freedom and prosperity."*¹³⁶ The Wall Street Journal's underlying assumption is that generally, the government interventions worsen the situation. Moreover, the title often frames the new health care reform as a "government takeover." "*Now that U.S. health care has been annexed by Washington (...).*"¹³⁷ The government should not be in charge of someone's decisions about his or her life, the power of the government needs to be limited and strictly controlled. "*The core of the architecture of the American system, (...) whether there are any remaining*

¹³¹ "Editorial: Catholics in Court," *Wall Street Journal*, May 23, 2012.

¹³² Ibid.

¹³³ "The Truth About Health Insurance," *Wall Street Journal*, August 12, 2009.

¹³⁴ Ibid.

¹³⁵ Premiums are the monthly fees for obtaining insurance. In other words, it is the price of the insurance plan and it differs based on the benefits and coverage the plan offers. Another important expense regarding the health care insurance is the deductible which is basically the co-pay in case of an accident or an illness. It is the amount a person must pay before the insurance "kick in".

¹³⁶ "The Worst Bill Ever," *Wall Street Journal*, November 2, 2009.

¹³⁷ "The Separation of Health and State," *Wall Street Journal*, April 6, 2010.

limits on federal control."¹³⁸ The Wall Street Journal mantra might be summarized as "less government, more individual responsibility." Together with the responsibility comes individual rights, more choice, more opportunity, more power to decide about one's own life. Hence, the life itself has a better quality – starting with the opportunity for people to choose better health care, have more control over what they are paying for, not being instructed by the government who should buy what. This argumentation is in line with what is commonly referred to as "the traditional Republican values."

This issue is also connected with an argument The Wall Street Journal is making throughout its articles: health care is like any other goods. It is defined by infinite wants and finite sources and it needs to be allocated through price, not in any other way. What the title is saying is that health is not an entitlement, something the state should provide to its citizens or at least subsidize it. Who can afford to pay for the care shall be provided with one. Who cannot afford to go and see a doctor, buy the medicine one needs, undergo a surgery in a renowned hospital, buy health insurance – it is his or her fault and society should not be blamed for it, let alone pay for it. We can find examples of such argumentation in an article called Obama's Health Cost Illusion: "*When people aren't exposed to the true cost of their care -- though it is paid in foregone wages and higher taxes for public programs -- they consume more care,*" "*The now-famous Obama-Orszag mantra – 'entitlement reform is health-care reform' -- really means that when they're done, all health care will be an entitlement,*" and "*Health is a superior good.*"¹³⁹ This highly individualistic perspective is derived from the "American dream" narrative of success and failure,¹⁴⁰ which is discussed more in detail in the chapter 4. To briefly sum up, it is a common myth that in the United States, everyone who works hard will succeed. The other side of this narrative is that if one fails it is his or her fault, perhaps the person did not work hard enough. Hence, there is a strong and long-lasting suspicion towards social policies and state subsidies, which are, in the particular perspective, helping to the ones who do not deserve it. Americans shall work harder, not to rely on the government.

Individuals are one group The Wall Street Journal is defending against the government, the other is business. Moreover, the outcome of the analysis is that The Wall Street Journal has prioritized the interests of small business and companies over

¹³⁸ "The Constitutional Moment," *Wall Street Journal*, February 1, 2011.

¹³⁹ "Obama's Health Cost Illusion," *Wall Street Journal*, June 8, 2009.

¹⁴⁰ James A. Morone, *The Devils We Know: Us and Them in America's Raucous Political Culture*, Lawrence, Kansas: University Press of Kansas, 2014.

the interests of individuals. This is especially visible in the case of the law requirement that obliges insurance companies to insure all. From the individual's point of view, this might be an extremely important and beneficial measure for thousands of people, who would have been rejected earlier based on their pre-existing conditions. The position of The Wall Street Journal in this dispute is that this measure might hurt the insurance companies exactly because they are obliged to offer the insurance for almost everyone and then their pools of customers might be sicker than it is profitable for the companies. On the other hand, the individual mandate that requires individuals to buy the insurance, otherwise they face a penalty, was created in order to prevent people from waiting with the purchase of the insurance until they are sick and in need of medical treatment. *"But Democrats watered down the mandate's tax penalty, so millions of those customers may wait to buy insurance until they are already sick."*¹⁴¹ However, individual mandate is another part of the reform conservatives oppose, The Wall Street Journal concludes: *"In other words, if the government can impose this kind of 'economic mandate' -- if it can force individuals to enter contracts with private companies 'from birth to death' -- there are no longer limits on what it cannot do."*¹⁴² But when it comes to the interests of insurance companies, the mandate is suddenly not strong enough.

To conclude, what we see in the texts of The Wall Street Journal is an opposition to the threat of uncontrollable, expanding and powerful federal government that has the means to control every aspect of people's lives. Moreover, this government might interfere with the fundamental rights of individuals such as religious liberty and might attempt to limit the free market and the ability of individuals to maintain a business. Last but not least, what distresses the writers of The Wall Street Journal is the cost of the reform and its effect on the federal deficit.

3.1.3 National Review I.

*"Is the welfare state unconstitutional? On a proper understanding of the limited government created by our Constitution, the answer is yes."*¹⁴³

Matthew J. Franck, National Review, January 23, 2013

¹⁴¹ "Don Fanucci's Health-Care Lesson," *Wall Street Journal*, April 1, 2010.

¹⁴² "Breathtaking in Its Expansive Scope," *Wall Street Journal*, August 13, 2011.

¹⁴³ Matthew J. Franck, "The Lawless Welfare State," *National Review*, January 23, 2013.

For the analysis of National Review, the same date limitation as in the case of The New York Times and The Wall Street Journal was used: 01/01/2009 – 12/31/2012. The difference here was that National Review is a monthly magazine, not a daily newspaper like the two other analysed media titles. However, National Review is also offering online news and commentary portal with texts not included in the print magazine that is not limited by the monthly frequency and fixed space in the printed magazine, thus can offer a wide range of texts. The database searched through both platforms, the print as well as the online version. Still, the style of the coverage distinguishes from The New York Times or The Wall Street Journal – National Review as a magazine can afford longer articles that newspapers cannot, with deeper context and also more explicit and even radical opinions. Another difference is that National Review is the only media included in the research that openly expresses its ideological background. National Review identifies itself as a conservative media title: “*National Review was founded (...) as a magazine of conservative opinion. The magazine has (...) defined the modern conservative movement and enjoys the broadest allegiance among American conservatives.*”¹⁴⁴ The main content of the magazine is to publish “*conservative commentary on major political and cultural issues.*”¹⁴⁵

Nexis Uni database was used again, and the query looked as follows:

"National Review" AND ("Obamacare" OR "Obama care" OR "Affordable Care Act")

Since National Review is a magazine and its content is in a publicist form, there was no need to specify the genre in the query by including search terms as opinions or the names of the opinion sections, as we have seen in the previous cases. Hence, there is the search term that narrows the search to National Review as the only source, and then there is the traditional search term for Obamacare in three variations.

Based on the described query, we had 121 results out of which 29 were selected for the analysis because of its relevance. Many texts were not relevant for the debate over Obamacare, but rather mentioning the reform while covering completely different issues without any argumentation, hence only 29 selected texts out of 121. As expected, a vast majority of the analysed texts were negative towards the health care reform and towards

¹⁴⁴ “FAQ - Frequently Asked Questions | National Review,” *National Review* [online], accessed October 8, 2018, <https://www.nationalreview.com/frequently-asked-questions/>.

¹⁴⁵ Ibid.

Democrats as its creators. There were zero positive articles and only 2 that were not explicitly negative, rather not assessing Obamacare at all and focusing on the issue of racism in American politics within the context of President Obama's new health care reform.¹⁴⁶ The biggest number of articles (17) criticizes the expansion of federal government and describes the situation as a threat to the individual freedom, while 7 of the 17 highlighted the issue of individual rights and the government interfering with them. Three articles emphasised personal responsibility in terms of one's health and health care. Another frequently discussed topic was the cost and prices, either of medical treatment or the health insurance. There was the cost of Obamacare and how it burdens the federal budget on the one hand, on the other hand there were the enormously rising prices people must face – together 16 articles covered this topic, while 10 focused on the government spending and 12 on the negative consequences for people (as we can see, the topics are overlying – several themes and issues might have been covered in one text). Four articles included concerns about businesses and companies that struggle under the new law, 3 texts criticized that Obamacare modifies the free market, and 2 identified the new system as a welfare state or socialism. Several texts also commented on the process of passing the law or other procedural issues: 2 articles called the reform unconstitutional, 1 criticized the legislative process itself, and another one the partisan character. Racism was the topic for 4 articles, abortions together with other women health care issues for 3 and 2 texts included the conflict between federal and state rights.

Most of the core arguments can be found in a very interesting article that covers a wide range of topics. It is called 689 Reasons to Defeat Barack Obama and its by-line says "NR STAFF", hence we can assume the content expresses the opinion of the whole magazine.¹⁴⁷ It was published in September 2012, few weeks before the presidential elections in which Barack Obama sought re-election. It is a listing of actual 689 short statements why the editors think the readers should not vote for the incumbent president. The reason 113. says: "*For Obamacare.*" The reasons why Obamacare is bad are diverse – from a con made on American citizens ("*120. Because he made 58 speeches to sell Obamacare, not one of them honest,*" and "*121. For claiming 'special interests' were opposed to Obamacare. 122. While making a secret deal with Big Pharma. 123. And another secret deal with the doctors. 124. And one more secret deal with the hospitals.*"¹⁴⁸),

¹⁴⁶ Tony Blankley, "Cry Racism!," *National Review*, July 28, 2010; Jay Nordlinger, "'Worst People' - Some Notes on Racism and Anti-Racism in America," *National Review*, April 19, 2010.

¹⁴⁷ NR Staff, "689 Reasons to Defeat Barack Obama," *National Review*, September 4, 2012.

¹⁴⁸ Ibid.

negative consequences people must face (such as losing insurance one is satisfied with: “153. *‘If you like your health-care plan, you can keep your health-care plan.’ McKinsey estimates around 30 percent of employers will drop employee health plans in the years after 2014.*”¹⁴⁹), to the cost of the reform and its burden to the federal budget (“137. *The president's health-care bill wasn't going to add ‘one dime’ to the deficit.* 138. *It will add 10 million tons of dimes to the deficit.*”¹⁵⁰).

A great concern of the authors of this article is also the issue of abortions, contraceptives and a funding of the means of women health care through the federal budget. It is only expected that a conservative magazine will express socially conservative positions – National Review does fulfil these expectations perfectly: “334. *Saying that there is a crisis in ‘access to contraception,’ when Walmart sells the contraceptive pill for \$9 per month.*”; 339. *The question of when life begins is ‘above [the president's] pay grade.’* 340. *But proclaiming, ‘Abortions should be legally available in accordance with Roe v. Wade.’ (...)* 342. *And describing becoming pregnant as being ‘punished with a baby.’* 343. *While claiming abortion is ‘health care.’*”¹⁵¹ Here we can see that the question of abortions is a dividing issue. Although the Affordable Care Act’s core is not about abortions, even during the legislative process the issue of abortions was one of the biggest hurdles. Overall, the law maintains the status quo, however, it does require the coverage of the abortions in the insurance plans. At the same time the related president’s executive order forbids the federal financing for abortions, which was one of the conditions for passing the law. The outcome is that both sides, “pro-life” as well as “pro-choice” activists are unhappy.

What is important for this analysis is the question of individual rights reflected in the National Review texts. Together with the claim that “*abortion is ‘health care’*”, another great source of criticism of Obama and his reform is “114. *Because he thinks health care is a ‘right.’*”¹⁵² This question of health care as an entitlement is highly visible in the texts published by National Review, emphasising that health care should be a question of personal responsibility. People do not have any idea about the health care costs because they are kept blind by the system, consequently, they behave irresponsibly. What the National Review contributors suggest is that everyone should be exposed to the consequences of his or her behaviour. “*Most Americans do not have ‘any real value*

¹⁴⁹ NR Staff, “689 Reasons to Defeat Barack Obama,” *National Review*, September 4, 2012.

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

¹⁵² Ibid.

consciousness' when it comes to health-care costs, partly because they are heavily insulated from those costs."¹⁵³ Together with the responsibility comes the opportunity of choice, a value the conservatives prize much more than accessibility, at least according to the analysed texts. The clearest example of emphasis on opportunity of choice is the concept of freedom. *"Opposition to Obamacare's individual mandate was based on Reagan's maxim that 'liberty can be measured by how much freedom Americans have to make their own decisions, even their own mistakes.'"*¹⁵⁴ There is an untouchable personal space with which the government cannot interfere, the Constitution is the first and last guarantee of that. *"The Founders believed there was a tension between representative government and the right to life, liberty, and property."*¹⁵⁵ Authors of several texts published in National Review are afraid of the idea of *"spreading the wealth around"*¹⁵⁶ that interfere with the basic right to own a property, expanding in this interpretation for all the values one is earning or owning, hence rejecting the idea of taxation or sharing the costs. *"The redistributionist impulse of the Left has always gone against the grain of American individualism and the tradition of limited government."*¹⁵⁷ That is how we can find in National Review such a conclusion: *"Is the welfare state unconstitutional? On a proper understanding of the limited government created by our Constitution, the answer is yes."*¹⁵⁸

The last point that might be found extremely interesting is the creative usage of a pro-abortion legislation by the conservatives against Obamacare. *"That's right: The 1973 Supreme Court decision declaring a woman's right to an abortion could be a key weapon against Obamacare."*¹⁵⁹ The main argument of Adam Freedman, the author of the article called *Roe v. Obamacare*¹⁶⁰, is that the Supreme Court ruling back in the 1970s introduced the "zone of privacy" and that Obamacare is inherently contradicting this concept with its individual mandate. *"Privacy, like speech and assembly, is a fundamental constitutional right, according to Roe. Although the immediate issue in Roe was abortion, the Supreme Court's decision created a broad 'zone of privacy' that included (...) more generally the right 'to care for one's health and person'."* Freedman

¹⁵³ Duncan Currie, "Alternative to Obamacare," *National Review*, May 18, 2009.

¹⁵⁴ Henry Olsen, "Blue Collars, Red Voters," *National Review*, November 11, 2010.

¹⁵⁵ Michael Baron, "Why Obamacare is Unpopular," *National Review*, June 28, 2010.

¹⁵⁶ *Ibid.*

¹⁵⁷ Matthew J. Franck, "The Lawless Welfare State," *National Review*, January 23, 2013.

¹⁵⁸ *Ibid.*

¹⁵⁹ Adam Freedman, "Roe v. Obamacare," *National Review*, June 15, 2010.

¹⁶⁰ The name of the article "Roe v. Obamacare" is a variation on *Roe v. Wade*, the Supreme Court's ruling on the issue of de-criminalization of abortions in 1973 that made abortions legal in all states based on the constitutional right to privacy.

concludes: *“If the right to privacy guarantees our liberty to make ‘intimate,’ ‘personal’ decisions relating to ‘health,’ ‘dignity,’ and ‘autonomy,’ does it not also protect our right not to buy health insurance?”*¹⁶¹

National Review shows a wide range of conservative concerns with Obamacare: from the emphasis on the financially conservative arguments to the social conservatism regarding the abortions. However, the strongest ideas expressed here are the concept of limited government and individual freedom. There is personal space in which the government has no right to interfere. The fundamental right of an individual is to make their own choices and hence be responsible for their actions. Contradicting to that is the Democrats’ and Leftists’ idea of health care as a right, which National Review strongly opposes. And we can find the usage of the Constitution and Founding Fathers proclamations to support these arguments in the National Review texts, emphasizing the freedom of individuals as an underlying concept of the American society.

3.2 Second case study

The second time period for this research was defined by the entrance of Donald Trump to the political scene. Although Trump had been vocal about politics before, in June 2015 he officially announced his presidential campaign for the 2016 elections. In July 2016, after the Republican primaries, he was declared the official nominee for the presidential election by the Republican National Convention, further competing with Democratic nominee Hillary Clinton. And in November 2016, based on the traditional relation between the public vote for the members of the U.S. Electoral College and the direct vote of the Electoral College for the President, it was certain Donald Trump will become the next President of the United States. The repeal of Obamacare was a strong motive in Trump’s presidential campaign and one of his proclaimed priorities in his programme as a president. Therefore, in March 2017, House Republicans announced their intent to repeal and replace the Affordable Care Act with the American Health Care Act, while Senate Republicans decided to write their own bill. However, neither of these bills passed the Congress. Those were the most important events regarding Obama’s health care reform with Donald Trump active on the political scene. Therefore, the timeline selected for the second case study is June 2015 – June 2017. Thus, we get two full years of media

¹⁶¹ Adam Freedman, “Roe v. Obamacare,” *National Review*, June 15, 2010.

coverage, prior to the presidential election as well as with Donald Trump in the White House.

3.2.1 The New York Times II.

*“Donald Trump, Paul Ryan and Tom Price may succeed where left-wing dreamers have long failed and move the country toward socialized medicine. And they would do it unwittingly, by undermining the most conservative health care system that Americans are willing to accept. You’ve no doubt heard of that conservative system. It’s called Obamacare.”*¹⁶²

David Leonhardt, The New York Times, March 18, 2017

In the second case study, ProQuest US Major Dailies database was used for The New York Times. The main reason for that was a wider range of tools helping to narrow and specify the search. With the Nexis Uni database, while using all the available tools to specify the search as much as possible, there were 1 230 results (for two-years timeline). On the other hand, US Major Dailies allows the user to select not only the timeline and source, but also the document type and subject of the results, as well as to use several search terms to specify the search. The date used for the search was 06/01/2015 – 06/01/2017, the same as for all the media analysed in the second case study. The query stated:

((“Obamacare” OR “Obama care” OR “Affordable Care Act”) AND (“Opinion” OR “OP-ED” OR “Editorial”)) AND PUBID(11561)

The last part of the query is a specification of the newspaper that allows the database to search only through The New York Times archives. Opinion, Op-Ed and Editorials ensures the right type of articles will be found if we are looking for opinion pieces, most commonly occurring in the newspaper’s sub-sections Op-Ed and Editorials. The first part of the query is a traditional search term for Obama’s health care reform. Furthermore, two supplementary ways of specification were used for the search: the tool Subject allows to select “health care policy”, “PPACA 2010-us” and “health insurance” to narrow the search, and with the tool Document Type “commentary” and “editorial” were

¹⁶² David Leonhardt, “Republicans for Single-Payer Health Care: Commentary,” *New York Times*, March 28, 2017.

selected as the form of the texts, while excluding all others, such as news or book reviews. With such a defined search, there were 171 results.

Out of these 171 results found by the database algorithm, 53 articles were selected for further analysis based on their relevance for this research. One of the factors considered here was the criticism of the analysed texts – as expected, a massive majority of the articles published in The New York Times had a positive connotation (there were 120 explicitly positive texts out of the 171 results generated by the database in the general search, without the step of the further, personally-made selection narrowing the results to 53). Hence, most of the texts that were not selected to the analysis throughout the personally made process did not offer any arguments but plain support for the reform. However, out of the 53 analysed articles, 16 were negative – that is a surprisingly high number, especially compared to the first case study when in the years 2009–2012 there were only 4 negative texts in the analysed selection of The New York Times. If we look in detail on these 16 articles, 12 were concerned about the negative consequences American citizens must face such as skyrocketing prices for insurance, high deductibles and less choice in terms of choosing the health insurance plans and means of health care. Often, another theme reflected together with the negative consequences for individuals is the cost of the reform – together forming an argument that Obamacare is too expensive both for the people and the government which is going to use taxations to compensate for the expenses. The second biggest group of arguments used against Obamacare is that the reform conflicts with the individual rights when people cannot decide about the basic things in their life or when the government is interfering with their religious beliefs. These are usually also connected with the topic of a big government as a threat to those individual rights – the dread of the big government was a concept in 3 articles out of those 16 negative ones, altogether 7 out of the 53 analysed ones. Another 4 texts emphasised that Obamacare is modifying the free market of health insurance, 3 texts were using the proofs of unsuccess against the reform – its enrolment numbers in the first place. The topic of abortions, contraceptives and women's health care was discussed in 2 articles negative about Obamacare, while the main motive of one was expectedly religious issues and I will talk about both articles further on. One article used an argument of personal responsibility, another one threatened with the welfare state.

Interesting are two selected articles talking about the freedom of religion. First is a positive one, editorial expressing the views of the newspaper on the lawsuit of Little

Sisters of Poor.¹⁶³ This religious institution describes itself as a charity, a congregation of Roman Catholic women that together with a net of volunteers and collaborators helps the elderly poor.¹⁶⁴ They sued Obamacare over the requirement “*that employers' health plans provide free contraceptive coverage to their employees.*”¹⁶⁵ The New York Times editorial asks a question: “*Do religious objectors get to disobey the laws they dislike, even when that places burdens on others?*”¹⁶⁶ The issue here is not about forcing the religious institution into providing the birth control while it goes against their beliefs. This is owing to the Obama administration’s exemption of churches, mosque, synagogues and other places of worship saying they do not have to follow this provision. Moreover, other organizations with religious affiliation (hospitals, charities, universities etc.) might ask for this exemption and the government will ensure their employees will have free access to the contraceptives without the institution playing any further role in the process. “*This accommodation struck a reasonable balance between the government's respect for religious freedom and its strong interest in carrying out the law's mandate.*”¹⁶⁷ However, the core of the lawsuit according to this editorial is that Little Sisters of Poor argue “*the very act of notification makes them complicit in the provision of contraceptives and violates their religious freedom.*”¹⁶⁸ Nonetheless, the authors of the editorial claim: “*(This) case is not about questioning anyone's religious beliefs; it is about how those beliefs must coexist within a large and religiously diverse nation. As Judge Pillard wrote, under both federal law and the Constitution, ‘freedom of religious exercise is protected but not absolute.’*”¹⁶⁹ An extremely interesting view from the other side offers an article called Why We're Suing Obamacare by Constance Veit, the director of vocations for the Little Sisters of the Poor. It is quite a common practice of The New York Times to devote space to the different voices even when they do not comply with the opinions of the editorial board, so we can see two different positions on this issue of religious beliefs vs. Obamacare mandate to provide contraceptives. Constance Veit in her text claims: “*We're merely asking (for an adjustment of) a regulation (...) that would force us to change our religious health plan and start offering benefits that violate our religious beliefs.*”¹⁷⁰ She

¹⁶³ “Religion and Birth Control at the Court [Editorial],” *New York Times*, March 21, 2016.

¹⁶⁴ “Mission Statement,” *Little Sisters of Poor* [online], accessed October 10, 2018, <http://littlesistersofthepoor.org/>.

¹⁶⁵ “Religion and Birth Control at the Court [Editorial],” *New York Times*, March 21, 2016.

¹⁶⁶ *Ibid.*

¹⁶⁷ *Ibid.*

¹⁶⁸ *Ibid.*

¹⁶⁹ *Ibid.*

¹⁷⁰ Constance Veit, “Why We’re Suing Obamacare: Commentary,” *New York Times*, March 19, 2016.

also offers a counterargument to the editorial saying there is an option of exemption from the mandate. *“Some have mistakenly claimed that we can just sign a piece of paper and receive an exemption. Indeed, Health and Human Services claims it ‘accommodated’ our religious beliefs and offered us an ‘opt-out.’ I wish that were true. (...) Rather, what Health and Human Services is calling an ‘opt-out’ is really an ‘opt-in’ - a permission slip where we authorize the use of our religious health plan to offer services that violate our beliefs and waive our protections under federal civil rights laws.”*¹⁷¹ She also claims that this case is not about the women’s access to contraception but rather about religious rights and liberty to pursue your beliefs. *“In a free and diverse society, the American government should not force its citizens to act in violation of their religious beliefs.”*¹⁷²

What we can also see in these articles and what is distinguishing The New York Times from other analysed media is that the ideas underlying Obama’s reform are perceived as inherently good, however, the law itself is deeply flawed. Freelance journalist Hillary Rosner writes: *„My support for the law comes from a belief that access to affordable health care should be an undeniable right. But the battle to get it passed produced a deeply, perhaps fatally, flawed law -- and on a personal level, my quality of life has declined under the A.C.A.”*¹⁷³ A regular The New York Times columnist Nicolas Kristof concludes: *“The paradox of Obamacare is that it is both unpopular and saves lives.”*¹⁷⁴ An interesting article is also The Fate of Obamacare by (on most issues more conservative) Ross Douthat. *“For the first six years of the Obama era, many Republicans made an apocalyptic case against the president's health care law. It was unconstitutional, immoral, borderline tyrannical. It wouldn't just fail: It would fail disastrously, in a death spiral that would take down most of American health care as we know it. Then the apocalypse failed to arrive.”*¹⁷⁵ However, even though the “apocalypse” did not come as Republicans had believed so, the law itself does have problems and there are several things wrong with it. Firstly, the enrolment rates *“have disappointed”*¹⁷⁶ – there were still millions of people without the insurance coverage in the year 2015, although the main purpose of the reform had been to insure (almost) everyone. Also, it made the insurance plans extremely inaccessible for many people. Douthat writes: *“The healthy uninsured are often choosing to pay the fine (sorry, Chief Justice Roberts, I mean tax) and go without*

¹⁷¹ Constance Veit, “Why We’re Suing Obamacare: Commentary,” *New York Times*, March 19, 2016.

¹⁷² Ibid.

¹⁷³ Hillary Rosner, “Should I Lie to Get Affordable Health Insurance? [Op-Ed],” *New York Times*, December 11, 2016.

¹⁷⁴ Nicolas Kristof, “The G.O.P. Health Hoax: Commentary,” *New York Times*, N.Y., January 5, 2017.

¹⁷⁵ Ross Douthat, “The Fate of Obamacare: Commentary,” *New York Times*, December 20, 2015.

¹⁷⁶ Ibid.

coverage,"¹⁷⁷ which makes the pools sicker and the insurance plan more expensive. These are not bumps on the road Obamacare has to face, these are the problems created by the reform and its inherent flaws. The same criticism was also heard by the president Barack Obama himself as we can read in The New York Times July 2016 editorial Obamacare's Kindest Critic: "*Health care costs are still much too high, he [Obama] wrote, and 29 million people still lack coverage.*"¹⁷⁸

Developing in this concept that Obamacare is having a background of good ideas, however, the execution is problematic, is another quite uncommon type of criticism we can see in The New York Times: the leftist one. In other words, argumentation that Obamacare is not "socialist enough". While most of the arguments against Obamacare captured in this research were *warning* against the socialist character of the reform, Jacob S. Hacker in the article called Why We Need the Public Option explains that Obamacare is not good enough from the completely opposite perspective. A criticism from the left side of the political spectrum is absolutely unique in this research, even though it is quite common outside the public debate, on the pages of books and journals. However, these quite opposing arguments against Obamacare are built in a very similar way: Obamacare is not good enough and it is causing the rising prices while damaging the free market. As is Jacob S. Hacker saying, America needs the public option, otherwise "*insurance competition would dwindle and premiums would skyrocket.*"¹⁷⁹

With Donald Trump in the White House, the congressional Republicans had the only goal: removal of Obamacare. According to The New York Times contributors, the Republican strategy is to "repeal, delay and replace". However, that is exactly what might hurt the citizens the most – The New York Times warns against a dramatic destabilization and emphasises the concerns of people about the costs and chaos with the Republicans repealing the reform without any further plan. "*Voters have been disappointed by Obamacare, but they could be even more disappointed by Republican alternatives to replace it. They have no strong ideological views about repealing and replacing the Affordable Care Act, or future directions for health policy. What they want are pragmatic solutions to their insurance problems. The very last thing they want is higher out-of-pocket costs.*"¹⁸⁰ David Brooks is traditionally a conservative voice in The New York Times commentary sections. But even he criticises the Republicans

¹⁷⁷ Ross Douthat, "The Fate of Obamacare: Commentary," *New York Times*, December 20, 2015.

¹⁷⁸ "Obamacare's Kindest Critic: [Editorial]," *New York Times*, July 17, 2016.

¹⁷⁹ Jacob S. Hacker, "Why We Need the Public Option: Commentary," *New York Times*, October 28, 2016.

¹⁸⁰ Drew Altman, "The Health Care Plan Voters Want: Commentary," *New York Times*, January 5, 2017.

for their repeal – delay strategies and for so-called Trumpcare, an alternative to Obama’s health care reform by the sitting president and his administration. The New York Times devotes a lot of space to this issue, some of the texts are helpful to understand Republican’s position towards Obamacare: The keyword for the Republican alternative is freedom. Paul Ryan is quoted by The New York Times tweeting: *“Freedom is the ability to buy what you want to fit what you need,”*¹⁸¹ while the author, Bryce Covert, comments: *“Conservatives are typically proponents of negative liberty: the freedom from constraints and impediments. Mr. Ryan formulated a positive liberty: freedom derived from having what it takes to fulfill one’s needs and therefore to direct one’s own life.”*¹⁸² Then, he continues with a defence of Obamacare and the freedom it provides already. However, the question of freedom and individual right to make one’s own choices seemed to be a huge issue for Republicans in spring 2017; the most important one, actually, together with the lower prices and better service, already emphasised by Donald Trump. *“In his first address to Congress, President Trump made many sweeping pledges, but one of them was familiar to anyone who listened to his campaign. He said that he was “calling on this Congress to repeal and replace Obamacare” and demanding “reforms that expand choice, increase access, lower costs and, at the same time, provide better health care.”*¹⁸³ The New York Times argues that the freedom Republicans want is in reality freedom of the wealthiest, freedom of insurance companies, freedom of states (as opposed to the “federal takeover” of health care system) and freedom to discriminate. *“Paul Ryan, Mitch McConnell and Donald Trump are not trying to fix that problem. They’re trying to fix a fictional one: saving America from a partisan, socialistic big-government takeover of health care.”*¹⁸⁴

To conclude, The New York Times is a title overall supporting the Obamacare with the vast majority of positive texts. Even criticism occurring here was often based on the belief the ideas behind the health reform are inherently good, but the practise is wrong and the law itself very much flawed. The law itself might be a trigger for a bigger, not only health-care policy, change in the U.S. politics: *“The passage of Obamacare provoked the Tea Party reaction and final arriving of (...) populist conservatism,”*¹⁸⁵ writes David Brooks. The central point of conservative critique which we can find on the pages of The New York Times is freedom – freedom of individual choices, freedom of religious

¹⁸¹ Bryce Covert, “Paul Ryan Is Wrong on Freedom: Commentary,” *New York Times*, March 3, 2017.

¹⁸² Ibid.

¹⁸³ Ibid.

¹⁸⁴ David Leonhardt, “The Original Lie About Obamacare: Commentary,” *New York Times*, March 14, 2017.

¹⁸⁵ David Brooks, “Opinion | The Republican Health Care Crackup,” *The New York Times*, December 22, 2017.

beliefs, freedom of making one's own decision on what they want to do with their money and life.

3.2.2 The Wall Street Journal II.

*For the second time in three years, Chief Justice John Roberts has rewritten the Affordable Care Act in order to save it. (...) So because ObamaCare is a bad law, the Court must interpret it differently from other laws.*¹⁸⁶

The Wall Street Journal, June 26, 2015

The ProQuest US Major Dailies database was also used for The Wall Street Journal in the second case study. The main reason for that was an unsatisfying performance of the Nexis Uni database in this case when there was not a way to specify Wall Street Journal as the only source of search. The same time period as with other media titles was set: 06/01/2015 – 06/01/2017, i.e. June 2015 to June 2017. The query states:

(pubid(10482) AND ("Editorial" OR "Commentary") AND ("Obamacare" OR "Obama care" OR "Affordable Care Act")).

The first part specifies The Wall Street Journal as the only source for the search; Editorial and Commentary are the two forms of opinion pieces this media title publishes; and the last part of the query is a traditional search term for the Obama's health care reform in this research. The search was narrowed by the subject specification: PPACA 2010-us, health care policy, health insurance, editorials and editorials PPACA 2010-us. The selected document types were commentary and editorial, with the rest excluded.

There were 137 results altogether while 64 were used for further analysis owing to their relevance and comprehensive argumentations. As expected, there were zero positive texts, 2 negative texts included arguments in favour of Obamacare. The most frequent arguments against the reform were these "big three": negative consequences people must face (mostly the prices of premiums and other high expenses; altogether 33 articles), the threat of big government (22) and health not being an entitlement (23). Also, common topics were the unsuccess of the reform (low numbers of enrolments; 19 articles), the modification of free market (10), and individual rights the federal government is

¹⁸⁶ "The Political John Roberts," *Wall Street Journal*, June 26, 2015.

interfering with (9 articles). Six texts were concerned about Obamacare being unfriendly to businesses that struggle in the (not so) new system, 5 referred to the conflict between federal and state rights, 4 warned before the welfare state system and the threat of socialism. Three articles covered the topic of abortions or women's health care in general, and 2 were talking about religion – they were the same 2 articles that cover the lawsuits of the Little Sisters of Poor (the content of the lawsuit is described in the section 3.2.1 The New York Times II). What is surprising is the only 1 article framing the problem of Obamacare's costs and its burden to the federal budget, also only 1 text talked about biased Supreme Court supporting Obamacare and Obama administration, 2 were however using the narrative of “Bad Democrats,” criticizing their behaviour and opinions in a very partisan and biased way.

The context of the first half of the timeline analysed in this case study are the Republican primaries for the presidential election in 2016. Newspapers and their commentators are identifying what they think is the most important issues for the upcoming elections and are more or less offering topics potential candidates can (and should) reflect in their campaigns. What was the main theme for The Wall Street Journal in the researches time period was the supposedly bad condition of the U.S. economy, thus many articles talked about Obamacare in this economic context when the Obama's health care reform together with his other legislative initiatives caused the economic situation the candidates have the opportunity to correct. Otherwise, throughout the whole second case study time period, it is quite surprising the health care is not a bigger topic before the election. The Wall Street Journal is actually asking this question in October 2016: “*One mystery is why this rolling failure of President Obama's signature law isn't a bigger issue in this year's elections.*”¹⁸⁷ However, despite the unexpectedly low level of attention brought to the topic of health care reform, we can easily understand what the most important Republicans' objections to the current state of the health care are: firstly, it is the lack of choice for people and limitations to the individual rights issued by the government, secondly, it is the lack of competition on the insurance market caused by the federal takeover of the health care sphere. Americans need to be “*rescued from ObamaCare's cycle of rising premiums and declining choices. If Republicans don't crack up, they also have the power to modernize Medicaid, reduce*

¹⁸⁷ “Clinton vs. Clinton on ObamaCare,” *Wall Street Journal*, October 7, 2016.

*the growth of government, increase individual liberty and start to restrain the bureaucratic hold over medicine. These are all good for America.”*¹⁸⁸

More competition is a common requirement on the pages of The Wall Street Journal which is understandable given the economic focus of the title and the business targeted audience. The main argument is that the federal takeover of the health insurance is obviously unsuccessful, and it is time to let the free market to correct the situation. *“The defining failure of ObamaCare is that too few people find its centrally planned insurance either affordable or valuable, despite the subsidies. The Republican-Trump bet is that more competitive markets will do a better job delivering coverage that people want and need.”*¹⁸⁹ Obamacare is in line with the Democrats’ *“progressive dogmas of control, dependence and redistribution,”*¹⁹⁰ modifying the insurance market. *“The danger is that ObamaCare is creating oligopolies, with the predictable results of higher costs, lower quality and less innovation.”*¹⁹¹ The liberty of the free market is tightly connected with the idea of individual liberty, both are significant in the conservative tradition. The Wall Street Journal is quoting Paul Ryan, a prominent Republican politician, and his definition of *“our nation’s founding principles”* when he is stating *“freedom and equality.”*¹⁹² The limitation of personal liberty, the lack of opportunity to make personal decisions, not being given a choice, not being in control of one’s own life, being dependent – these are enormous concerns of conservatives. And according to the Republicans, these concerns are manifested in Obamacare where these individual rights of being in charge of one’s life are disrupted by the federal government interfering into the personal space of every American citizen: *“Medicine is among the most personal and visceral of political topics, and voters tend to be sensitive to government-created turmoil in their own lives.”*¹⁹³ The government should not be overseeing people’s lives. The goal of the Obama administration was *“to make every American dependent on government - and the Democratic Party - from birth to death.”*¹⁹⁴ Democratic Party is supposedly having *“‘arrogant, condescending and paternalistic’ faith in the power of government.”*¹⁹⁵ Other examples are the texts referring to the lawsuits of the Little Sisters of Poor where The Wall Street Journal thematizes the oppression of the religious freedom by the government and conflict with the historical

¹⁸⁸ “A Defining Health Vote,” *Wall Street Journal*, March 22, 2017.

¹⁸⁹ “The ObamaCare Cleanup Begins,” *Wall Street Journal*, February 7, 2017.

¹⁹⁰ “‘Better Way’ for President,” *Wall Street Journal*, October 15, 2016.

¹⁹¹ “ObamaCare’s Oligopoly Wave,” *Wall Street Journal*, June 20, 2015.

¹⁹² Ibid.

¹⁹³ “The Trump ObamaCare Panic,” *Wall Street Journal*, November 15, 2016.

¹⁹⁴ “Free College, Dude,” *Wall Street Journal*, July 11, 2016.

¹⁹⁵ “‘Better Way’ for President,” *Wall Street Journal*, October 15, 2016.

tradition of religious pluralism in America. *“The question now is whether the Obama Administration will accept this invitation for a compromise that respects free religious exercise, or continue to force believers to submit to government.”*¹⁹⁶ Hence, we can see that the theme of the fear of big government is strong in the texts of The Wall Street Journal. That is also coherent with the conservative concepts of so-called small government with which many important fractions of the Republican Party identify themselves.

Even though a majority of texts emphasised the necessity of limitation of the federal government in general rather than a collision between the federal power and power given to the states, we can still find some important examples of this conflict as well: *“The GOP envisions (about health care are) giving Governors more regulatory power to run their own (health care) programs.”*¹⁹⁷ The assumptions made in this line of argumentation are based on the proximity of state government to its own people and their real needs: *“The larger goal is to start to restore the traditional state regulatory authority over health insurance that ObamaCare supplanted for federal control. Local governments understand local needs best. With more flexibility, autonomy and accountability, the GOP hope is that reform Governors can pry open markets and help promote a larger and more dynamic business.”*¹⁹⁸ The source of the current problems is said to be the remote federal government that does not understand what American citizens need and therefore cannot manage and rule the health insurance and health care from the distant Washington D. C. On the one hand, in The Wall Street Journal’s texts, we can see a strong distrust towards the government as a form of ruling in general, on the other hand, we might find a clear distinction which government should be distrusted more – the federal one. The federal government is overpassing its given power (clarified by nothing less than the Constitution) and as a consequence difficulties for ordinary citizens occur such as high prices, lack of choice and accountability, and lower quality of care.

Interesting is The Wall Street Journal’s critique of Donald Trump during the campaign. Referring to the absence of the health care as a topic in the campaigns, one of the articles otherwise criticizing the Democratic candidate Hillary Clinton says: *“Donald Trump hasn’t picked up this theme, perhaps because he hasn’t done the homework,”*¹⁹⁹ suggesting that Trump does not understand the complicated issue of health care and health insurance and that is why he is avoiding this topic in his

¹⁹⁶ “Sisters Act Two: Back in the Habit,” *Wall Street Journal*, May 17, 2016.

¹⁹⁷ “A Historic Health-Care Moment,” *Wall Street Journal*, March 8, 2017.

¹⁹⁸ “Saving Private Health Insurance,” *Wall Street Journal*, March 21, 2017.

¹⁹⁹ “Clinton vs. Clinton on ObamaCare,” *Wall Street Journal*, October 7, 2016.

programme (assuming he has had a political programme while running for the office). Trump's campaign is also an object of criticism by an article called 'Better Way' for President: *"As Donald J. Trump runs for President on a platform of Donald J. Trump, perhaps you haven't heard that the rest of the Republican Party -- 54 Senators, 247 Congressmen, 31 Governors, the tens of hundreds of state reps who control 68 of 98 legislative chambers, the millions of rank-and-file conservatives -- have ambitions too."*²⁰⁰ The Wall Street Journal as a defendant of the conservative values was not satisfied with either of the candidates, disapproving Hillary Clinton's way to a single-payer system but not having much sympathy for Donald Trump's (lack of) programme as well. *"The pity is that the policy-free Republican debate hasn't developed much beyond promises to 'get rid of the lines,' as Donald Trump put it."*²⁰¹

However, the situation changed after the election, as we can see in the articles. The main reason is not particularly Donald Trump sitting in the White House, but the Republican majority in the Congress together with the (at least formally) Republican president. It is impossible to describe the content of the newspaper in any other way than biased. One would expect, supported by the criticism of The Wall Street Journal during the campaign before the presidential election took place, that the title will achieve at least some level of critical journalist approach. However, since the election and the first meeting of the Republican Congress, The Wall Street Journal happens to be fully pro-governmental and very biased towards the Republican administration and Congress. Every activity of the congressional Republicans is an "excellent attempt," combined with commentaries such as: "That's what governing looks like." *"Repealing and replacing Obamacare is also an opportunity to show that conservative ideas can work in health care. The reason the opposition is so furious is that liberals fear they might succeed."*²⁰² Nonetheless, it is necessary to mention that in the case of The New York Times we also saw at least some systematic favouring and defending of President Obama. Although, subjectively speaking, these tendencies in The New York Times were more subtle and not that obvious compared to The Wall Street Journal and their bias in favour of the Republicans in the Congress and in the White House.

To conclude, the biggest theme for The Wall Street Journal in this time period was the expansion of the government powers in two directions: constraining the free market

²⁰⁰ "'Better Way' for President," *Wall Street Journal*, October 15, 2016.

²⁰¹ "A Big ObamaCare Exit," *Wall Street Journal*, April 20, 2016.

²⁰² "Saving Private Health Insurance," *Wall Street Journal*, March 21, 2017.

and interfering with the individual liberty. The government “takeover” of the health care, how it is often called in this title, causes the high prices, low quality of the service, taking people responsibility and free choices away. Control and dependence, they seem to be the main threats The Wall Street Journal is warning against: government control of people’s lives, and people’s lives depending on the will of the government, steering away the very foundation of the concepts of the American nation.

3.2.3 National Review II.

*All those regulations, mandates, and price controls on insurance companies sound like brilliant social engineering, right up until the moment the insurance companies stop selling insurance.*²⁰³

The Editors, National Review, August 18, 2016

In the second case study, the magazine National Review was the subject of the search within the same timeline as the other titles, hence June 01, 2015 – June 01, 2017. The Nexis Uni database was used with the specification of the search source “National Review” in the section of tools available for narrowing the search. The query was very simple and stated:

"National Review" AND ("Obamacare" OR "Obama care" OR "Affordable Care Act")

There was no need for a specification of the opinion sections in the magazine because the whole title is a publicist one and therefore it does not have any sub-sections reserved for commentaries. The type of opinion pieces is a slightly different here, compared to The New York Times and The Wall Street Journal. What the search was looking for were articles expressing the opinions of the writers in an open manner. Although it is necessary to acknowledge that media does express its ideological context and positions in all sort of types of texts – by providing the space to a specific information, by finding it important and presenting it as such to the readers. However, every single text, all of the magazine’s content, shows this context and might be analysed. Due to the limitations of this research, specific sources had to be chosen. Thus, only opinion pieces were analysed, not interviews, reports or book reviews.

²⁰³ The Editors, “Aetna Out,” *National Review*, August 18, 2016.

National Review was the most surprising media title in the second case study. With the query defined as stated above, there were only 27 results. Moreover, majority of these texts was not relevant for the research, there were several week summaries, also many texts functioning as an advert to the actual articles (probably situated on the beginning of the magazine, offering the reader a general idea what can be found inside the issue he or she had just opened), or texts where Obamacare was only mentioned as an example with no further comment. Therefore, there were only 4 articles chosen for more detailed analysis. This number is extremely low – when constructing the research, there was no expectation any of the chosen media titles would have offered such a few analysable texts. Possible explanations are that health care reform and any attempt of replacement of the reform were not a great concern neither for the editors nor the readers. Alternatively, the format of the media might be the reason, either the monthly frequency or the form of a publicist magazine not a newspaper with readers expecting content with deeper insight and the events regarding the health care debate were not assessed by the editorial board as such.

What was the most striking about those texts is the criticism of Donald Trump. According to the National Review contributors, Trump's health care visions expressed during his campaign were anything but conservative. "*Republican nominee Donald Trump has floated more government intervention in the health-care system, sometimes with an eye toward Canada.*"²⁰⁴ In the conservative perspective, Canadian health care system is a socialist one. Authors Ramesh Ponnuru and Rich Lowry in their article about Trump and a conservative populism write: "*(...) looking at the Trump phenomenon raises several large questions. One is whether his defects as a political leader outweigh these potential gains -- and they do. For reasons of character, temperament, and experience, he is a poor fit for the presidency, and if nominated (as an official Republican candidate) he could very well cost Republicans an election that they might otherwise win. Another is whether Trump, even today, is rightly described as a conservative -- and whether the coalition he seeks to lead is, either.*"²⁰⁵ According to Ponnuru and Lowry, Republican plans for health care include smaller, limited government and the free markets not obstructed by the governmental interventions. Some Republicans do not have a specific plan, but "*endorse the goal.*" On the other hand, "*Trump doesn't talk much about health care, but*

²⁰⁴ The Editors, "Aetna Out," *National Review*, August 18, 2016.

²⁰⁵ Ramesh Ponnuru & Rich Lowry, "Toward a Conservative Populism - How to draw Trump's supporters into the fold," *National Review*, February 15, 2016.

when he does, the outcome he describes sounds like a compromise between President Obama and Bernie Sanders.”²⁰⁶ With a bit of humour, they are referring to his campaign speeches: “Trump promises not to limit government but to manage it better. He will hire the best, smartest people, who will come up with terrific plans, and the results will be excellent. What's wrong with our government, on Trump's telling, is not that it has overextended itself, taking on tasks that it has no business performing and by its very nature cannot perform well. It is that "we are led by very, very stupid people" rather than the "terrific" people who would staff his administration and bring America back to greatness.”²⁰⁷ There is the thing the conservatives cannot agree with – not limiting, but “better managing” the government that is according to the conservatives already too powerful, too interfering, too out of control.

The critique of Donald Trump is not based entirely on his approach to health care and an issue of big government. Ponnuru and Lowry also point out that he has adopted some “typical” conservative position, even though a few years ago he had had completely different opinions. “Whether from honest conviction or political expediency, he has gone from being a strong supporter of legal abortion to being an opponent of it. He opposes same-sex marriage. He no longer favors banning ‘assault weapons.’ He is for large - irresponsibly, comically large - tax cuts.”²⁰⁸ However, he is still lacking what they call a “key element of conservatism”: “Missing from both his policies and his rhetoric is any interest in freeing markets or reducing the federal government to something closer to its proper constitutional dimensions.”²⁰⁹ And that is a crucial issue in National Review, a belief that the original idea of federal government is a limited one, having extremely narrow, explicitly defined powers and responsibilities (foreign policy and monetary issues in the first place). The fear of big government is a strong motive in all four National Review articles analysed in this time period. The other topics occurring in these texts were: firstly, negative consequence individuals must face because of Obamacare, commonly it means skyrocketing premiums and thus unaffordable insurance plans, high deductibles and out-of-pocket payments; secondly, the tendency of the Obama’s reform to regulate and therefore modify the market, causing unnecessary struggle for companies that are sometimes unable to stay in business.

²⁰⁶ Ramesh Ponnuru & Rich Lowry, “Toward a Conservative Populism - How to draw Trump's supporters into the fold,” *National Review*, February 15, 2016.

²⁰⁷ Ibid.

²⁰⁸ Ibid.

²⁰⁹ Ibid.

To summarize, the most important thing about National Review in the second time period is the lack of interest in the healthcare issue with only 27 articles referring to the Obamacare overall and only 4 of them producing an analysable argument. In all 4 texts, we can find a fear of the big government and an urge to limit its power back to what Republicans call constitutional meaning. A very strong motive here is also the criticism of Donald Trump for not being the “real Republican”, not having the authentic conservative values.

3.3 Conclusion

The debate over Obama’s health care reform has been a vigorous one: in six years of media coverage which were the subject of this research, there were altogether 861 results of the database search narrowed by several tools options in three media titles. Out of this number, 286 texts have been selected for a further analysis based on their relevance for the research, comprehensive insights on the issues of Obamacare debate and a provision of coherent and analysable arguments against the reform. The Wall Street Journal, The New York Times and National Review, the three media titles used as sources for the research, offer different perspectives and a distinctive argumentation against Obamacare – partly because of the specific readerships they are targeting, partly because their unique self-defined positions and image, and partly because of original contributors with diverse world-views and opinions on the issues. However, there are still themes we can identify as a strong interconnection between all of the titles, assumptions and concepts underlying the various argumentations made on the pages of these newspapers. The main goal of the research was to analyse the arguments, identify these concepts used in the criticism of Obamacare, and to determine whereas this argumentation has transformed with Donald Trump running for the President of the United States.

This research reveals that the conservative criticism has not transformed during the two analysed time periods, at least not significantly. The arguments used against Obamacare repeat in both case studies, with or without the presence of Donald Trump on the political scene. In the case of National Review, we even see a serious drop of the interest in the issue of health care and Obama’s reform with an unexpectedly low number of articles. However, there is one significant difference in the second time period of the research: the criticism of a current state of health care and health insurance has been enriched by a new dimension, the criticism of Donald Trump and his health care visions. Trump’s proclamations made during his presidential campaign has been seen from

a conservative perspective as too liberal, too Democratic, even too socialistic in some cases, which ensured a strong critique on the pages of conservative media titles. The Wall Street Journal's and National Review's contributors criticized Trump for a lack of conservative values, highlighting his tendency to make government even stronger (while better managed) which contradicts the Republican understanding of small and limited government. Contrary to the hypothesis that Donald Trump running for the President will bring new arguments and new topics to the opposition of the Obamacare, the only transformation we can see in the Obamacare debate is the new dimension of criticism – the criticism of Donald Trump.

The threat of the expanding government is the centre of the conservative Obamacare opposition, according to the analysis. The main concern found on the pages of the analysed media titles are the new powers of federal government interfering with the individual rights, controlling and commanding the American people, not leaving any space for individual choices and decisions. All other issues thematized in the articles are tightly connected to this concept of inviolable individual rights and government threatening them. The rising costs of health care and insurance is the aftermath of the government "takeover" of the sphere: the federal government is creating a new burden for people in the form of higher premiums and deductibles, as well as for the federal budget in the form of federal or state subsidies and other expenses introduced by the reform. Another consequence of the growing government is the destructive effect on the free market that itself brings a negative aftermath of an enormous magnitude, according to the conservative opinion writers. In an extreme position, together with the modification and regulation of the free market comes the threat of socialism that embodies the decay of the economy as well as the society itself.

This research was specifically looking at the issue of women health care in the criticism of Obamacare. The question of abortion and contraceptives is extremely controversial in American culture, with a strong opposition from the social conservatives and correspondingly many Republicans. Naturally, more articles covering this issue were published by The New York Times with the agenda of defending the means of women's body autonomy and women's healthcare, based on the same arguments conservatives are usually using against Obamacare: the individual rights. However, we have found some discussion on the pages of The Wall Street Journal and National Review as well. The conservative position – overlaying with the criticism of Obamacare – was, as expected, against abortion, contraceptives, and other means of reproductive health care,

and more importantly against the Obamacare provisions toward these issues (e.g. a requirement that insurance plans cover the contraceptives, etc.). What is interesting about this topic is that the issue of women health care was most commonly framed as an issue of religious freedom. We can see the same arguments that we might expect on the other side: argumentation of the individual freedom the government is interfering with. Whereas the defenders of abortions (pro-choice movement) support the right of women to make decisions about their bodies, the conservative arguments in this case call for a right to religious beliefs the government cannot obstruct. The conservative side here is prioritizing the religious freedom over the individual right to make independent decisions about one's body.

Together with the individual rights, there is a proposal of individual responsibility; being in charge of one's own life brings a burden of accountability of choices one makes. Freedom and power also mean duties. These are common arguments occurring together with the claim of inviolable individual rights. And that builds the grounding for a core argument that health care is not an entitlement – a strong concept found in this research underlying many particular argumentations against Obamacare. No one can claim a right to receive health care, let alone a health insurance. Health care is a good like any other and shall be allocated through a price on the free market. Proponents of this concept are inherently suggesting that there is not any unfairness in a situation when someone cannot afford a proper health care. And it is definitely not up the government to step in.

Another issue this research was specifically looking at is the conflict between federal and state powers. Overall, it is possible to say the chosen media titles did not pay as much attention to this problem as it was expected. However, we can still find strong arguments made in favour of states, assuming the state government understands better the concerns of its own people. We need to frame this conflict of state v. federal powers in the context of the philosophy of the Founding Fathers, or at least the myth around them. The tenth amendment to the U.S. Constitution says: "*The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.*"²¹⁰ Only explicitly stated powers are given to the federal government, everything else is in hands of states – that is a strong expression of the urge to limit the power of the federal government, very alive in the American tradition until present days, especially in the Republican ranks. We might see that state

²¹⁰ "The Bill of Rights: A Transcription," *National Archives* [online], November 4, 2015, accessed October 17, 2018, <https://www.archives.gov/founding-docs/bill-of-rights-transcript>.

government is in this perspective closer to the individual than the remote federal government. States governments are instruments of people governing themselves rather than being under the control of an alien power i.e. federal government. States and state governors better understand their own people – there is a clear distinction between us and them, running on the imaginary line between the state and federal powers.

The New York Times and The Wall Street Journal use very different arguments based on what is supposed to be the same facts – the numbers of enrolled people, for example. However, even those ‘facts’ are sometimes not resembling each other, when The New York Times is claiming that “*health reform is still a huge success story*”²¹¹ and The Wall Street Journal is simultaneously saying “*the Affordable Care Act has become a recurring political catastrophe*.”²¹² Depending on what newspaper the readers open they will be informed that people are/are not more insured than before, Americans like/do not like their insurance plans, or that premiums are rising less/more than expected. The reason for that is naturally the source of the information and its biases, as well as the bias of the media title itself. Most of these statements are supported in the articles with a reference to some public opinion polls. Whereas The New York Times almost always specifically names the source (most often they use the Kaiser Family Foundation or Gallup polls as their sources), surprisingly, The Wall Street Journal sometimes does not and refers to ‘experts’ or ‘polls’ – on the other hand, this happens occasionally, in many cases there is a reference to the source in The Wall Street Journal article too, for example, WellPoint Health Services or National Journal.

The last notes on the research are rather formal ones. It is interesting to follow the change of how the reform has been labelled, what it has been called: In the first case study, The New York Times tends to avoid the term Obamacare, using the abbreviation ACA (Affordable Care Act) or Obama’s health care reform. Whereas The Wall Street Journal is using the term Obamacare all the time, it is the main and most frequent word used in the texts to refer to the law and to criticize it. It would suggest the term Obamacare is pejorative, used only in a negative connotation, and therefore more frequently in the newspaper that generally criticizes the reform. However, in the second case study – a few years later – even The New York Times is using the term Obamacare comfortably. We can see a qualitative change in the term connotation with time. Interesting is also the note of the racism of the term Obamacare made by the editors of National Review:

²¹¹ Paul Krugman, “Health Reform Lives!: Commentary,” *New York Times*, November 23, 2015.

²¹² “The ObamaCare Albatross,” *Wall Street Journal*, November 5, 2015.

*“It’s racist to say ‘Obamacare.’ Except when he (President Obama) says it.”*²¹³ This comment suggests a deeper conflict between the proponents and opponents of the reform regarding the commonly used name itself, in the context of Barack Obama being the first African American President of the United States. Nevertheless, the possible racism hidden in the criticism of Obamacare is above the scope of this research.

²¹³ NR Staff, “689 Reasons to Defeat Barack Obama,” *National Review*, September 4, 2012.

4 Ideological concepts in the U.S. health care debates

American tradition of political thinking is characterised by competing political ideologies. The goal of this chapter is to map the ideological clash through the key ideological concepts and their dichotomies. The ideological concepts are inevitably clashing and always competing for dominance, creating a symbiosis when different concepts have a different strength in different times. That is what this chapter aims to capture and as an instrument for doing so has selected certain key concepts and myths essential for American tradition. In the heart of every society, there are essential questions such as “Who are we?” and “Who belongs? Who is a member of the community?” The process of seeking the answer is “*where liberalism, community, and morality reach their American symbiosis.*”²¹⁴ Moral images create the American “us” and define “them” and they have powerful political consequences. Moral images and stereotypes are what distinguishes fighting poverty and fighting the poor. The image of an archetype American is an individualistic hero taking responsibility of his or her action (candidly spoken, mostly *his* – the archetype of an American hero prevails to be a white man, as it used to be in the times of crafting of the American political myths cornerstone, the Constitution). And as we could see in the media analysis in chapter 3, the most dominant arguments against the health care reform have been the fear of expanding government interfering with personal liberty and individual rights. The threat of government, the strong individualism and also the sense of community and social equality on the other hand are the ideological concepts that are most forcefully resonating in the American public discourse. Through the history, different approaches had been dominant in different times, usually in the context of substantial political changes – such as the Social Security approach of President Franklin D. Roosevelt which made its way in the context of the Big Depression and dreadful socio-economic situation clutching most of the Americans (the historical progress has been described in chapter 2. Health care in America: From Roosevelt to Obama). In this chapter, the ideological concepts underlying those political approaches, images resonating in the public discourse, and myths driving the public understanding of political issues will be discussed. It is not a simple straightforward list: the health care debate has been characterized by an ongoing clash of concepts.²¹⁵

²¹⁴ James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003, p. 11.

²¹⁵ Bruce Jennings, “Liberty: Free and Equal,” in ed. Mary Crowley, *Connecting American Values with Health Reform*, New York: The Hastings Center, 2009, 1–4.

American health care debate has been trapped in “*a web of dichotomies*”²¹⁶ and different interpretations of cultural myths on which the American society builds its identity. There is the concept of individual rights, the liberty to make free choices, and responsibility of one’s action clashing with the idea of social justice. Those result in the conflict of market competition vs. governmental regulations. We have the values of efficiency and equality standing in an opposition to each other, as well as the dichotomy of autonomy resulting in a rugged individualism vs. paternalism creating a nanny state and the Big Brother utopia. Most importantly, those clashing ideological concepts are often perceived as a zero-sum game by public, when only one can win and the other must inescapably lose, hence the deep cleavage over values and ideological concepts in society.²¹⁷ Obama’s Affordable Care Act inspired by the Massachusetts health care reform is an attempt to bridge the gap between the part of the society that values individualism and untouchable personal liberty and those who seek the common good, maybe even the Christian concept of stewardship, and universal access to health care. The result has been labelled by some as an “*ostensibly oxymoronic libertarian paternalism*”²¹⁸ that made no-one happy. However, while defenders of personal liberty hate individual mandate and advocates of universal access to health care hate the fact that the reform still leaves holes in the coverage, the opposition is too divided and unable to unify.²¹⁹ This shows how diverse and full of ultimately clashing concepts the American health care debate is.

This chapter introduces the most powerful and the most frequently articulated ideological concepts typical for the American political culture – framed in the context of health care debates. Firstly, it will be the concept of individualism and the threat the government is posing for society; then it is the concept of liberty as a core for American identity building; community as a clashing concept to the individualism; moral politics offering a new frame for understanding American political culture; and lastly, the concept of responsibility connected with the double-sided American dream. Due to the focus of the thesis on the conservative criticism of President Obama’s health care reform, more attention will be given to the concepts formulated commonly in the conservative tradition. Also, this chapter does not attempt to capture the whole map

²¹⁶ Bruce Jennings, “Liberty: Free and Equal,” in ed. Mary Crowley, *Connecting American Values with Health Reform*, New York: The Hastings Center, 2009, 1–4.

²¹⁷ Ibid.

²¹⁸ Jim Sabin, “Responsibility: Shane and Joe,” in, ed. Mary Crowley, *Connecting American Values with Health Reform*, New York: The Hastings Center, 2009.

²¹⁹ Ibid.

of competing ideological concept. It offers a portrayal of the dichotomies, firstly, as exercised in the debate over health care reform, and secondly, as perceived mostly from the conservative position. Moreover, it is not the objective of this thesis to challenge or deconstruct these ideological concepts, the goal is only to capture the concepts as used in the debate.

4.1 Individual vs. Government

Two strong concepts are driving American politics – at the first sight divergent, at the second sight complementing each other. James A. Morone writes: “*At the heart of American politics lies a dread and a yearning.*”²²⁰ The dread is the government: Americans fear government as an ultimate threat to personal liberty. Since the era of colonialism, their intention was to limit the public rule, provide it with the minimal power necessary for fulfilling its strictly defined purposes. There is a transcendent fear of giving even a slightly more power into the hands of those who govern. As a result, the American government is often described as weak and fragmented, designed with the aim to prevent action easily rather than actually produce it. On the other hand, there is also the yearning, as Morone describes it.²²¹ The yearning characteristic for Americans is the faith in communal democracy, a community governing itself. Even though the lives of Americans nowadays have nothing in common with the structure and rhythm of lives of the first settlers in the New World, with the first townships and agrarian colonies, the urge remained: people yearn to rule themselves directly, without the government limiting their liberty and personal interests. The phenomenon of the community supporting itself and governing itself on its own is in American discourse tightly connected with the strong accent on an individual and a fear of public power. This fusion of intuitively opposing concepts is characteristic for American society. We hear stories about communities supporting a sick child and organizing collections to finance a complicated surgery, for example – however, these people are at the same time strongly opposing the idea of shared risk in the system of universal health insurance coverage.

There is a famous quotation of Alexis de Tocqueville about American liberty: “*The great advantage of the Americans is to have arrived at democracy without having to*

²²⁰ James A. Morone, *The Democratic Wish: Popular Participation and the Limits of American Government*, New Haven: Yale University Press, 1998, p. 1.

²²¹ Ibid.

suffer democratic revolutions, and to have been born equal instead of becoming so."²²² The fact that early America was founded and the society established by those who fled the *anciens régimes* of Europe means that Americans did not have to rise up against the oppressing government and overthrow kings – they settled in a free world and were offered extraordinary opportunities.²²³ In 1792, one of the so-called Founding Fathers, James Madison, wrote an essay *Charters* published in American newspaper *National Gazette* and stated: "*In Europe, charters of liberty have been granted by power. America has set the example (...) of charters of power granted by liberty.*"²²⁴ While in Europe, citizenship was constructed in the struggles with the oppressing governmental power, in America people revolted against the government when it was meddling with the rights they were already granted and exercising.²²⁵ Americans believe they came to a free land, equipped with great liberties and all they needed to do for success was to work hard and keep those rights of theirs protected against any external intrusion. This resulted in creation of a nation celebrating individualism, cult of hard-work-pays-off and strong beliefs in limited government. The U.S. Constitution has organized these myths into the nation's political rules²²⁶ and serves as an untouchable base for today's interpretation of those ideological concepts.

The term individualism is often ascribed to Alexis de Tocqueville; though he did not invent the concept nor the name, he is largely responsible for its definition and usage.²²⁷ Tocqueville describes individualism as a withdrawal from the society while creating man's own little society consisting of friends and family²²⁸ (today, we would probably say community). For Tocqueville, individualism born in the democracy is in contrast with aristocratic societies defined by a strict hierarchy and a sense of duty towards one's ancestors as well as descendants. This sense of duty is a result of unchanging classes and fixed positions of citizens in timeless hierarchies, man always knows his place in the society and thus is tied closely to others, not only to his fellow citizens but also to

²²² Alexis de Tocqueville, *Democracy in America: In Two Volumes*, ed. Eduardo Nolla, Indianapolis: Liberty Fund, 2012, p. 886.

²²³ James A. Morone, "Morality, Politics, and Health Policy," in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005, 13–26.

²²⁴ James Madison, "Political Essays: Charters and Parties," in ed. Ralph Ketcham, *Selected Writings of James Madison*, Indianapolis: Hackett Publishing Company, 2006, 213–15.

²²⁵ James A. Morone, *The Democratic Wish: Popular Participation and the Limits of American Government*, New Haven: Yale University Press, 1998, p. 2.

²²⁶ James A. Morone, "Morality, Politics, and Health Policy," in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

²²⁷ Alexis de Tocqueville, *Democracy in America: In Two Volumes*, ed. Eduardo Nolla, Indianapolis: Liberty Fund, 2012, p. 881b.

²²⁸ *Ibid*, p. 882.

those who will come after him and to those who are already dead.²²⁹ Contrary to this, in democratic societies, Tocqueville writes, the bond between men relaxes, may we say disappears. Democracy breaks the aristocratic “*chain*” of citizens and “*sets each link apart.*”²³⁰ Individualism is a principle when a man is separated from his contemporaries, and his ancestors and descendants are hidden from him, making him isolated and alone. Individuals in the democratic society “*owe nothing to anyone, they expect nothing so to speak from anyone; (...) they readily imagine that their entire destiny is in their hands.*”²³¹

We may find an explanation for Americans’ resistance to universal health care in this observation made by Tocqueville at the beginning of the 1830s. (Although, it is essential not to overestimate classic thoughts such as Tocqueville’s and not to assume they have the power to explain every aspect of the modern American society.) There is a strong sense among Americans that they are lonely individuals, relying only on their own skills and abilities – in the same way the first settlers in the dangerous and unexplored world did. Consequently, they apply this perspective to others: if I can rely on myself, then so can they. I do not owe anything to anyone, not by far paying for their health care. Those people are responsible for their own health the same way everyone is, no matter if they are old or poor or disabled. This perspective is also connected with the concept of responsibility in American society, and we will discuss it further in the chapter 4.5 Responsibility. The existence of federal programmes Medicare and Medicaid and several others on the state level supporting those who cannot support themselves would prove otherwise, however, in the society, there are still very strong conceptions of unfairness regarding those programmes (especially the one helping to gain access to health care to low-income families). It does not mean we cannot find voices of communitarianism, shared responsibility or civic good in the public discourse – of course, we can, and they are gaining their strength in recent years. As it has been stated before, the American public debates are full clashes and conflicting views.

4.2 Liberty

According to Bruce Jennings, the tradition of liberalism, the teaching of John Locke and his concept of natural rights are the key to the understanding of the American health

²²⁹ Alexis de Tocqueville, *Democracy in America: In Two Volumes*, ed. Eduardo Nolla, Indianapolis: Liberty Fund, 2012, p. 883–884.

²³⁰ Ibid, p. 884.

²³¹ Ibid, p. 884.

care debate. “*Liberty is the fundamental value of American politics.*”²³² And it often goes unspoken, unseen, almost invisible in the arguments made about different issues. The concept of liberty is extremely naturalized in the American public sphere: it is embedded in a wide range of ideas and values that on the surface might appear to be a separate issue, something completely different – it is planted in the values of privacy, choice, free markets, dignity, and many others.²³³ However, when the idea of liberty is conceptualized as “possessive individualism”²³⁴, as it often happens in the health care debates, there is an inescapable clash with the value of equality. American public debates have been in an “*ideological grid that sets liberty and equality in opposition.*”²³⁵ Historically, appeal to liberty has been made one breath with the warning against the intruding and powerful government. Jennings claims that in the “*street language of American politics*” the government has been the major threat to liberty throughout the whole 20th century,²³⁶ and it did not change in the 21st century. That is also why the fight against health care reform has been often framed as a fight for liberty against the attempt of “socialized medicine,” with the latest example of public debates over Obama’s Affordable Care Act, as seen in the case studies in chapter 3. Moreover, the 20th century American understanding of liberty is tightly connected with the concept of the free market.²³⁷ Many arguments against the insurance market reform and individual mandate as the key elements of Obama’s health care law have been built upon the idea of individual liberty on the free market, when every government regulation or requirement imposed on the individual actors (either consumer or provider) is seen and interpreted as an interference with personal freedoms.

Powerful campaign against the health care reform attempt during the Clinton administration was based on the concept of liberty. The health care public debate during the 1990s has been framed in terms of individual liberty versus social equity,²³⁸ seen as two opposing and ultimately clashing ideas. Americans have been paralyzed by the fear of losing liberty and erosion of the health care quality. The source of this fear was in a successful media campaign sponsored by the health insurance industry, starring

²³² Bruce Jennings, “Liberty: Free and Equal,” in ed. Mary Crowley, *Connecting American Values with Health Reform*, New York: The Hastings Center, 2009, 1–4.

²³³ Ibid.

²³⁴ The term “possessive individualism” is a core one for the work of C. B. Macpherson. However, in this text, the term is used more loosely, in the libertarian tradition as a self-ownership.

²³⁵ Bruce Jennings, “Liberty: Free and Equal,” in ed. Mary Crowley, *Connecting American Values with Health Reform*, New York: The Hastings Center, 2009, 1–4.

²³⁶ Ibid.

²³⁷ Ibid.

²³⁸ Ibid.

a middle-class couple concerned by losing their freedom to chose their own doctor and consequently being deprived of control over their own health care as a result of the proposed reform.²³⁹ Even though these concerns have been repeatedly rebutted as misinterpretations, Bruce Jennings writes that “*the professionally produced ads used the concept of liberty very artfully.*”²⁴⁰ What we can deduce from this is that the defensive stand to liberty is deeply rooted in American society and it is quite easy to play this card in political disputes. The knowledge of this insurance industry campaign against Clinton’s plan also played a role in Obama’s strategy to cooperate with health insurance companies and to co-opt them while constructing the reform (for more details see chapter 2.5 The legislative process of Obamacare).

The great American tradition of liberalism is an extremely diverse one. It has been celebrated, criticized, and parsed so very often in the history, consequently making its essence elusive and sometimes blurred. Still, Morone claims, there is something common for all versions of American liberalism – there should be an inviolable line between the public and the private. And in the private sphere, an individual shall be protected from the government’s meddling.²⁴¹ Everyone pursues their own interests and goals, no one can claim moral superiority – not even the government, not the science. The burning historical question is where to draw the line between the public and the private? On one hand, there is the tradition of a very restricted public sphere – its proponents “*greet each new government program with cries of tyranny, illegitimacy, and bureaucracy run amok;*”²⁴² on the other hand, there is also a tradition of more expansive liberalism: the thrive of the private sphere is up to a certain level dependent on the public sector that shall guarantee the basis for a decent life.²⁴³ Thus, is shall not only protect the fundamental rights of the individual but also guarantee health care, access to education, for some even housing. In this perspective, one’s liberty can be obstructed by the system that deprives him or her of an access to health care or education.²⁴⁴ As we could see in the case studies of chapter 3, the more restrictive view is well articulated by the conservative criticism of the Affordable Care Act. Moreover, during the history, passing a social programme has

²³⁹ Bruce Jennings, “Liberty: Free and Equal,” in ed. Mary Crowley, *Connecting American Values with Health Reform*, New York: The Hastings Center, 2009, 1–4.

²⁴⁰ Ibid.

²⁴¹ James A. Morone, “Enemies of the People: The Moral Dimension to Public Health,” *Journal of Health Politics, Policy and Law*, Vol. 22, no. No. 4 (August 1997): 993–1020.

²⁴² Ibid.

²⁴³ Ibid.

²⁴⁴ Thomas H. Murray, “American Values and Health Care Reform,” *The New England Journal of Medicine*, vol. 362, no. 4 (January 28, 2010): 285–87.

been proven to be extremely difficult, partly because of this tradition of liberalism, partly of course due to the institutional structures of the legislative process, and many other factors. There have been numerous failed attempts at health care reforms during the 20th century, as we could see in chapter 2 Health care in America: From Roosevelt to Obama.

There are several conceptions of freedom in the health care debate²⁴⁵ – they were present in the public understanding of health care during the 20th century, as well as nowadays. One understanding of freedom has two conflicting approaches: the first opposes Obama’s ACA and any similar reform because of the lack of freedom to make one’s own choices, whereas the second approach does support such reforms because it claims the system oppresses one’s freedom when it does not allow them to have affordable access to health care.²⁴⁶ In this case, the terms liberty – equality – justice are strongly interconnected.²⁴⁷ However, there is also a more traditional conception of liberty in American health care debate when both perspectives oppose the attempt of universal health insurance and similar ideas identified with the Social Security path (see chapter 2.1 Three historical approaches to the U.S. health care). The first perspective resonates with the negative liberty as described by Isaiah Berlin, often interpreted as a freedom from obstacles or intrusion, related to an image of an area within which one is left to do what he is able to do without interference by others. Liberty is an imaginative space where a person can act unobstructed by others. The wider is one’s area of non-interference, the wider is one’s freedom.²⁴⁸ Hence, the individual mandate as an obligation for everyone to purchase a health insurance – key element of the shared risk strategy – was seen as an obstruction of personal liberty in this negative sense of liberty. Health care is one’s area of freedom with which others shall not interfere. If one does not want to spend money on insurance and rather buy something else, it is their liberty to do so. What is also unacceptable in this sense is the reformation of health insurance markets under the Affordable Care Act that requires the insurance companies to offer the customers packages of certain criteria: bronze, silver, or golden, according to their fulfilment of government requirements such as the amount of insurance premium, deductible, covered services etc. Someone can argue it makes customers’ lives easier, because they

²⁴⁵ See Bruce Jennings, “Liberty: Free and Equal,” in ed. Mary Crowley, *Connecting American Values with Health Reform*, New York: The Hastings Center, 2009, 1–4; Thomas H. Murray, “American Values and Health Care Reform,” *The New England Journal of Medicine*, vol. 362, no. 4 (January 28, 2010): 285–87.

²⁴⁶ Thomas H. Murray, “American Values and Health Care Reform,” *The New England Journal of Medicine*, vol. 362, no. 4 (January 28, 2010): 285–87.

²⁴⁷ Ibid.

²⁴⁸ Isaiah Berlin, “Two Concepts of Liberty,” in ed. Henry Hardy, *Liberty*, Oxford: Oxford University Press, 2007, p. 169–178.

immediately know what product they are buying and what criteria the particular insurance plan fulfils – but when defending personal liberty, such regulation of market is wrong, obstructing free choice of insurance plans and even doctors or facilities an individual can visit. The other approach is connected with the concept of positive liberty for which the concern is the source of control or interference that can determine or force a person to do something. It derives from the sense of a human being wishing to be their own master, a desire to be a subject, not an object, an aspiration not to be an instrument of others, not to be dependent on external forces.²⁴⁹ An individual should be the one in charge of their health and health care, no-one else. Neither private companies, nor government can command someone what to do or what to buy. It is possible to argue with this positive sense of liberty against the individual mandate as well, as those concepts of liberty may overlap while both based on different sources of concerns.²⁵⁰

4.3 Community

While it is often claimed that Europe has a tradition of “*solidarity culture*” in regard to health care, whereas the U.S. system is “*an unabashed pursuit of self-interest*”, it is not exactly true.²⁵¹ The United States have a colourful tradition of community life that we can trace back to the time of the first settlers. During the era of colonisation, people lived in strongly tied communities on the level of townships, supporting each other in the struggle in the new land full of dangers (caused by animals, unexpectedly harsh environment, indigenous people etc.). There are findings, such as records of cooking utilities shared among the neighbours,²⁵² supporting the idea that early Americans were not only individualistic beings but also partners in a shared public life – some even claim communitarians.²⁵³ These local ties, often on the level of towns or neighbourhoods, are what actually connects an American with another American and consequently creates the whole nation.²⁵⁴

²⁴⁹ Isaiah Berlin, “Two Concepts of Liberty,” in ed. Henry Hardy, *Liberty*, Oxford: Oxford University Press, 2007, p. 178–181.

²⁵⁰ Ibid, p. 169.

²⁵¹ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

²⁵² As James Morone writes, a household inventories that include a portion of a pan or a pot (for example one fifth) are quite common findings from the era of early settlers. (James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003, p. 7)

²⁵³ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

²⁵⁴ James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003.

We can see a high level of civic engagements in the American culture and even the political culture: the campaigns of political actors often stand and fall with the work of volunteers, it is also quite common for ordinary citizens to support the candidates financially, there is a great tradition of various clubs – most famous image representing the American community life are the bowling leagues and garden clubs,²⁵⁵ during certain era characteristic for even the tiniest towns throughout the United States. At the end of the 20th century there have been vocal concerns about this community culture fading away²⁵⁶ – said indecently, something had to be alive to be dying now. Another example, closer to our topic, is the legacy of community approach towards health care. There is the tradition of city-funded medical clinics, public initiatives fighting infectious diseases, and not to be forgotten Roosevelt’s Social Security programmes politically framed as “*brotherly cooperation*”²⁵⁷ together with the whole first approach to health care as described in the chapter 2.1 Three historical approaches to the U.S. health care. It is worth noticing that most of these enterprises have taken place in the times of a crisis – Roosevelt’s programmes are a prime example because they were triggered by the Great Depression. Which might bring us to the question whether Americans are only leaning towards community when they find themselves in a crisis?

We also cannot romanticize²⁵⁸ the communal tradition of Americans, because it is exactly this concept that brought to life various types of exclusion in the American history, no matter if based on race, religion, gender or other. Communities and social networks “*are generally good for those inside the networks*”, on the other hand, “*external effects (...) are by no means always positive.*”²⁵⁹ Racial segregation, urban gangs, or even Ku Klux Klan are a result of an exploitation of the communal tradition.²⁶⁰ Defining “us” also requires designating “them”,²⁶¹ which quickly breaks the image of America being a huge inclusive “melting pot”. Despite the narrative of American democracy spilling the equality across society and marching for thicker rights, there have always been whole groups of citizens

²⁵⁵ Robert D. Putnam, *Bowling Alone: The Collapse and Revival of American Community*, New York: Touchstone Books by Simon & Schuster, 2000.

²⁵⁶ Ibid.

²⁵⁷ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005

²⁵⁸ However, a romantic myth is characteristic not only for the American communal tradition but also for the individualistic liberty and limitation of the government often recalling the Founding Fathers and their constitutional intentions. Not surprisingly, also the idea of American dream and concept of responsibility is a romantic myth often used American culture and pop-culture, even nowadays.

²⁵⁹ Robert D. Putnam, *Bowling Alone: The Collapse and Revival of American Community*, New York: Touchstone Books by Simon & Schuster, 2000, p. 21.

²⁶⁰ Ibid, p. 21–22.

²⁶¹ James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003, p. 8.

deprived of such rights – some even repeatedly. The American way to freedom has never been straightforward and clear. There are two impulses competing to seize every historical moment – inclusion and democracy against the prejudices and fear.²⁶² As William Carlos Williams famously wrote in 1925, “*always poised against the Mayflower sails a slave ship.*”²⁶³ Defining the American others, the un-American, stretches through the whole history of America, since the early colonisation until the Donald Trump presidency.

4.4 Morality in American politics

Compared to other industrial countries, especially West-European countries, Americans take religion and morality very seriously.²⁶⁴ According to the United States Census Bureau, in 2008, 173 million out of 228 million of total U.S. adult population self-identified as Christians with another 8 million identifying themselves as members of another religion (Jewish, Muslim, Buddhists, or even Pagan).²⁶⁵ Pew Research Center provides more recent numbers: in 2017, 80 per cent of American adult population answered “Yes” to a question “Do you believe in God or not?” However, out of the 19 per cent of those who answered “No”, 9 per cent specified that they do believe in some kind of higher power or spiritual force,²⁶⁶ which altogether makes 89 per cent of Americans spiritual. Compared to a poll analysis based in the European countries,²⁶⁷ in Italy, 46 per cent of the population believe in God and 26 per cent believe in other higher power or spiritual force, in Ireland, 39 per cent of the population believe in God and 35 per cent in some higher power, in Portugal, those numbers are 36 for God and 46 for higher power.²⁶⁸ Also, 72 per cent of the population in Portugal self-identify as religious, 53 per cent in Italy, and 47 per cent in Spain and Ireland.²⁶⁹ So even though the overall number of Americans who consider themselves religiously affiliated has been persistently

²⁶² James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003, p. 8.

²⁶³ Ibid.

²⁶⁴ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

²⁶⁵ “Self-Described Religious Identification of Adult Population,” *U. S. Census Bureau* [online], accessed November 24, 2018, https://www.census.gov/library/publications/2009/compendia/statab/129ed/population.html#par_list_10.

²⁶⁶ “When Americans Say They Believe in God, What Do They Mean?,” *Pew Research Center* [online], April 25, 2018, accessed November 24, 2018, <http://www.pewforum.org/2018/04/25/when-americans-say-they-believe-in-god-what-do-they-mean/>.

²⁶⁷ There is an important note regarding the research – those are the answers of non-Muslims exclusively. The research is focused on Christian heritage in European countries, therefore, answers of the Muslim population have been intentionally left out.

²⁶⁸ “Beliefs about God,” *Pew Research Center* [online], May 29, 2018, accessed November 24, 2018, <http://www.pewforum.org/2018/05/29/beliefs-about-god/>.

²⁶⁹ “Attitudes toward spirituality and religion,” *Pew Research Center* [online], May 29, 2018, accessed November 24, 2018, <http://www.pewforum.org/2018/05/29/attitudes-toward-spirituality-and-religion/>.

dropping, from 83 per cent of U.S. adults in 2007 to 77 per cent in 2014,²⁷⁰ religion still plays a significant role in the public sphere, including politics. At the beginning of a Congressional mandate, new member of either House of Representatives or Senate must perform an Oath of Office that ends with words: “*So help me God.*”²⁷¹ Interestingly, the President of United States is not required by the official prescription of the oath – which originates in the U.S. Constitution²⁷² – or by any law to use this ending, however, it has been added by many, for example, Barack Obama ended his oath with this saying and so did Donald Trump.²⁷³

The United States is a country of the separation of the church and the state, however, Morone claims this precisely has been causing a passionate import of the faith into the politics.²⁷⁴ We can see it every day in the media, even the social media, how great number of issues is framed as religious ones – a prime example is the outcome of the media analysis in Chapter 3 when the controversial health insurance requirement of contraceptives coverage is framed exclusively as a question of religious freedom in the conservative media titles. (See chapter 3. The media analysis of the debates over Obamacare: 3.1.2 The Wall Street Journal I., 3.2.2 The Wall Street Journal II.) But it is not only the issue of reproductive health, where the influence of religion is not surprising, but the religion values also resonate in a wide range of political movements, from tobacco and alcohol usage to civil rights. “*Moral judgment seeps into all kinds of political issues in both dramatic and subtle ways.*”²⁷⁵ Many scholars and authors see the origin of the strong morality that drives American politics in the era of colonialism, with a group of one of the first settlers – the Puritans. While this approach build on the Puritan legacy as a core narrative for the American identity has been also criticized and challenged in the academic discourse, Alexis de Tocqueville wrote: “*I seem to see the whole destiny of America contained in the first Puritan who reached its shores, the whole human race*

²⁷⁰ “U.S. Public Becoming Less Religious,” *Pew Research Center* [online], November 3, 2015, accessed November 24, 2018, <http://www.pewforum.org/2015/11/03/u-s-public-becoming-less-religious/>.

²⁷¹ “Oath of Office,” *United States Senate* [online], accessed November 24, 2018, https://www.senate.gov/artandhistory/history/common/briefing/Oath_Office.htm

²⁷² “The Constitution of the United States: A Transcription,” *National Archives* [online], accessed November 24, 2018, <https://www.archives.gov/founding-docs/constitution-transcript>, Article II., Section 1.

²⁷³ BBC, “Barack Obama Oath of Office / Sworn In - President Obama: The Inauguration - BBC News,” *Youtube* [online], accessed November 24, 2018, https://www.youtube.com/watch?v=m1Yff-_9MZs; ABC News, “Trump Takes Oath of Office | ABC News,” *Youtube* [online], accessed November 24, 2018, <https://www.youtube.com/watch?v=SJmrlMFHgPA>.

²⁷⁴ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

²⁷⁵ *Ibid.*

in the first man.”²⁷⁶ Puritans answered the essential question of the first settler in the New World „Who are we?“ with an extraordinary statement: we are the community of saints.²⁷⁷ According to Morone, the legacy of Puritans offers “*frame for (...) questions about American political identity.*”²⁷⁸ The first civil rights in America were linked to the salvation – the leadership in the church as well as in the state and the full rights to vote were given to those who could prove they were chosen and predetermined to salvation. Those who were morally uncertain, i. e. could not demonstrate their salvation, were not full citizens and full members of the community; those who were labelled as damned were driven out (forced out of the community or even killed – remember the witch hunts).²⁷⁹ During the first years of settlement in America, what defined the distinction between ‘we’ and ‘they’, what determined the ‘dangerous others’ was the question of moral standing. And this concept has survived until nowadays: “*Moral images specify privilege or punishment, inclusion or exclusion, deserving poor or dangerous other. These images of potential beneficiaries—often shifting, constantly contested—lie under every U.S. social policy. ‘We’ get assistance; ‘they’ face social controls.*”²⁸⁰ It even distinguishes between the deserving, hard-working poor and undeserving poor, the free riders of the system, the so-called welfare queens (for a more detailed discussion on the concept of hard work in American culture see chapter 4.5 Responsibility). This tradition violates the separation of the public and the private sphere. According to Bernard Mandeville who continues to live in Lockean liberal tradition, personal virtues and vices of the private sphere have nothing to do with the qualities of politics.²⁸¹ However, the tradition of moral politics refuses this distinction: “*Individual virtue – character – affects the public good.*”²⁸² Someone’s behaviour, and it does not matter if a real one or imagined, might pose a threat to a community.

It is extremely interesting that in such case the deeply individualistic society opposing the power of government calls for the strong hand of government to punish those who do not fulfil the moral requirements. We can see this turn to government in case

²⁷⁶ Alexis de Tocqueville, *Democracy in America: In Two Volumes*, ed. Eduardo Nolla, Indianapolis: Liberty Fund, 2012, p. 455.

²⁷⁷ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

²⁷⁸ James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003, p. 31.

²⁷⁹ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

²⁸⁰ Ibid.

²⁸¹ James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003, p. 6.

²⁸² James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

of sinners corrupting the society on the examples of prohibition in 1851 (state level) and 1920 (national level), and the ongoing war on drugs. The great issue of sin is, of course, the sexual threat – and subsequently abortions. This quite common practice in the mid-nineteenth century had been later declared a crime due to arguments claiming that abortions “were subverting the good community by undermining the white, middle-class birth rate while foreign immigrants multiplied and threatened to swamp American blood.”²⁸³ The United States is believed to be a country of limited government, sometimes even called a weak state. That might true in some spheres, but it only takes a look at the issue of moral control and there it is – a strong, controlling and demanding government.²⁸⁴ Morone claims that one of the reasons is the religious character of American society and the great number of Americans who believe in God as shown above. Americans have kept rewriting the always blurred lines between us and them, between privileged and oppressed, strong and weak, and it does not matter if we are talking about race, gender, or economic mobility. These distinctions have always been framed as distinctions between good and evil with the main criteria being the moral inferiority.²⁸⁵ G. K. Chesterton famously described the United States as a country with the soul of a church, Gunnar Myrdal wrote that Americans are the most moralistic and moral conscious of the Western civilization,²⁸⁶ according to Alexis de Tocqueville religion is the first of American political institutions²⁸⁷. The stakes for American moral control and protection of the good people against the evil have been and still are high – “for the city still stands up there on a hill.”²⁸⁸ However, it is necessary to say that there have been strong revolts against the Puritan legacy, especially since the 1960s. The Civil Rights Movement, feminists’ movements, and others have challenged this narrative of white protestant Americans-men with which the Puritan legacy is connected and they attempted to include other groups into the narrative. Since the 1960s, there is a more egalitarian reasoning for the civil rights, even though, in the conservative tradition the Protestant / Puritan legacy is still resonating what we could notice in the media analysis.

²⁸³ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

²⁸⁴ James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003, p. 3.

²⁸⁵ Ibid, p. 3–4.

²⁸⁶ Ibid, p. 4.

²⁸⁷ Alexis de Tocqueville, *Democracy in America: In Two Volumes*, ed. Eduardo Nolla, Indianapolis: Liberty Fund, 2012, p. 475.

²⁸⁸ James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003, p. 10.

4.4.1 Social gospel

In American moral tradition we can distinguish a separate one that is not following the Puritan legacy. This alternative tradition is focusing on a collective morality rather than an individual one. It does remain us more of the European social solidarity tradition. James Morone calls it the social gospel.²⁸⁹ It moves the emphasis from an individual sinner to an unjust system, it blames the society and socio-economic pressures for troubles of an individual. It calls for fixing the system so every American has a fair chance to prosper. “*The social gospel seizes on community health as a public policy model.*”²⁹⁰ Proponents of this approach reframe the issues that bother the public – they see illness rather than a crime, addiction instead of one’s moral weakness. “*They would treat rather than punish; they look past personal behavior and focus on complex social causes.*”²⁹¹ Social gospel brings collective responsibility to every single member of the community. Broadly speaking, its goal is social justice.

If we should connect it with the different American paths to health care from chapter 2.1 Three historical approaches to the U.S. health care – the Social Security path of strong government, the mixed “American way” and the libertarian, unregulated market approach – an example of this social gospel tradition is the concept of Social Security proposed by President Roosevelt in the 1930s²⁹² and health care reform initiated by President Kennedy and exercised by his successor President Johnson in the 1960s, creating the Medicare and Medicaid programmes. In both cases, we can find the narrative of a responsibility of the society to help the poor, virtuous people who had fallen on hard times.²⁹³ With the era of Reagan, this social responsibility approach has been buried. President Reagan imprinted his political mantra of personal responsibility into his policies, an example might be found in his wife’s campaign against drugs with the slogan “Just say no.” Obama’s initiative has been an attempt to bring the social gospel and a concept of collective responsibility back to live – the individual mandate creating a national pool

²⁸⁹ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005; James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003.

²⁹⁰ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

²⁹¹ Ibid.

²⁹² Categorization of Roosevelt’s reform as an example of social gospel is a concept by James A. Morone. However, he acknowledges that he redefined the category and applied it more generally. Historians usually do not classify Roosevelt as a social gospel proponent. (For more explanation, see Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003, part IV)

²⁹³ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005.

of shared risk in terms of health insurance, expanding the programmes of Medicaid and Medicare, and most of all the idea of national insurance.

4.5 Responsibility

The last concept we will discuss in this chapter is the idea of responsibility. The urge for taking responsibility for one's own actions and choices is commonly perceived as a core American value.²⁹⁴ However, the concept of responsibility might mean different things to different people while all of them will feel very strongly about it. *"As a result, calling for 'responsibility' in U.S. public discourse is like waving a red flag at a convention of bulls – it elicits passion, rancor, and disorderly conflict."*²⁹⁵ Generally speaking, there are two understandings of responsibility in American moral discourse, we might see them as two poles of the concept. And they quite greatly resonate with the idea of responsibility pictured in western movies – these movies are offering powerful images of American responsibility transcendent in the time and space. Before we dive into these images, it is necessary to bear in mind that these are strong simplifications, however, useful for our attempt to understand the current American debate. These images are frequently emerging in the health care debates and are often used in the political campaigns whether opposing or supporting health care reforms.

The first way of understanding the American concept of responsibility is responsibility as social solidarity²⁹⁶ – the responsibility of caring community that is concerned with the welfare of its members. Commitment and sympathy are the core values. The second way is responsibility as individual action, the strength of making one's own choices and being prepared to face the consequences. Doing what has to be done and doing it on your own. These are two contrasting images of responsibility that might be embodied in the figures of an individualistic heroic cowboy and a homesteader, a farmer, a leader of a caring community.²⁹⁷ If we apply these ways of understanding responsibility to the health care debate, the first one is characteristic for those who support the idea of universal coverage. People need to act as a community and take care of the weak members – it is their shared responsibility to do so. On the other hand, the second

²⁹⁴ Jim Sabin, "Responsibility: Shane and Joe," in, ed. Mary Crowley, *Connecting American Values with Health Reform*, New York: The Hastings Center, 2009.

²⁹⁵ Ibid.

²⁹⁶ Ibid.

²⁹⁷ Ibid.

understanding creates the “*heroically empowered consumers*”²⁹⁸ of health care exercising their free will on the free market, prepared to face the consequences of their actions. Moreover, we can also identify the villains: for the first approach the villain is the insurance company that “*siphon money away from health care and into corporate profits*,”²⁹⁹ while for the second approach it is the demanding individual, a free-rider of the system who expects others to provide for him or her while he or she is unwilling to take responsibility for his or her actions. Basically, that summarizes the fears and concerns (sometimes even unconscious) people have while talking about health care. It is natural that we allocate the values through emotions, through irrational principles. That is why the television campaign sponsored by insurance companies against Clinton’s health care proposal worked so well in the 1990s. It pictured “ordinary Americans” and drew on core American values, evoking the image of an intrusive nanny state that will limit one’s choices, take away individuality, and most importantly will offer a free ride to those who are not willing to think responsibly while requiring the others to pay for them. Why should everyone pay for those who smoke, eat unhealthily, or do not exercise? It is their fault, they should be responsible for the choices they made. “*Our imagined community, struggling together to fix a troubled health care system, [can vanish] in an instant. [What will be left is] a hardworking us against a drug-abusing, sexually promiscuous them. Forget about extending health care coverage—what ‘those people’ need is moral discipline. The politics of social policy always turns on the mental images we create of the beneficiaries.*”³⁰⁰

The idea of taking responsibility for one’s own action is tightly connected with the famous concept of the so-called American dream. If you work hard, if you try hard enough, you will succeed. Hard work will pay off. However, this logic also leads to the belief that if you have the destiny in your hands, you are responsible for your own failure. Those are the two sides of the same coin. If the success is yours, so is the lack of it. According to Louis Hartz, the American liberal is the one who believes in “*the human marketplace, where a person succeeds or fails by his or her own efforts and ability.*”³⁰¹ As we can see, this connection between hard work, individual efforts, ability, virtues, and on the other side success is deeply rooted in American society. Actually, it may have

²⁹⁸ Jim Sabin, “Responsibility: Shane and Joe,” in, ed. Mary Crowley, *Connecting American Values with Health Reform*, New York: The Hastings Center, 2009.

²⁹⁹ Ibid.

³⁰⁰ James A. Morone, “Morality, Politics, and Health Policy,” in ed. David Mechanic et al., *Policy Challenges in Modern Health Care*, New Brunswick: Rutgers University Press, 2005

³⁰¹ Louis Hartz, *The Liberal Tradition in America: An Interpretation of American Political Thought Since the Revolution*, San Diego: A Harvest Book, Harcourt Brace & Company, 1991, p. ix.

originated with the Puritans again who had supposedly set the scene for modern liberalism as Hartz claims. Their understanding of work as a calling and success as a divine favour – a reward for the hard work – leads us to the perception of poverty as (moral) failure.³⁰² If those people tried more, if they worked harder, they would not be poor. They are responsible for their own fate and government should not require us, hard-working, honourable people to provide for them. These thoughts usually are not expressed in the public space in such an open manner, however, we might identify them underlying particular arguments against government programmes. They are supporting the core of the arguments of “welfare queens exploiting the Medicaid” and “people need to learn the real price of health care.”

4.6 Conclusion

American debates over health care are full of clashing and dichotomic ideological concepts that compete against each other, gaining different dominance in different times and ideological systems. In the core of American political culture, there is the fear of expanding government, resulting in the faith of communal democracy, individualism and value of liberty. Americans see themselves as beings born equal, who were given power by liberty in a free land full of opportunities. Their destiny is in their hands, leading to the necessity to accept the responsibility for one’s choices and actions. Consequently, America is a nation celebrating individualism, hard work and community life. Although Americans are often perceived as self-centred individuals, there is also a rich tradition of communal initiatives and civic engagements, even in health care. Liberty is a central motive in American politics, often conflicting with the value of equality. However, American conception of liberty is complicated, besides the individualistic perspective of protecting one’s freedom we may also find a tradition of liberalism supporting universal access to health care. But the concept of liberty can also offer various argumentations against the health care reforms, as is it seen in the conservative critique of Obama’s Affordable Care Act – in both senses of negative and positive liberty as described by Isaiah Berlin. Liberty requires responsibility; in the American tradition, we can distinguish two poles of understanding the concept of responsibility. There is the social solidarity of the community on the one hand and responsibility for individual action on the other.

³⁰² James A. Morone, *Hellfire Nation: The Politics of Sin in American History*, New Haven: Yale University Press, 2003, p. 32.

This necessity to take responsibility for one's action is the opposite side of the American dream myth. If hard work brings success, poverty and failure is the lack of personal virtue. It is an example of moral judgement sinking into politics, another common feature of the U.S. political culture. American society is strongly religious, with a powerful Puritan legacy, resulting in defining 'us' and 'them' through morality. A usually individualistic society calls for a strong government hand in case of corrupted sinners posing a moral threat to the community.

As we can see, American debates are full of diverse and sometimes inevitably clashing ideological concepts. However, the idea of a zero-sum game, when only one concept can prevail while the other is banished, is an illusion. Everything is interconnected: the American dream with moral judgements and dread of government; the conception of liberty with communal tradition and social solidarity on the one hand and the threat of expanding public power on the other. We cannot find a simple explanation for what is happening in the public health care discourse, but these interconnected though conflicting concepts might help us understand. The liberal media usually emphasise the responsibility of the community to take care of the weaker, unlucky individuals. If the concept of community is understood wide enough, whole state and in some cases even whole country may be perceived as one big community with certain obligations and accountability, thus, we may witness call for social programmes and policies adopted by the government. We have seen such an approach in The New York Times when next to the reflection of conservative criticism, there was also a support for Obamacare as a reform build on this sense of shared responsibility. Another aspect occurring in the media research was the concept of liberty interpreted as one's freedom to act unobstructed by the external factors such as inaccessibility of health care or education. In this view, it is the system that interferes with one's liberty when he or she cannot be in control of their health care due to high prices, denials of health insurance based on pre-existing conditions, or lack of health insurance companies operating in the region. On the other hand, conservative media like The Wall Street Journal and National Review tend to use the other side of those ideological dichotomies. Liberty of an individual is obstructed when he or she is forced to purchase health insurance (due to the individual mandate) or to support the health care of other people through his or her taxes (via programmes such as Medicare and Medicaid or government subsidies of Affordable Care Act). Individuals have their own responsibility for their decisions and actions, therefore, to force the rest of the society to pay for their mistakes is wrong (even though this "mistake" may be for example a financial inability to

buy an expensive health insurance and then be diagnosed with a serious illness without measures to afford the treatment). These clashing understandings of liberty and responsibility, as well as the other concepts described in this chapter, add to the intensity of health care debate and consequently to the ideological cleavages in the society.

5 Conclusion

The thesis aims to provide an understanding of American debate regarding the Obama administration health care reform in historical context and to identify possible transformations of the debate caused by the entrance of Donald Trump onto the political scene. The thesis is divided into three parts: the first one offers historical insight into the issue of health care policies, and public views on health care in the United States during the 20th century. It completes the picture with an analysis of the situation that triggered the reform discussion and the legislative process with its complications and specifics that formed the final version of the law. It also describes the Affordable Care Act law itself with special emphasis on the reform's essential elements, such as individual mandate or state subsidies. The second part of the thesis is an outcome of media research consisting of two case studies. The first case study covers the time period of Obama's reform legislative process and the process of implementation. The second case study covers Donald Trump's presidential campaign and his first months in the White House – enabling comparison and recognition of any change in the health care debate. The main goal for the media research is to analyse the main arguments used for the critique of Obama's health care reform and to identify the ideological concepts on which these arguments are built and challenge them as naturalised in the society. The third part aims to put these ideological concepts into context, seek the origins of the great images essential for American identity building and show the complexity of the American health care debate full of inevitably clashing concepts. The objective of the third part is to map the political debate on health care through the key concepts of American tradition and their dichotomies.

The main questions this thesis attempted to answer were: What did the criticism of Obama's health care reform look like? What were the main arguments used against Obamacare? And how did the debate and the criticism transform with the presidential campaign of Donald Trump and his first few months in the office? The historical chapter asks for historical context, for the main transformations of the American approach to the health care throughout the 20th century and the main features forming it, subsequently leading to the question "Why does the Affordable Care Act look the way it does and what are its origins?". The second chapter is using media analysis to answer the main research questions. The last chapter offers theoretical framework for understanding of the research outcome. It seeks context regarding naturalised assumptions and images underlying the health care debate, asking "What are the main ideological concepts forming

the American views of health care?” and “How can we understand the criticism of Obamacare through these ideological concepts?”.

In the first chapter of the thesis, we identified three historical approaches to health care, overlapping but still rooted in certain historical era. First is the Social Security approach characterised by strong government, where health care is perceived as a universal right and a national issue requiring a centralised solution on the federal level. This approach is connected with President Franklin D. Roosevelt and the era of the 1930s. The 1960s Medicare and Medicaid programmes for the elderly and low-income families were a result of a political thinking in line with this approach, however, there had to be many compromises made. Also, several ideas behind Obama’s reform originated in this approach, even though many of them got lost during the negotiation process. The second approach is a mix between strong government and free market, an alternative to direct federal programmes in a form of public policies operating through private institutions. Very specific to this “American way” is the tension between federal and state level of governing, both creating its own health care policies. The mixed approach is connected to the era of the 1970s, characterised by policies inducing private companies to provide social benefits to people with government fillip up the gaps the market could not fill. Essential for this approach was the move of Eisenhower’s administration that exempted health benefits from income taxes and motivated employers to provide its employees with health insurance. This generated the American employment-based system of health insurance which covers most of the American citizens nowadays. In the 1980s, there was an emergence of the third approach of unregulated free market principles connected to Ronald Reagan and the so-called Republican era. The cornerstones of this approach are the values of individualism, liberty and responsibility. The emphasis is also given to the unregulated free market.

In 2009, there were more than 50 million uninsured citizens in the United States. Together with the rising costs of health care, it was the biggest concern of Obama’s administration. Even though the process of crafting the health care reform started as a bipartisan effort, there were many complications during the legislative process and the result was a law full of compromises passed with only partisan support. The reform consists of three pillars: insurance-market reforms that up to a certain level unifies the patchwork of various state approaches and bans the insurance companies from denying applicants based on pre-existing conditions; an individual mandate that requires individuals to purchase health insurance or pay a penalty; and government subsidies that help to buy

insurance for those who cannot afford it. Another important part of the law is an expansion of Medicare and Medicaid programmes. Obama's health care reform may be considered part of the tradition of the second, mixed "American way" approach to health care. The role of government is limited, it operates on the free market while individuals buy their insurance plans with only narrow help from the government. However, there is also the individual mandate that is obstructing personal liberty according to many conservative critics, and the guaranteed issue posing certain requirement on private businesses, thus interfering with free market. These ideas are more likely in line with the tradition of the Social Security approach of strong government (and also a source of strong conservative criticism). Obamacare may be the result of creating a completely new approach that replaced the third approach to health care of Reagan's era. It may be too early to make such conclusions, although the experience of Trump's unsuccessful attempts to repeal the law may be suggesting Obama has indeed started a new era of health care approach.

The second chapter consists of the media research focusing on two time periods – the legislative process and implementation of the reform, and Donald Trump's presidential campaign and his first months in office. It compared the coverage of three media titles, one centrist newspaper (The New York Times), one centre-conservative (The Wall Street Journal), and one right-wing magazine explicitly defending conservative values (National Review). There were altogether 861 results of the database search; out of this number, 286 texts have been selected for a further qualitative analysis based on their relevance for the research. The New York Times mostly reflected the conservative critique of the practice of centralised government and obstructing individual liberty, it put emphasis on the bad realisation of otherwise good ideas, but generally, it was defending the reform. The Wall Street Journal warned against the expanding, uncontrollable federal government that interfered with individual rights (e.g. religion rights). The journal identified reform as a government takeover of free market which would result in higher prices, less choice for individuals, and lower quality of health care. National Review argued the reform was too costly and immoral in questions of abortions and contraceptives (which follows the socially and financially conservative anchoring of the magazine). In the second time period, there was a significant drop in the interest with only few National Review articles covering Obama's health care reform, the title focused more on the criticism of Donald Trump.

Despite the expectations, there are no significant transformations of the health care debate with the entry of Donald Trump onto the political scene. If we compare the first and the second case study, arguments we have found are almost identical. There were no new topics brought into the debate and the covered issues followed external circumstances (e.g. lawsuits against the reform). The new dimension of the health care debate in the second case study is the criticism of Donald Trump from the conservative position for not having conservative values. During his presidential campaign, he has been promising to “cover all” or to bring stronger, better-managed government to solve the health care. The concept of “big government” is unacceptable for the conservatives, therefore, they were strongly criticizing the Republican presidential nominee for not sharing the party’s core beliefs. However, the hypothesis that Donald Trump as a new type of political leader would bring new topics into the political debate of health care did not fulfil. One of the possible explanations may be that Donald Trump did not prioritise the issue of health care and has accepted the traditional Republican agenda, not bringing anything new of his own. Another explanation may lie in the rigid discourse of conservative media that did not accept Trump’s rhetoric in the researched time period. However, the failure to fulfil the hypothesis does not mean Donald Trump is not a new type of leader, or that he does not symbolise a significant change in American politics. These characteristics can be accomplished in different areas and topics. This thesis only argues they were not accomplished in the conservative health care debates. The health care debate continues to be framed in dichotomies and clashes of the same ideological concepts.

The third chapter further works with the ideological concepts. The American tradition of political thinking is characterised by competing and clashing ideological concepts such as liberty, community, or responsibility. American health care debate has been trapped in a web of dichotomies and different interpretations of cultural myths essential for building the American identity. In the core of American politics is the dread of government interfering with individual liberties. Americans put the highest values on liberty, however, a different interpretation of liberty may be used to defend as well as oppose Obama’s health care reform. In the conservative criticism of Obamacare, we can identify the understanding of liberty following Isaiah Berlin’s distinction of negative and positive liberty. Health and health care are a personal area of non-interference when any external intrusion obstructs one’s liberty. Also, an individual wants to be in control of his or her health and health care, not to be an instrument used by others (or by the government). These concepts of liberty offer a basis for arguments that find individual

mandate unacceptable. However, they may also be interpreted in favour of Obamacare – the health care debate is full of competing ideological concepts.

The strong emphasis on the individual and the fear of public power that might take the individual freedom away are already described and explained by Alexis de Tocqueville. Americans arrived in a free world full of opportunities equipped with great liberties, they were not limited by their position in hierarchical aristocratic societies of Europe. That is also why the myth of the so-called “American dream” is so strong in the American context. Americans tend to believe their fate is in their hands, and so is the failure. The strong concept of individual responsibility is clashing with another tradition though – the responsibility of a community to take care of the individual. The urge for universal coverage as well as the Medicare and Medicaid programmes are built on this sense of community. We can reflect the tendency of people to govern themselves through the community in the ongoing clash between federal and state powers, also resonating in the health care debate (with arguments such as that states understand the need of their people better than the distant federal government). The approach to American political culture in this thesis is inspired by the work of James A. Morone. He offers a frame of moral politics as a way of understanding the American political debates. He claims there is a strong import of faith into the politics. The legacy of Puritans, the first settlers in the New World, causes that moral judgments seep into everyday politics. Regarding the health care, this legacy influences not only the unsurprising issues of reproductive health (such as abortions and contraceptives) but also the answer to the question who does deserve help (with paying for the health care) and the distinction between “us” and “them”.

An impulse for conducting the media research and for analysing the criticism of Obama’s health care reform was the expectation that Donald Trump brought a significant change to the health care debate. These expectations were not fulfilled as the research showed the arguments used against Obamacare were almost identical in both case studies. However, there were certain limitations on my research: It is necessary to realise this thesis followed the health care debate as reflected in selected media – that means the issues have been interpreted by newspaper contributors and presented with a target audience in mind. Also, there were three titles selected for the research, however, in order to make more complex research with a more plausible outcome, there would have to be more titles included – from liberal as well as conservative parts of the spectrum. Another limitation is that in the analytical part, the thesis focuses exclusively on the conservative criticism. In order to capture the whole debate and its possible

transformation, another perspective would have to be added. It would also be interesting if the media debate was compared with the political one, using politicians' speeches or transcripts from campaign rallies and Congressional negotiations. However, together with historical context and ideological anchoring of the debate, it would have made the work too extensive for master's thesis purposes. This thesis, especially the theoretical part dealing with dichotomies of ideological concepts within the American health care debate, also uses necessary simplifications due to the ambiguity of the terms it works with, such as individualism, liberty, or responsibility. These phenomena have a wide range of usage, different actors allocate different meanings to them. Even the classics as Tocqueville or Louis Hartz, whose works this thesis also uses to build its statements, usually acknowledge only specific elements of the concept of individualism.³⁰³

This thesis recognised new questions and areas worthy of further research: it seems that race is a significant element in health care debates. The reason might not only be the systematic discrimination of non-white Americans, but also the fact that Barack Obama as the initiator of the health care reform has been the first African-American president of the United States. Racism or allegations of racism has been resonating significantly in the health care debate – for example, National Review claimed: “*It is racist to say Obamacare, except when he [President Obama] says it.*” There is an assumption that one of the reasons for the strong criticism of the health care reform has been the fact Barack Obama is of African-American origin. Another possible area of research that emerged in this thesis is the women's health care within the conservative criticism of Obama's health care reform. It is worth noticing that the issue of women's health care and the topic of women's body autonomy has been framed exclusively as a religion issue in the conservative media. It might be interesting to look for the concepts forming this specific debate.

³⁰³ Richard J. Ellis, *American Political Cultures*, Oxford: Oxford University Press, 1993.

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