

AN ABSTRACT OF THE THESIS OF

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The purpose of this study is to illuminate the presence and rhetorical effect of anecdotes in President Clinton's major health care address. It is the health care debate that shows most clearly how Clinton tries to direct a multi-level campaign that attempts to identify his interests (passage of the Health Security Act) with the interests of Congress and the American people. The analysis of his address and remarks during the week of his Joint Session of Congress appearance will demonstrate how Clinton uses anecdotes as a rhetorical tool to address different audiences, and will argue that this use of anecdotes functions to heighten emotional appeal while promoting identification with his audience. Clinton relies on the pathos of anecdotes to pass a health care bill, which will be analyzed according to Kenneth Burke's discussion of political rhetoric. This study adopts a Burkeian perspective on political rhetoric as a means for investigating the problems Clinton faced in confronting the complex and divisive issue of health care.

President Clinton's Health Care Rhetoric:  
The Role of Anecdotal Evidence  
in Promoting Identification

by

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**CHAPTER ONE:  
INTRODUCTION**

Along with the economy, unemployment, and poverty, health care reform was one of the most important issues of the 1992 presidential campaign.<sup>1</sup> As a candidate, Bill Clinton argued that health care reform was a major area in which America needed to change, and promised immediate attention to it in his book *Putting People First*.<sup>2</sup> This text, released in conjunction with the Democratic National Convention, promised to address health care reform in the first year of a Clinton presidency.<sup>3</sup> In his acceptance address at the 1992 Democratic National Convention, Clinton staked out his position on health care in America. His vision, represented that evening as a "new covenant," included thoughts of "an America in which health care is a right, not a privilege," and a "government that has the courage to take on the health care profiteers and make health care affordable for every family."<sup>4</sup> After the election, Clinton's transition team held an economic meeting in Little Rock, Arkansas, where the new administration discussed health care reform. Researchers compared the "health care crisis" of 1992 to a similar crisis President Richard M. Nixon feared twenty years earlier. They determined that in 1972 America spent 7 percent of the gross national product on both health

care and education, whereas in 1992, America spent 14 percent on health care, and less than 7 percent on education.<sup>5</sup>

The problem with the American health care system revolves around several key topics, including public satisfaction with the status quo, the plight of the uninsured, the role of bureaucracy, and the function of the insurance industry. It is somewhat ironic that health care reform was a salient issue when many studies reflected a steady rate of satisfaction with the current American health care system.<sup>6</sup> Another source of irony shows up when one considers who does not have health insurance. Although a recent study in the *American Journal of Public Health* revealed that minorities, especially minority adolescents, lack basic health care access, other surveys show that 85% of uninsured Americans are workers and their dependents.<sup>7</sup>

As the debate over health care reform intensified, more studies divulged more information about the inequities inherent in the American health care system. Those without health insurance, for example, were "consistently less likely than those insured to have received any health care," and most frightening was that the acutely ill uninsured were two-thirds as likely as those insured to get medical care.<sup>8</sup> As liberals such as West Virginia Senator Jay Rockefeller and California Representative Henry Waxman began placing the blame for America's health care woes onto bureaucracies, conservative journals argued that Democratic proposals would only add to an ever-increasing pile of paperwork.<sup>9</sup> The

Health Insurance Association of America, frightened by the threat of "managed competition," conducted a \$4 million advertising campaign designed to inundate other voices in the health care debate. Some television stations refused to run ads for reform proponents because they did not want to alienate big-money advertisers.<sup>10</sup>

Health care reform became a campaign issue in 1992 because it was an area where Democratic strategists perceived Republicans, including President George Bush, as being weak.<sup>11</sup> It gained importance to politicians after Harris Wofford, a relatively unknown candidate for the United States Senate from Pennsylvania, upset the nationally known former United States Attorney-General Richard Thornburgh largely because of a spirited health care debate in 1991.<sup>12</sup> Democratic presidential challenger Bill Clinton treated Wofford's victory as a sign that Republican candidates, including Bush, were not attuned to the plight of millions in this country. Bush's claim that malpractice suits were the real cause of the health care crisis seemed to prove a Republican loss-of-touch with needier Americans.<sup>13</sup> At the same time, emergency rooms became a symbol of a medical system in turmoil. Over 90 million patients used emergency medical care in 1990; these patients helped run up \$8.3 billion in unpaid emergency services.<sup>14</sup>

## PURPOSE STATEMENT

The purpose of this study is to illuminate the presence and rhetorical effect of anecdotes in Clinton's major health care address. It is the health care debate that shows most clearly how Clinton tries to direct a multi-level campaign that attempts to identify his interests (passage of the Health Security Act) with the interests of Congress and the American people. The analysis of Clinton's address and remarks during the week of his Joint Session of Congress appearance will demonstrate how Clinton uses anecdotes as a rhetorical tool to address different audiences, and will argue that Clinton's use of anecdotes functions to heighten emotional appeal while promoting identification with his audience. Clinton relies on the pathos of anecdotes to pass a health care bill, which will be analyzed according to Kenneth Burke's discussion of political rhetoric. This study adopts a Burkeian perspective on political rhetoric as a means for investigating the problems Clinton faced in confronting the complex and divisive issue of health care. Burke's writings in "The Dialectic of Constitutions," "Dialectic in General," and the "Four Master Tropes" from his text, *A Grammar of Motives*, plus "The Range of Rhetoric" and "Traditional Principles of Rhetoric" from *A Rhetoric of Motives* provide the basis for the analysis of Clinton's discourse.



## **SIGNIFICANCE OF THE STUDY**

The study of Clinton's health care discourse has significance to historians and social scientists, as well as communication researchers. Future historians, seeking greater insights into Clinton's contemporary effect on his constituency and academia, can measure and assimilate evidence easier if more evidence exists. As Clinton Rossiter stated, the president is "a one-man distillation of the American people," and if historians follow Rossiter's claim, the study of presidential communication deserves merit.<sup>15</sup>

In the study of presidential communication, Burkeian criticism is a powerful instrument used to better analyze rhetorical situations because it allows for a magnification of what motivates speakers to select the rhetorical strategies they choose.<sup>16</sup> Any study that employs Burke's theories leads students and teachers to a deeper understanding language as well as of Burke's work, and to the limits of such application. Knowledge of when a particular theory is useful allows researchers to devote more effort to analysis instead of exploration--so if a researcher wants to know something quickly, the legwork has already been done.

This study also facilitates the measurement of what Americans believe is good or right. It closely examines the rhetorical strategies employed by a president who, for reasons elucidated in subsequent chapters, thinks that health care reform is vital to the "health" of American democracy.

A look into the language choices and the way Clinton structures his arguments can reveal the way he views his audience, and conversely, show how his audience views his persuasibility. From this point, we can possibly infer the extent of America's desire to reform health care, because an important area to look at is not whether Americans want other Americans to be healthy, but whether they should give up part of their security to give others more protection. The importance of this research to historians, rhetorical theory, and to society in general demonstrates the significance of this study.

#### **LIMITATIONS OF THE STUDY**

Although the battle over the North American Free Trade Agreement interrupted Clinton's foray into health care reform, the greatest effort exerted by his administration to raise the issue of health care reform occurred during a ten day period from September 16, 1993, to September 26, 1993. This study limits its examination of Clinton's discourse to events occurring within this time frame. The primary rhetorical artifact this study will examine is Clinton's address to the Joint Session of Congress on Wednesday, September 22, 1993. The analysis will also employ auxiliary documents, where appropriate, to establish context and clarify understanding. These documents include transcripts provided by the Clinton-Info listserver operating from the

White House, chronologically and topically limited to reflect the limitations of the study.

#### **LITERATURE REVIEW ON BILL CLINTON**

Although Bill Clinton served as Governor of Arkansas for twelve years there are few biographical sources in book form available to researchers. As Clinton moved from being a governor of a small Southern state to the Democratic frontrunner for the nomination to the Presidency, much of what Americans learned about Clinton's life came from investigative journalists working for the popular press. The scrutiny placed on a presidential candidate, however, means that reporters dredge much information about the candidate's life. Thus, journalists can provide researchers with a glimpse into a public figure's life, possibly without the tint of public relation campaigns obscuring the candidate's true colors.

The *New York Times* reported that Bill Clinton was born as William Jefferson Blythe IV in Hope, Arkansas on August 19, 1946.<sup>17</sup> Garry Wills wrote in a July 20, 1992, issue of *Time* that Clinton spent his early childhood in Hope, a very poor town in Arkansas' "black belt." According to Wills, Clinton spent his earliest years in his grandparents' custody while his mother attended nursing school.<sup>18</sup> Michael Kelly summarized Clinton's earliest childhood memory in the November 4, 1992, *New York Times*: his mother crying at a

train station as Clinton's train pulled away, returning him to Hope after a visit with his mother, whose school was in New Orleans.<sup>19</sup> Clinton himself described how his father was "killed in a car wreck on a rainy road" shortly before his birth to the Democratic National Convention.<sup>20</sup>

Priscilla Painton described Clinton's early attraction to the Baptist faith in an April 5, 1992, article in *Time*. He often walked to church alone on Sunday, carrying the leatherbound Bible upon which he would later take his presidential oath.<sup>21</sup> Kelly stated that after his mother remarried Roger Clinton, a car salesman from Hope, Bill experienced a turbulent and sometimes violent youth that many believed produced the workaholic tendencies and eagerness to please that still influences his character.<sup>22</sup> Yet, despite the disorder associated with a "dysfunctional" family, in the June 8, 1992, *Time*, Wills wrote that young Bill took his stepfather's surname.<sup>23</sup> The family moved from Hope to Hot Springs, Arkansas, where Bill graduated from high school in 1964. He excelled in both studies and the school band, where he played the saxophone.<sup>24</sup>

Gwen Ifill reported in the July 16, 1992, *New York Times* that Clinton attended Georgetown University and worked in Senator William Fulbright's office throughout his undergraduate career.<sup>25</sup> According to Ifill, access to information in Fulbright's office "formed the basis of [Clinton's] opposition to the war in Vietnam."<sup>26</sup> After graduation, Clinton received a Rhodes Scholarship, and

attended Oxford University, where his participation in Vietnam War protests would later become a point of contention during the 1992 presidential campaign. In the April 6, 1992, *Time*, Strobe Talbott wrote that according to a friend who lived with Clinton during his stay at Oxford, Clinton did not dodge the draft but merely decided to take advantage of a "special deal the system offered."<sup>27</sup> Ifill claimed in the February 13, 1992, *New York Times* that Clinton withdrew his application to enter an ROTC program to become re-eligible for the draft because he did not want to affect his "political viability."<sup>28</sup> Talbott revealed that Clinton came to this decision after many conversations with another friend, Frank Aller, who chose to remain in England as a draft evader and eventually killed himself over the struggle he went through.<sup>29</sup> Upon returning from England, Clinton entered Yale Law School, where he met his future wife, Hillary Rodham.<sup>30</sup>

Clinton's political career changed dramatically after his 1980 gubernatorial defeat to Republican Frank D. White. He worked to develop a broader appeal by conforming to what he thought Arkansas voters wanted in a governor. According to Adam Clymer of the *New York Times*, Clinton tried to accomplish too much, too fast, when he was first elected Governor in 1978. Clinton admitted that of the items on his agenda, improving state roads cost him the 1980 election. He doubled the fee charged for license plates to pay for highway construction, and by 1982, Clinton realized he had made a

"mistake."<sup>31</sup> The 1982 gubernatorial campaign showed how seriously Clinton's political mistakes affected his popularity. Another *New York Times* article reported that while Clinton vastly outspent his foes in the 1982 Democratic gubernatorial primary, he could not avoid a runoff election. He spent \$500,000 to \$150,000 spent by Joe Purcell, his chief rival.

As early as 1982 problems emerged over Clinton's image. A *New York Times* article claimed that "[Clinton's] erudition, good looks, and polished elocution seem to be detriments."<sup>32</sup> In fact, Wendell Rawls Jr. pointed out that negative campaigning seemed to revolve around Clinton's "worldliness" and White's sketchy dealings concerning Arkansas electric utilities. Rawls alleged that White blasted Hillary's feminist ties and Clinton's softness on crime.<sup>33</sup> Clinton won re-election by a narrow margin.<sup>34</sup>

Garry Wills' July 20, 1992, article in *Time* focused on both Clinton's childhood and his political career. Wills contended that after his 1980 gubernatorial defeat, Clinton changed his image from a brash young liberal into that of a "gregarious schmoozer."<sup>35</sup> Accounts of flaws in Clinton's image resurfaced throughout the 1992 presidential primaries. Maureen Dowd shared the amazement of many political analysts in her March 16, 1992, article in the *New York Times*.<sup>36</sup> Especially after damaging accounts of alleged marital infidelity and draft dodging surfaced, many political

analysts wrote off Clinton's chances of surviving the media's investigation. Dowd attributed Clinton's ability to continue his campaign to his "political network based on friendship, gestures, phone calls and letters."<sup>37</sup> She also pointed to other political factors, like Democratic candidate Tom Harkin's exit from contention, as reasons why Clinton could stave off attacks from the media and other candidates. When the liberal Harkin dropped out, a gap developed within the representation of political ideologies among Democratic candidates and Clinton further repositioned himself to the left of the more-conservative Paul Tsongas.<sup>38</sup> Tsongas desperately tried to uncloak Clinton's "pandering," but his efforts had little effect on the burgeoning Clinton campaign.<sup>39</sup>

Ifill noticed in her April 26, 1992, article in the *New York Times* that Clinton's rhetorical style also shifted as the 1992 campaign progressed. His "detailed and long-winded" speeches became "focused."<sup>40</sup> Clinton painted his view of America's problems with broad strokes as he informed his audiences that he campaigned on "three or four big, simple ideas."<sup>41</sup> Clinton divided his campaign speeches into two parts: what was wrong or lacking with the status quo and what Americans themselves had to do better. In his "standard" speech, Clinton tried to show his audience their concerns were similar to the concerns he had shared in Arkansas. He focused on the economy, admitting that although Arkansas was not the United States, it still required an "economic

strategy." He used examples of American struggles to demonstrate to his audience the need for health care reform and for increased attention to education. Then, Clinton asked his audience to look inward; he asked them to examine their connections with their government. He told the audience that simply blaming politicians for their problems was a "cop-out," and that in order for conditions to improve Americans would have to believe that conditions could improve.

#### **LITERATURE REVIEW ON KENNETH BURKE**

Kenneth Burke's concept of "Dramatism" gave rhetorical criticism new life in the mid-twentieth century. He assumes that human activity is dramatistic in nature, not unlike theater, and suggests that a critic's method or strategy for criticism must "be representative of the subject-matter it is designed to calculate."<sup>42</sup> For instance, Burke's "representative anecdote" for social life is "drama," and as such, the vocabulary created by Burke to describe "dramatism" includes terminology like "acting-together."<sup>43</sup> The critic's ability to view rhetorical artifacts through a dramatistic lens leads to insights unreachable using other methods of criticism.

One of Burke's most important concepts, identification, becomes an important concept for this study. Described later in greater detail, identification of similar interests among



people is key to Burke's argument that one gets others to cooperate with himself or herself only to the extent that they can identify with each other on the basis of similar interests.<sup>44</sup> Cooperation is the result of identification, and is similar to Aristotle's depiction of the ends of persuasion. One way to promote identification is through the use of anecdotes. Anecdotes are "short, entertaining accounts of some event."<sup>45</sup> In Clinton's September 22, 1993, speech before the Joint Session of Congress, he utilizes the anecdote as a comfortable way to show the audience his understanding of the health care issue. Clinton's use of anecdotes in this speech corresponds with the Burkeian concept of identification.

Kenneth Burke enhances his concept the flagship of dramatism by explaining the dramatic pentad in the introduction to his text, *A Grammar of Motives*. Burke's pentad uses five terms, act, scene, agent, agency, and purpose to uncover what a speaker's motives might be. For Burke, the pentad allows a critic to name the parts of human action because these elements are always part of any human activity.<sup>46</sup> Although the pentad has become a leading form of criticism, Burke offers other ideas that a critic can use to construct a methodology.

In *A Rhetoric of Motives*, Kenneth Burke establishes a new persuasion paradigm with his idea of "identification" in his first chapter, "The Range of Rhetoric." Identification can take place in two ways: I may identify myself with you,

or you may identify yourself with me.<sup>47</sup> In this section, Burke says that identification cannot occur without division, because without differences there would be no need to unite.<sup>48</sup> Burke believes that speakers can use identification "stylistically" to persuade audiences.<sup>49</sup> In Part II, "Traditional Principles of Rhetoric," Burke further illuminates his concept of identification. For Burke, the ability to persuade requires an ability for one person to first demonstrate to another that he or she is similar in one or more ways to the other. Burke says, "You persuade a man only insofar as you can talk his language by speech, gesture, tonality, order, image, attitude, idea, *identifying* your ways with his."<sup>50</sup> He demonstrates how identification is essentially synonymous with Aristotle's teachings of commonplaces in the *Rhetoric*. Burke also contends that humans identify with patterns of reasoning, even if they do not support the conclusions of such reasoning.<sup>51</sup>

In *A Rhetoric of Motives*, Burke uses the term "consubstantiality" to refer to the "ambiguities of substance."<sup>52</sup> When A identifies himself or herself with B, each party may decide they share the same substance. However, as they share the same substance, they are still unique humans capable of acting apart from one another. Burke says that by acting-together those who identify themselves with others are consubstantial. For Burke, the result of consubstantiality is not only identification but

also division. He uses a war example to illustrate how many cooperative acts result in one divisive act, and stresses that without division there would be no need to talk about identification. Burke suggests here that if one person can identify his or her interests with another's interests, the presence of a common interest induces cooperation through the persuading of the other person.<sup>53</sup>

*A Grammar of Motives* concentrates on the development and application of Burke's "pentad" and the idea that "substance" is the ground from which the pentad works. Burke devotes an entire chapter to the illumination of substance, describing it as having a double meaning: "substance" is used to describe intrinsic features, although its original etymology meant something outside someone.<sup>54</sup> Interestingly, Burke reveals by separate definitions the ambiguity present in the discussion of substance. Ambiguities, for Burke, provide the substance of rhetoric. If we are not sure about something, it becomes "substantially true," and therefore it enters the realm of rhetoric.<sup>55</sup>

In his discussion of synecdoche in *A Grammar of Motives*, Burke demonstrates that representation (or to take a part for the whole and use this part as a representation of the whole) is easily flawed because the person who makes the representation may not adhere to a strict "representative anecdote."<sup>56</sup> Without careful attention to true representativeness, which he describes as the "noblest synecdoche," connections between "perception" and "thing

perceived" can stray from the "truth," which would defeat what Burke says are the purposes of tropes.<sup>57</sup> For Burke, the four master tropes blend into each other, so a study of synecdoche eventually leads into a discussion of metaphor, metonymy, and irony, the other tropes discussed in this chapter. Burke first focuses on what comprises a "perfect" synecdoche, then turns to political representation, sensory representation, the difference between synecdoche and metonymy, and the contrast between poetic representation and scientific representation before his observation regarding the construction of representative anecdotes. Burke also says that only synecdochic anecdotes can be truly representative.<sup>58</sup>

In Part Three of *A Grammar of Motives*, Burke confronts "The Dialectic of Constitutions." One purpose of this section is to show how the ideals inherent in constitutions affect "the rhetoric of political manifestoes and promises."<sup>59</sup> In "Role of the President," Burke demonstrates a fundamental problem that arises from the substance of politics. He uses the example of Franklin D. Roosevelt to illustrate how Roosevelt, despite his physical condition, was able to successfully balance business and labor interests and use the tension between the two interests to extend his presidential power. This example also explains how paradoxical a unified democracy can be; Burke knows that a democracy requires the president to "keep all the corresponding voices vocal," thus, a president must

participate in a paradox of partially unifying the nation through identifying a "common goal or a common enemy."<sup>60</sup>

Burke discusses the "corrective" nature of language in his next topic, "Political Rhetoric as Secular Prayer." According to Burke, the purpose of political language can be thought of as a type of secular prayer, which "sharpens up the pointless and blunts the too sharply pointed."<sup>61</sup> He explains how a president would cloak painful reforms in descriptions to ease anxiety, or how a president would mask a superficial or inadequate reform in language that makes the reform seem more substantive.<sup>62</sup>

Other scholars have taken hold of Burke's theories and attempted to promote its use in rhetorical criticism. In "Persuasion and the Concept of Identification," Dennis G. Day ties Burke's identification to seminal Speech Communication theorists, including A.E. Phillips and James Winans. Day compares Phillips' notion of "Reference to Experience" and Winans' "common ground" to Burke's "identification," and reveals that Burke "provides the heretofore unexplored philosophical basis of this concept."<sup>63</sup> In all examples the speaker attempts to share something with the audience; the "something shared" are opinions or experiences that the speaker presumes the audience possesses.<sup>64</sup>

Marie Hochmuth defines the importance of Kenneth Burke and Burkeian criticism in two articles: "Kenneth Burke and the 'New Rhetoric,'" and "Burkeian Criticism." In the former, Hochmuth argues that researchers should elevate

Burke's work to the same level as other rhetorical theorists.<sup>65</sup> She illuminates Burke's idea that literature is "symbolic action," that speakers and writers create discourse strategically, to suit specific purposes.<sup>66</sup> Hochmuth shows how Burke's rhetorical theories originate in anthropology; rhetoric emerges from the human tendency toward divisiveness.<sup>67</sup> The review Hochmuth provides of *A Rhetoric of Motives* provides a quick summary of how Burke treats historical interpretations of rhetoric, and how these interpretations can all be turned toward "communication by the signs of consubstantiality."<sup>68</sup> She spends a significant portion of her article addressing identification, and clearly distinguishes identification and persuasion; identification includes "unconscious factors in its appeal," where an individual may only want to demonstrate similarities. On the other hand, persuasion emphasizes "deliberate design."<sup>69</sup> Hochmuth says the "signs" used in public address, according to Burke, boil down to ingratiation, conveyed both in word choice and in the form of the speech.<sup>70</sup>

Hochmuth strongly argues for the acceptance of Burkeian criticism by speech communication scholars in her article, "Burkeian Criticism." She asks teachers to set aside notions that some teaching methods are practical, which implies that others are not pragmatic, and look ahead to what forms of study advances criticism as an art form.<sup>71</sup> Hochmuth claims that modern (circa 1952) speech communication relies on the philosophical substance Burke provides, and quotes Burke's

distinction between the "old" rhetoric (persuasion) with the "new" rhetoric (identification).<sup>72</sup> She develops Burke's concept of "substance," and describes it as a "paradox of thinking of a thing both in terms of what it is in itself and what it is extrinsically."<sup>73</sup> As an example, she uses a child; a child is part of its parents, yet, also apart and separate from its parents. Finally, Hochmuth demonstrates the utility of Burkeian methodology by citing Burke's application of the pentad to Hitler's *Mein Kampf*. She contends that through consistent use of Burkeian criticism scholars can "provide a unity and substance in critical results, often lacking in many of our efforts."<sup>74</sup>

Virginia Holland adds support for Hochmuth's exhortation to rhetorical critics to employ Burke's concepts in her article "Rhetorical Criticism: A Burkeian Method."<sup>75</sup> Holland reinforces Hochmuth because she establishes what it is critics try to do, then argues effectively that Burkeian methodology can answer an important question to researchers: "How and why did the speaker say what he or she said?"<sup>76</sup> She claims rhetorical critics worry needlessly over identifying Aristotelian appeals and can reduce their anxiety by simply looking for the strategies a speaker used. In doing this, the critic identifies what motivates a speaker to make the choices he or she makes.<sup>77</sup> Holland shows the fusion between Aristotle's "topoi" and Burke's "stylistic identification" in how a speaker creates a speech.<sup>78</sup>

Holland concludes her article by analyzing Wendell Phillips' speech, *Murder of Lovejoy*, using the methodology she endorses. Holland looks at how words used by the speaker can point to the strategy the speaker employs, and finds that Phillips used strategies of rebuke, flagwaving, invective, absurdity, and vindication in an overall strategy of exhortation to convince his audience.<sup>79</sup> For Holland, the analysis of strategies leads researchers to new questions unattainable through Aristotelian criticism, because identifying strategies allow the critic to draw inferences regarding motive. After forming inferences, the critic can next turn to the context of the speech, where Burke suggests a different approach. Instead of merely describing the historical context of a speech, Holland says Burkeian criticism directs the researcher to describe the "symbols of authority," then investigate any evidence that may suggest acceptance or rejection of such symbols by the speaker.<sup>80</sup> Holland believes answers derived from Burkeian criticism supply better insight than those provided by Aristotelian criticism.



## STATEMENT OF METHOD

This study will analyze Clinton's September 22, 1993 speech to the Joint Session of Congress using Kenneth Burke's concept of identification to formulate a four step process. The analysis will 1) first locate instances where Clinton uses anecdotes to support his call for the Health Security Act; 2) determine how the anecdote functions to heighten Clinton's emotional appeal; 3) detect with whom the anecdote attempts to identify; and finally, 4) evaluate the "representativeness" of Clinton's anecdotes regarding the problems of health care. The first three steps will occur in chapter three, and step four takes place in chapter four. As Hochmuth and Holland demonstrate, what words the speaker uses can help the critic uncover the strategies a speaker may intentionally or unintentionally use to persuade the audience. Inside Clinton's anecdotes are words that can reveal his strategies for inducing cooperation from Congress and the American people. Through a close analysis of the text, this study can edify these strategies. Before the analysis, however, chapter two will provide the context for the study.

### Endnotes

<sup>1</sup> Frank Newport and Lydia Saad, "Economy Weighs Heavily on American's Minds," *The Gallup Poll Monthly* Apr. 1992: 30. Health care was the nation's most important problem to 12% of those polled, and ranked fourth behind the economy (42%), unemployment (25%), and poverty/homelessness (15%). In subsequent surveys, health care remained an important campaign issue, plateauing at 12%.

<sup>2</sup> Bill Clinton and Al Gore, *Putting People First: How We Can All Change America* (New York: Times Books, 1992) 108.

<sup>3</sup> Clinton, *Putting People First*, 108. Clinton states, "We will send a national health-care plan to Congress, and we will fight to pass it."

<sup>4</sup> Bill Clinton, "Acceptance Address: Democratic Nominee for President." *Vital Speeches of the Day*, 58, 644.

<sup>5</sup> *President Clinton's New Beginning: The Complete Text, With Illustrations, of the Historic Clinton-Gore Economic Conference Little Rock, Arkansas, December 14-15, 1992* (New York: Donald I. Fine, 1993) 56.

<sup>6</sup> Al Cole, "Vox Populi on Health-Care Reform," *Modern Maturity*, June 1993: 12. Norman Ornstein, "Who Cares Anyway?" *New Republic* 16 Aug. 1993: 21. Cole reports that at least 62% of 65,000 respondents are either neutral (30%), somewhat satisfied (32%), or completely satisfied (11%) with their current health care coverage. Ornstein cites a "recent Time/CNN poll" that says 78 percent of Americans polled are satisfied with the services available to them.

<sup>7</sup> Tracy A. Lieu, Paul W. Newacheck, and Margaret A. McManus, "Race, Ethnicity, and Access to Ambulatory Care Among US Adolescents," *American Journal of Public Health*, 83 July 1993: 964. This study showed that while 11% of white adolescents lacked health care, 16% of black adolescents and 28% of hispanic adolescents also were uninsured and could not access health care. Dan Goodgame. "Ready to Operate," *Time* September 20, 1993: 55.

<sup>8</sup> Chris Hafner-Eaton, "Physician Utilization Disparities Between the Uninsured and Insured," *JAMA: The*

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*Journal of the American Medical Association* 10 Feb. 1993: 791.

9 Larry Light and Julie Tilsner, "Reality Check," *Business Week* 18 Oct. 1993: 6. Grace-Marie Arnett, "Next Victim," *National Review* 6 Sept. 1993: 54. Grace-Marie Arnett, "You Bet Your Life: The Clinton Plan and Others," *National Journal* 24 May 1993: 30.

10 David Corn, "Beltway Bandits: Banned in Boston," *Nation*, 256 14 June 1993: 824.

11 Susan Dentzer, "Health-Care Gridlock," *US News and World Report* 20 Jan. 1992: 22.

12 Lawrence D. Brown, "The Politics of Health-Care Reform," *Current History* Apr. 1992: 173.

13 George Bush and Bill Clinton, "Questioning the Presidential Candidates," *JAMA: The Journal of the American Medical Association*, 268 7 Oct. 1992: 1766.

14 Melissa Beck, "State of Emergency," *Newsweek* 14 Oct. 1991: 52.

15 Clinton Rossiter, *The American Presidency* (New York: Harcourt, Brace, & World, 1960) 18.

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**CHAPTER TWO:  
SOCIAL AND POLITICAL CONTEXT OF CLINTON'S SPEECH  
TO THE JOINT SESSION OF CONGRESS**

As a part of President Lyndon B. Johnson's "Great Society" program, Congress passed Title XVIII of the Social Security Amendments of 1965 to simplify health care access for elderly Americans.<sup>1</sup> Part of Title XVIII included Medicare, an insurance program for Americans 65 and older, some disabled Americans under age 65, and for other Americans who required "special treatment."<sup>2</sup> Even though it appeared that Congress and the President had addressed the health care worries of older Americans, the institution of Medicare laid the foundation for another health crisis thirty years later.

This chapter examines the problems associated with the American health care system and how these problems influence and are influenced by the American political system. The examination reveals the social and political events that precede the 1993 health care debate, identifies the problems inherent in health care, determines who or what causes these problems, locates who are victimized by these problems, and predicts what could happen given no attention to the problem. Then, this chapter turns to look at the social and cultural imperatives of this problem, as it affects presidential political communication. Thus, this discussion will provide the context for the analysis of Clinton's speech to the Joint Session of Congress on September 22, 1993.



## **SOCIAL AND POLITICAL EVENTS**

Although Clinton made health care reform a major part of his 1992 presidential campaign, concerns about the health care and welfare of American citizens by American presidents demonstrates a cyclical pattern that dates back to the nation's infancy. For instance, John Adams worried about legislators obtaining adequate health care services in Philadelphia in 1798, and voiced his concern in his State of the Union message.<sup>3</sup> A half-century later, Franklin Pierce took the opposing stance and vetoed a mental health bill in 1854. He believed that health issues were private concerns, not the concerns of government.<sup>4</sup> Another fifty years later, Theodore Roosevelt sought food and drug regulation, plus new standards on meatpacking during his second term as president.<sup>5</sup>

However, the popularity of health care reform in this century ignited after 1915, when the sparks of progressivism kindled a warmer political climate. Political economists saw the favorable effects of European "tax-supported health-insurance programs" and persuaded the newly formed Progressive Party to make health care reform a plank in their platform.<sup>6</sup> After Roosevelt's defeat in the 1912 election, social workers like Jane Addams coined a phrase, "Health Insurance--the next step," and argued for a health insurance plan that would pay a worker two-thirds of his salary, plus medical fees, if the worker became ill.<sup>7</sup> Reform advocates drafted legislation that almost passed in New York; the

state's Senate accepted the measure, but conservatives in the Assembly killed the bill in committee.<sup>8</sup>

Throughout the twentieth century, health care reform resurfaced with Democratic presidential administrations and continued the cyclical nature of the issue. America's success in World War II and the need to take care of those who fought for victory led President Harry S Truman to advance legislation that would "protect all our people equally ... against ill health."<sup>9</sup> However, American insurance and medical industries feared that such an insurance system would jeopardize the profits an expanding economy could generate, despite its perceived popularity among respondents to a 1945 poll. Approximately 58 percent of those surveyed approved of a single-payer health care plan "financed and administered like Social Security through a three percent payroll tax paid half by the employer and half by the employee."<sup>10</sup> Lobbyists for the American Medical Association successfully stifled any hope of health care reform during Truman's administration by equating reform with Communism; a rising "red scare" fueled the fire started by public relation firms hired by the American Medical Association who said that "socialized medicine" was a crucial first step to eventual Soviet domination.<sup>11</sup> The public relation campaign had two objectives: defeat the plan in 1949 and design legislation that would ban "compulsory health insurance."<sup>12</sup>

Health care reform advocates had to wait several years for their next chance. President John F. Kennedy tried to get a Social Security-financed health care plan for elderly Americans passed after his election, but those opposed to the legislation defeated it in committee.<sup>13</sup> Legislators discussed another program that would assist with insurance premiums patients had to pay, but only after President Lyndon B. Johnson's landslide election in 1964 would health care reform make measurable advances.<sup>14</sup>

The 1965 Medicare bill swept through Congress on the heels of a major Democratic landslide. The abundance of new Democratic congresspersons and Johnson's skill and reputation as a Congressional negotiator combined with simpler legislative procedures to insure Medicare's smooth passage through Congress.<sup>15</sup> Other factors that improved Medicare's chances included an increase in the number and activism of elderly Americans. Groups like the National Council of Senior Citizens, along with efforts of Congressman Wilbur Mills of Arkansas, Chair of the House Ways and Means Committee, guaranteed the survival of Medicare as it made its way through committee.<sup>16</sup>

An effect of Medicare that concerned both President Johnson and Congress was the radical jump of medical costs that occurred after its implementation. In its first year, doctor fees for elderly Americans rose sharply, up 300% in some cases.<sup>17</sup> Similarly, spiraling costs were an important reason health care received the attention it did in the 1992

presidential election; increased Medicare costs consumed larger portions of the Federal budget, increasing the deficit, which was a visible symbol of all American problems.

Clinton had promised that his administration would address health care reform in the first year of his presidency.<sup>18</sup> His success with Congress during the 1993 legislative year provides a reason why attempting action on health care might prove fruitful. By September 14, 1993, Clinton had the highest success rate of getting legislation passed by Congress of any president since Dwight D. Eisenhower in 1953.<sup>19</sup> His 88.6 percent success rate almost matched Eisenhower's 89 percent, and exceeded Ronald Reagan's often-lauded 82.4 percent 1981 success rate.<sup>20</sup> Clinton's successes with Congress, although mainly the result of a Democratic president working with a Democratic Congress, went unnoticed largely because of the legislative defeats and political problems heavily covered by the media early in his term. A successful Senate filibuster against Clinton's economic stimulus package, the embarrassment resulting from lifting the ban on homosexuals in the military, and controversial cabinet appointments attracted media attention. According to Thomas Mann of the Brookings Institute, "The coverage of this presidency is way too negative."<sup>21</sup> However, given his solid performance on Capitol Hill, it seemed to make political sense to attempt such sweeping reforms while Congress remained receptive to Clinton's initiatives.

## THE NATURE OF THE PROBLEM

As seen in the previous section, the current problem within American health care grew out of the reforms of the 1960s, and resulted from America's longstanding inability to act decisively to curb health care costs. First, health care costs in the United States have risen dramatically in the last 25 years, and the United States government has shouldered much of these costs, through the commitment offered by Public Law 89-97, the Medicare bill.<sup>22</sup> For instance, the Federal government spent \$8.3 billion on health care in 1965, before Johnson enacted Medicare. As a whole, the nation spent \$41.6 billion, or 5.9 percent of the Gross Domestic Product (GDP) on health care. Five years later, the Federal government spent \$7.6 billion on Medicare, almost as much as it did on all publicly funded health expenses in 1965. The overall health care expenditures for 1970 nearly doubled, to \$74.4 billion, which consumed 7.4 percent of GDP.<sup>23</sup> In the space of five years, amounts that the United States spent on health care per capita jumped from slightly over \$200 in 1965 to almost \$350 in 1970, an increase of 60 percent.<sup>24</sup> Over the next twenty years, these expenses gradually consumed more of the Federal budget; by 1991, the Federal government spent \$122.8 billion on Medicare, contrasted with \$7.6 billion in 1970.<sup>25</sup> The total health care expenditure for 1991 stood at \$751.8 billion, or 13.2 percent of GDP.<sup>26</sup> Therefore, the nature of the problem must include the government's inability to curb health care costs.

Americans used their shrinking health care dollars to purchase hospital care, treatments by doctors and dentists, and medical devices designed to make patients comfortable. These services increased in price an average of 9.8 percent each year between 1985 and 1991.<sup>27</sup> People who were unable to or did not take advantage of Medicare, and those who needed additional assistance with copayments, relied on health insurance (if they could afford it) to help them meet the staggering cost increases. This resulted in an increase in the amount of money spent on private health insurance premiums; the amount Americans spent on health insurance rose from \$16.7 billion in 1970 to \$244.3 billion in 1991.<sup>28</sup>

The attitudes Americans held about health care reflected the problems with the nation's health care system. Americans feared escalating costs of long-term care, and questioned their ability to pay for extended treatment. A "crisis of confidence" also rocked middle-aged America; although only 21 percent of those surveyed in a May 1993 *Gallup* poll had experienced problems paying for long-term care, over 66 percent were "highly concerned" that they would have problems paying for long-term care in the future.<sup>29</sup> *Gallup* concluded that the anxiety revealed from this poll contributed to the rise of health care reform as an important political issue. Thus, fear combined with a lack of governmental action to stem skyrocketing health care and health insurance costs shaped attitudes associated with the health care reform problem.

## SOURCES OF THE PROBLEM

A survey of the problem of health care in America would not be complete without a rational attempt to pinpoint what might cause the problems that worry many Americans. This study identifies four major causes: the role of the health care industry, the responsibilities of the Federal government, the duties of the insurance industry, and the behaviors and habits of Americans. Although all causes were not equally to blame, they necessitate some kind of health care reform.

The health care industry contributed to the problem of American health care in two ways: skyrocketing costs of both doctor fees and hospital charges, and through the implementation of new technologies that improved care only marginally, while adding exponentially to the expense of care. When Medicare took effect on July 1, 1966, doctors and hospitals charged patients and the government based on what doctors and hospitals thought were "reasonable" or "customary" fees for similar service.<sup>30</sup> However, the government had no clear idea of current medical costs, and this shortsightedness led to flagrant Medicare abuses.

Congress settled on a payment program to ensure the correct and honest participation of all doctors and hospitals. However, the American Medical Association and other medical interest groups did not support Medicare, and the structure of the payment scheme reflected Congressional appeasement of the medical community.<sup>31</sup> Before Medicare,

physicians set their fees after considering what value a patient placed on the care received. For instance, a consultation with a doctor would cost a patient less than a medical visit where the doctor stitched a patient's cut.<sup>32</sup> Since doctors could now arbitrarily set their fees, the relationship between fees and value disappeared. By the 1980s, physicians and hospitals became adept at setting prices that would pass government scrutiny.<sup>33</sup> Although the Omnibus Budget Reconciliation Act of 1989 (OBRA) tried to reform physician payment abuses, the abuses caused irreparable damage to the Medicare system.<sup>34</sup>

As health care technology advances, patients demand new treatments which health care providers have to supply, even though the new treatments work only slightly better than standard treatments.<sup>35</sup> The ratio between the benefits of new technology and prior technology available suggests that in some cases, expensive new treatments are not cost effective, but patients are willing to pay more for state-of-the-art treatment.<sup>36</sup> New technologies also save patients from treatable illnesses, only to leave patients vulnerable to incurable diseases that are expensive to treat. For instance, antibiotics spare many Americans from bacterial infections, only to have these patients "succumb later to ... illnesses, such as cancer or Alzheimer's disease."<sup>37</sup>

The Federal government also contributes to the problems of American health care. Medicare passed because of an "atypical partisan makeup of the 88th Congress," and those



involved with the creation of Medicare knew they had little time to push the bill through committee.<sup>38</sup> The program enacted by the Johnson Administration in 1965 provided affordable health care to elderly Americans but also created new problems as health care costs ballooned. Once enacted, Medicare, like other entitlements, became a "sacred cow." No matter what the stakes, any politician who wanted to tamper with an entitlement risked political suicide.<sup>39</sup>

Despite the increased reliance on health insurance, companies who provided coverage worried about their future. New diseases, like Acquired Immuno-deficiency Syndrome (AIDS) and older but equally deadly sicknesses, like cancer or heart disease, threatened the insurance industry's profit margin.<sup>40</sup> The insurance industry responded to new threats by excluding people who suffered from pre-existing conditions, or people engaged in lifestyles that could lead to expensive health care.<sup>41</sup> In a May 1993 *Gallup* poll, 17 percent of those surveyed revealed that health insurance companies denied either someone in their family or themselves "health insurance coverage for a pre-existing medical condition."<sup>42</sup> Another 46 percent said they were afraid of the potential for losing coverage.<sup>43</sup> At the same time, insurance companies based their decision not to extend coverage to certain individuals on lifestyle choices.<sup>44</sup>

Although rates of death due to heart disease, lung cancer and suicide decreased over the past twenty years, American lifestyle choices continued to have a serious impact

on the health of the nation.<sup>45</sup> Serious incurable diseases like AIDS continued to run unabated through segments of the population; 89 percent of AIDS deaths were American males.<sup>46</sup> Finally, even with improvements in diet and an emphasis on fitness in the media, almost 20 percent of all deaths in America was due to heart disease.<sup>47</sup>

#### **VICTIMS OF THE PROBLEM**

America's health care problems spare no one. Every American, in one way or another, falls victim to rising health care costs, limited access to medical treatment, or the inability to purchase high-quality health insurance. However, there are two groups of Americans who are particularly vulnerable to the current state of the American health care system: the uninsured or uninsurable, and employees who currently have insurance provided to them, but face losing their coverage.

In 1993, approximately 37 million Americans did not have health insurance.<sup>48</sup> Studies reveal that people without health insurance generally have more health problems than those with insurance, and the problems experienced tend to cost more to treat when diagnosed in emergency situations.<sup>49</sup> Included in the uninsured category are those Americans who lost their insurance after companies found out they either underwent medical treatment or had some kind of "pre-existing condition."<sup>50</sup> Therefore, it seems reasonable to conclude

that the uninsured and the uninsurable would support any effort by Clinton and others to provide universal health insurance to all Americans.

#### **THE COSTS OF DOING NOTHING**

With over 25 years of deficit spending left as a legacy, health care reform advocates realized that the problems within the American health care system would get worse. Without any attempt to control health care costs, the *Budget of the United States Government* predicted that Medicare outlays would increase from \$133.6 billion in 1993 to \$233 billion in 1998, an increase of 57 percent.<sup>51</sup> America would go from spending approximately 13 percent of its GDP to spending roughly 18 percent on health care.<sup>52</sup> Because these increases would have a negative impact on the Federal budget, any attempt at controlling deficit spending had to address health care reform. Therefore, the Clinton administration decided to pursue health care reform, not only to fulfill an important campaign promise, but to serve another political interest, which was reducing the deficit.

#### **SOCIAL AND CULTURAL ISSUES**

There were several cultural values in American society relevant to the issue of health care reform. In his book, *American Values and Social Welfare*, Tropman lists seven key values that play an important role: work, mobility, status,

independence, individualism, moralism and ascription.<sup>53</sup> A brief analysis of how these values compliment and conflict with one another will specify why some Americans welcome governmental involvement in social problems, while others resent such involvement.

Unemployment was a major issue in both the 1988 and 1992 presidential elections. Americans elected George Bush in 1988 partly because he promised the creation of many new jobs during his administration. When the economy soured and new jobs did not materialize, Bush's pledge to create millions of new jobs became another broken campaign promise that contributed directly to Bush's 1992 defeat.<sup>54</sup> But unemployment was only one dimension of the country's work ethic. For many Americans, work connects with other values, like independence, individualism and status. Families with good jobs that provided adequate insurance enjoyed their present situation, but worried about changes in health insurance practices that could adversely affect their coverage.<sup>55</sup> For this sector, reform might mean infringement on their independence and individuality, since they might have to rely on the government even more, and might lose their current satisfactory coverage.<sup>56</sup> Status also becomes an important factor in the discussion of health care reform. Administration strategists found through focus groups that "the wealthier a person is, the less he or she knows about the vagaries of health care."<sup>57</sup>

Over the course of the health care debate, many issues surfaced, submerged, and resurfaced in the continuing conversation about what health care reform should accomplish. Among the issues that retained prominence throughout the debate were universal coverage, deficit reduction, health care cost containment, waste reduction, long term care, and higher taxes. These points generated two broad quandaries: can the government provide and pay for health care reform?; and how credibly can the government present health care reform? An examination of how opinion leaders perceived these questions is necessary to illuminate what actually is at issue.

Supposedly, Clinton's Health Security plan would provide universal coverage to all Americans, including unemployed Americans and those employed without health insurance. Republicans also based their plans on the assumption that all Americans deserve better access to health insurance.<sup>58</sup> What is at issue here, for the Republicans, is the notion of compulsory versus voluntary coverage. To many Republicans, forcing employers to provide a share of insurance premium costs is unacceptable, and interest groups like the National Federation of Independent Business have pressured many Congresspersons to oppose this portion of Clinton's plan.<sup>59</sup> The Congressional Budget Office discouraged compulsory limits on costs of health insurance premiums, another provision of the Clinton plan. The CBO said that premium limits could

lead to decreased treatment and hinder access to medical technology.<sup>60</sup>

The 1992 election signaled that Americans wanted change. H. Ross Perot's candidacy and level of success signified the idea that many Americans (approximately 19 percent) would flee the arbitrary confines of the Democratic and Republican parties to vote for a candidate that identified himself with slogans like "no more business-as-usual."<sup>61</sup> Although Perot did not substantiate his campaign promises with any solid plan, his presence illustrated the desire of most Americans to see their elected officials keep the promises that got them elected. According to an August 1993 Gallup poll, only 33 percent of those surveyed thought Clinton "kept his promises."<sup>62</sup>

#### **THE SETTING FOR THE SPEECH**

Clinton delivered his Health Security address to the Joint Session of Congress and to a national television audience.<sup>63</sup> Clinton surely realized the importance of unveiling his Health Security plan before a Joint Session; the pinnacle of his young presidency came immediately after he gave a State of the Union address in February 1993.<sup>64</sup> Many in Washington worried about Clinton's "overexposure" caused from the incessant, frenetic lobbying needed to pass the budget.<sup>65</sup> Intense and personal, Clinton's meetings with several young Congresspersons could act to desensitize Congress from the "awe of the office."<sup>66</sup> The formality of

the setting and the tradition of the Joint Session of Congress could favorably affect the message Clinton sends to Congress. Likewise, a television audience accustomed to seeing Clinton struggle to pass the budget might react favorably to watching their president act "presidential."

Since the setting of this address was the House chamber, Clinton was bound by certain constraints that determined what he could or could not do. His appearance before the Joint Session of Congress meant he would command the attention of the three major American television networks (ABC, CBS and NBC) plus Cable News Network and C-SPAN; millions would see a live broadcast of his address. Because of the apparent unity that such presentations convey, Clinton's message would have to conform to those appearances and emphasize the themes of bipartisanship over partisanship, unity over division, agreement over disagreement.<sup>67</sup> The formal atmosphere suggests a president ought to look presidential, to speak forcefully and articulately, and to use eloquence and decorum.

In an address to a Joint Session of Congress, two audiences immediately come to mind: Congress and the television viewing audience. Congress was an important audience for Clinton. Not only would they decide the fate of the Health Security Act, but provide either momentum or resistance to a struggling presidency. To address Congress in such a formal setting benefited Clinton by restoring luster to the presidency. Clinton also wanted to take his

message directly to the people, unadulterated by reporters or analysts.<sup>68</sup> Administration strategy focused on "educating the public about the issues, while trying to sell the Clinton solution over all others."<sup>69</sup> A forum like the Joint Session of Congress, where Clinton could elaborate on his ideas without fear of an editor truncating his message, provided the opportunity to teach those who were unknowing, and assure those who were "omniscient."

There were other audiences that Clinton had to address that had not been receptive to his message. Small business owners were skeptical of Clinton's plan; for those employers with more than 50 employees but fewer than 100 employees, Clinton's plan would increase their overhead and decrease their profits. Jack Farris, President of the National Federation of Independent Business, spoke for his 610,000 members and dismissed Clinton's meeting with small business representatives on September 16, 1993, saying, "We checked the Constitution, and we don't see where it gives you the right to universal health insurance." He added, "No matter how you sweeten the taste, arsenic is arsenic."<sup>70</sup>

Clinton also worked to garner the support of medical professionals. He and Vice President Al Gore visited a hospital in Washington, D.C. a week earlier, and promised to streamline the health care system. Clinton hoped to wring some of the money spent wastefully from the \$880 billion spent annually by Americans on health care.<sup>71</sup> At the hospital, Clinton said:



"Instead of all this paper and all these medical forms assuring the rules are followed and people get healthy, we're stuck in a system where we're ruled by the forms and have less time to make children and adults healthy."<sup>72</sup>

As the Clinton presidency matured through the summer of 1993, health care reform became more salient to many groups of Americans. In a May 1993 *Gallup* poll, 91 percent of those polled believed "there is a crisis in health care in this country."<sup>73</sup> This poll also revealed two distinct blocks of Americans: 51 percent thought that the most important health care reform issue needed to revolve around controlling costs of health care, whereas 38 percent believed that covering the uninsured was the most important issue.<sup>74</sup> On the day of Clinton's speech before the Joint Session of Congress, a *New York Times*/CBS News poll found that health care was the second "most important issue facing the country today," only outranked by the economy.<sup>75</sup> On the basis of these statistics, health care reform became an important issue to the majority of Americans in 1993.

The September 22, 1993, *New York Times*/CBS News poll also measured a change in public opinion since the May *Gallup* poll. The *New York Times* poll claimed that over 60 percent of respondents would accept higher taxes in order to achieve universal coverage. Statistically, Republicans and Democrats shared similar beliefs over the degree of reform needed. Moreover, 83 percent of those surveyed thought universal coverage was "very important."<sup>76</sup> Still, respondents were not as united when it came to their impressions of Clinton's

ability to achieve health care results. Only 29 percent of Republicans polled believed he could "bring about significant health care reform."<sup>77</sup> The *New York Times* poll also claimed that 36 percent of those polled thought that Clinton's plan was "unfair" to those in their socioeconomic group.<sup>78</sup>

The rhetorical imperatives for Clinton's speech to the Joint Session of Congress stem from both his 1992 campaign promises and a cyclical political climate that could accommodate health care reform. Medicare, the 1960's solution to American health care worries, became burdensome after soaring costs demanded a larger percentage of the Federal budget. Politicians not eager to slay this sacred cow chose to procrastinate, which compounded the fiscal nightmare created by rapid medical technological achievements and growing physician salaries. The 1992 presidential election signaled America's will to change, and Clinton determined that the moment to advocate change in the American health care system would occur before the Joint Session of Congress.

### Endnotes

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<sup>2</sup> William A. Pearman and Philip Starr, *Medicare: A Handbook on the History and Issues of Health Care Services for the Elderly* (New York: Garland Publishing, 1988) 3. Medicare has two components. Part A provides hospital insurance to qualified recipients. Part B is "a supplementary medical insurance" that helps older Americans pay for medical services like doctor visits and therapy. Part A is funded through Federal income taxes, whereas, Part B is financed through deductions from recipients' Social Security checks. Both Part A and Part B require that patients must pay a deductible before the government tenders payment to hospitals or doctors. The implementation of Medicare was a formidable task; the Government needed to contact all elderly Americans to describe the new laws and their rights under these laws, a process that took over one year to complete. Once contacted, older Americans welcomed the plan; 93 percent of eligible Americans signed up for Part B, the voluntary supplemental insurance (Marmor, 83).

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<sup>4</sup> Monte M. Poen, *Harry S. Truman Versus the Medical Lobby* (Columbia, MO: University of Missouri Press, 1979) 9.

<sup>5</sup> Lewis L. Gould, *The Presidency of Theodore Roosevelt* (Lawrence, KS: University of Kansas Press, 1991) 165.

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<sup>8</sup> Poen, 8.

<sup>9</sup> Richard Cohen, "Ready, Aim, Reform," *National Journal* 30 Oct. 1993: 2582.

<sup>10</sup> Jonathan Greenberg, "Give'em health, Harry," *The New Republic* 11 Oct. 1993: 20.

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**CHAPTER THREE:**  
**A CRITICAL ANALYSIS OF CLINTON'S SPEECH**  
**TO A JOINT SESSION OF CONGRESS**

In his address to a Joint Session of Congress, Bill Clinton relied on anecdotes to support his argument that America needed to take immediate health care reform action. In doing so, the anecdotes Clinton told will form the basis of an analysis of how this reliance heightened his emotional appeal and identify his desire to pass the Health Security Act with the hopes of different audiences listening to his address. This chapter's critical analysis of Clinton's speech to the Joint Session of Congress begins with a brief outline of the actual address. Next, this study closely examines each of the several significant anecdotes advanced by Clinton in his speech. Once located, the study seeks to determine how each anecdote functions to support Clinton's argument. Finally, the study reveals with whom Clinton's anecdotes attempt to identify. His use of a specific anecdote may have roots in other events Clinton recently participated. Therefore, the analysis will illuminate the originating material as well.

**OUTLINE OF THE SPEECH**

Clinton began his address to the Joint Session of Congress with "a moment of silent prayer" for the victims of an Amtrak passenger train crash in Alabama early in the morning of September 22, 1993. Interestingly, this moment of

silence served two purposes: one ironic, the other pragmatic. Of the forty some killed and others injured, how many might have been uninsured? Although Amtrak's insurance carrier would settle with those injured, the event seems to serve an unexpected but useful purpose. The audience may have thought about the importance of health care, even to those in perfect health, but who are injured in sudden or freak accidents. Moreover, the silence gave the person operating Clinton's teleprompter additional time to fix his or her mistake, since the operator loaded the wrong speech.<sup>1</sup> Clinton noticed the mistake before he began his speech, but the mistake took seven minutes to correct. So, Clinton's homage to those hurt or killed in the train accident, however well-intended, served also to help prevent an embarrassing gaffe that would have seriously undermined his speech, even before it began.

As Clinton opens his address, he develops a "story" metaphor to place his auditors into his desired context. Clinton accomplished this with an explanation of his purpose for calling a Joint Session of Congress. He says, "Tonight we come together to write a new chapter in the American story."<sup>2</sup> For Clinton, this chapter expands on chapters past written by "our forebears," chapters that enumerate and elaborate upon America's need to change. He then explains the purpose for his address, saying, "If Americans are to have the courage to change in a difficult time, we must first

be secure in our most basic needs." At this point, Clinton enunciates the theme for his speech: "This health care system of ours is badly broken and it is time to fix it."

After a short exhortation where Clinton urges his audience to act quickly on health care reform, he develops another metaphor, a "journey" metaphor, to describe how health care reform would be an arduous trip. For example, Clinton believes that "on this journey, as on all others of true consequence, there will be rough spots in the road and honest disagreements about how we should proceed." In his opinion, America can achieve health care reform by agreeing on what path to follow. The journey metaphor also provides the setting for Clinton to use his first anecdote that cleverly acknowledges his wife's effort in leading the Task Force on Health Care Reform and to assess the scope of the problem. Clinton lists the key players in the health care debate, and sets the stage for subsequent major anecdotes that personalize both the plight of small American business and the remorse felt by health care providers in this section. He thanks Congress for the "spirit of the debate" but chastises America for wasting time and money by ignoring the problem. Clinton then previews the six principles he thinks should guide the debate: security, simplicity, savings, choice, quality, and responsibility.

Clinton arranges his address topically, and presents his case by describing each of the concepts previewed. As he concludes his speech, he reiterates the importance to change

America's health care system, urges his audience to work together, and to ask themselves "whether the arguments are in your interest or someone else's." Clinton returns to both the "story" metaphor and the "journey" metaphor to implore audience action.

The body of Clinton's address to the Joint Session of Congress contains six major anecdotes and several shorter instances of anecdotal evidence that act as the marrow of his argument. The anecdotes in Clinton's speech all function to induce cooperation from different audiences listening to Clinton's address by striking emotional chords within the audience's mind. As Burke contends, "You persuade a man only insofar as you can talk his language by speech, gesture, tonality, order, image attitude, idea, *identifying* your ways with his."<sup>3</sup> Burke's concept of identification serves as the theoretical explanation for Clinton's use of anecdotal evidence. This study now turns to a close analysis of the anecdotes Clinton uses to identify his interests with those of his audience.

#### **IDENTIFICATION WITH WOMEN AND FEMINIST GROUPS**

Clinton's first anecdote springs from the "journey" metaphor he uses to propel his address. He describes the importance attached to the role of "navigator" and lists the qualifications a successful navigator must demonstrate. Clinton's acknowledgment of Hillary's accomplishment is the

event he details through narrative, which also demonstrates the scope of the health care problem and the steps taken by Hillary and her committee to draft legislation:

"Over the last eight months, Hillary and those working with her have talked to literally thousands of Americans to understand the strengths and the frailties of this system of ours. They met with over 1,100 health care organizations. They talked with doctors and nurses, pharmacists and drug company representatives, hospital administrators, insurance company executives and small and large businesses. They spoke with self-employed people. They talked with people who had insurance and people who didn't. They talked with union members and older Americans and advocates for our children. The First Lady also consulted, as all you know, extensively with governmental leaders in both parties in the states of our nation, and especially here on Capitol Hill. Hillary and the Task Force received and read over 700,000 letters from ordinary citizens. What they wrote and the bravery with which they told their stories is really what calls us all here tonight."

With this anecdote Clinton not only comments on Hillary's effort, but also accomplishes another important task. He taps into the reservoir of emotions containing both the anticipation and frustration of feminism. Throughout the 1992 presidential campaign, reporters, supporters, and opponents all commented on Hillary's qualifications and the suggestion that a Clinton election would create a "co-presidency."<sup>4</sup> Since Hillary had skillfully negotiated with interest groups and "consulted with Congress," Clinton showed obvious pride in her achievement and exploited it in his speech. Hillary's assignment as head of the Task Force on Health Care Reform is arguably a synecdoche for women's ability to lead at a presidential level. However, the

President's confidence attaches both expectation and anxiety to her prospects of success.

The anecdote implicitly reveals similar interests between Clinton and women's organizations that promotes identification. Clinton needs Hillary's task force to succeed; failure to produce a feasible plan would fuel critic's claims of incompetence and inexperience. Women's organizations want Hillary to succeed for many of the same reasons, because she serves as a long-standing exemplar of women's achievement.<sup>5</sup> For feminist organizations, failure might become a setback in their campaign for inclusion into the upper echelon of government. Therefore, Clinton's anecdote is the means for inducing cooperation between himself and women, because if they do not cooperate, the Health Security Act will fail and damage them both politically.

#### **IDENTIFICATION WITH SMALL BUSINESS AND THE AGED**

Clinton sets up his next major anecdote in his reflection that "every one of us knows someone who's worked hard and played by the rules and still been hurt by this system that just doesn't work for too many people." For Clinton, the plight of Kerry Kennedy, a small business owner from Florida, serves as a synecdoche of the plight of small business owners throughout the nation. Clinton's account of

a health insurance decision Kennedy faced describes the anguish Kennedy felt:

"Kerry Kennedy owns a small furniture store that employs seven people in Titusville, Florida. Like most small business owners, he's poured his heart and soul, his sweat and blood into that business for years. But over the last several years, again like most small business owners, he's seen his health care premiums skyrocket, even in years when no claims were made. And last year, he painfully discovered he could no longer afford to provide coverage for all his workers because his insurance company told him that two of his workers had become high risks because of their advanced age. The problem was that those two people were his mother and father, the people who founded the business and still worked in the store."

This anecdote serves as an effective tool to heighten the sense of crisis within the minds of Clinton's listeners by revealing a disturbing twist in American small business operations. Employer decisions to provide health care are no longer solely based on its impact on the bottom line, and employers are faced with an agonizing dilemma: pay for employee health insurance and possibly bankrupt the business, or discontinue insurance coverage to employees, regardless of its effect on employees and their families. Elderly workers have become high risk employees, who suffer from discrimination caused by America's growing problem of ageism. Since Clinton leaves the dilemma unresolved by not elaborating on Kennedy's decision or fate, the audience must review unpleasant scenarios of their own uncertain future and place themselves in Kennedy's situation. What would the audience do?

Clinton explicitly identifies with two distinct subsets of his general audience (Congress and the television viewing audience) using the Kerry Kennedy anecdote: the elderly or those who will soon become elderly, and the small business owner. Kennedy's dilemma does not solely revolve around ageism, although age discrimination is an important constituent to the anecdote's effectiveness. The Kennedy anecdote appeals to audience members who worry about the decline of "family values." The need for Americans to take care of their families, to stand up for family members unable to stand up for themselves, and to respect elderly family members is not served by firing parents simply because the cost of insuring them becomes too great. Clinton's allusion to "playing by the rules" suggests the presence of a "game" metaphor, where Americans learn to play fairly. The "game" metaphor propelled by this anecdote strikes at American values like fair play and hard work. In this anecdote, the emotional ties to family values form the substance from which Clinton identifies his interests to those of the audience. Hence, Clinton uses the Kennedy anecdote to promote identification with two groups: aging Americans and families. By sharing Kennedy's plight with his audience, Clinton demonstrates his ability to empathize with both those forced to make tough employment decisions and those forced to live with the consequences of these decisions. In doing this, Clinton identifies himself with those addressed by this anecdote.



Within Burke's discussion of consubstantiality lies the notion that although we share the same substance, in this case ascription to American values and acceptance of the "game" metaphor, we also act independently. Almost everyone knows a person *like* Kerry Kennedy, who has been forced to make decisions regarding health care individually.<sup>6</sup> Clinton thinks autonomous decisions made by small businesspersons are important, because organizations like the National Federation of Independent Business who vehemently oppose the Health Security act expect conformity from its members. Clinton's success in showing his small business audience that he identifies with their plight, that together they stand for fair play and hard work, the audience can identify with the pattern of reasoning Clinton employs. Together, Clinton and individual small businesspersons believe in hard work and doing what we can for our families. Therefore, they need the Health Security Act because it helps those who work hard take care of their business and their family, despite the position of organizations like the NFIB. Clinton's strategy of targeting individuals who may belong to groups divided against him becomes clearer when examining his subsequent anecdotes.

## IDENTIFICATION WITH HEALTH CARE PROFESSIONALS

Clinton insists that, "Our health care must be simpler for the patients and simpler for those who actually deliver health care -- our doctors, our nurses, our other medical professionals." For Clinton, the health care form becomes the synecdoche that represents both the waste and the misguided path American health care providers have taken. Clinton's focus on paperwork provides the introduction to the next three anecdotes in his address. He says, "A hospital ought to be a house of healing, not a monument to paperwork and bureaucracy." Clinton's third anecdote compliments his bureaucracy argument while summarizing a presidential visit to a Washington, D.C. hospital:

"Just a few days ago, the Vice President and I had the honor of visiting the Children's Hospital here in Washington where they do wonderful, often miraculous things for very sick children. A nurse named Debbie Freiberg told us that she was in the cancer and bone marrow unit. The other day a little boy asked her just to stay at his side during his chemotherapy. And she had to walk away from that child because she had been instructed to go to yet another class to learn how to fill out another form for something that didn't have a lick to do with the health care of the children she was helping. That is wrong, and we can stop it, and we ought to do it."

Freiberg's story, as recounted by Clinton, draws upon the suffering of a child to demonstrate the human costs to health care inefficiency. However, this anecdote also reveals that not only does the little boy have to undergo chemotherapy without the support of a nurse, but the nurse must abandon her small patient. Freiberg experiences guilt

from having to leave her patient's side to learn how to complete additional paperwork; guilt that accompanies embarrassment or anger, because she shares this story with Clinton.

Burke observes that "Original Sin," or guilt derived from inheritance, compels those suffering from guilt to engage some sort of "victimage" to relieve their pain.<sup>7</sup> Health care workers are guilty of Original Sin, because they belong to a group that has "inherited" the problems associated with health care. In Freiberg's case, Clinton absolves guilt with two scapegoats: the supervisor who ordered her to attend the class, and the bureaucratic institution that demands multiple forms. Moreover, cancer is an unpredictable and often-deadly disease that frightens society, yet health care professionals experience the manifestations of this fear daily. Therefore, Clinton's use of Freiberg's story works to arouse the emotions of health care providers who administer the treatments.

Clinton uses the testimony of a physician at the Children's Hospital as the basis for his fourth major anecdote. This story widens the scope of the "Freiberg" anecdote by expanding the number of doctors and children affected by the complexities of health care, and provides an account of a striking event:

"We met a very compelling doctor named Lillian Beard, a pediatrician, who said that she didn't get into her profession to spend hours and hours -- some doctors up to 25 hours a week just filling out forms. She told us she became a doctor to keep

children well and to help save those who got sick. We can relieve people like her of this burden."

Here, Clinton explicitly identifies with a group that has the ability to change the system: America's doctors. Clinton reinforces his "house of healing" argument by drawing upon a shared perception of doctors as "healers" and not "bureaucrats." Furthermore, Clinton uses Beard's testimony to identify himself with Beard, evidenced by his description of her as "very compelling." Together, Clinton, Beard, and those who are also consubstantial with them seem to post themselves against those who identify with the more material benefits of the occupation. This anecdote is enthymematic in the sense that 25 hours per week of wasted time adds up to approximately two months per year, and serves as support for Clinton's next anecdote:

"We learned -- the Vice President and I did -- that in the Washington Children's Hospital alone, the administrators told us they spend \$2 million a year in one hospital filling out forms that have nothing whatever to do with keeping up with the treatment of the patients. And the doctors there applauded when I was told and I related to them that they spend so much time filling out paperwork, that if they only had to fill out those paperwork requirements necessary to monitor the health of the children, each doctor on that one hospital staff -- 200 of them -- could see another 500 children a year. That is 10,000 children a year."

In the fourth major anecdote of Clinton's address to the Joint Session of Congress (subsequently referred to as the "Beard" anecdote) the audience learns from Clinton that there is not only the problem of misplaced compassion caused by an inefficient health care system, but also a problem with

squandered resources. If doctors could treat more patients for the money they receive, society would benefit from the improved efficiency. The fifth major anecdote (subsequently referred to as the "Administrator" anecdote) functions to heighten the emotional appeal of Clinton's address in two ways for two separate audiences. First, Clinton's anecdote augments the revulsion, caused by a self-serving system that allows children to suffer, and felt by audience members who are not health care workers. Second, this anecdote exhibits the frustration of those employed in the health care industry. Health care workers profess to wanting to heal more patients, and Clinton's anecdote provides a sense of relief to those health care workers because now somebody understands the emotional torment doctors and nurses face. The understanding of a profession mired in dilemmas of healing versus bureaucracy is the substance from which these anecdotes operate.

As in the Freiberg anecdote, the indignation aroused by a system that compromises family values heightens the emotional appeal of Clinton's arguments, and the Beard and Administrator anecdotes promote identification between Clinton and segments of his general audience. Clinton's plea is that we should stop perpetuating a system so overblown with bureaucracy and find better solutions to the health care crisis. He shows the audience his indignation with the status quo, and by doing so, identifies himself not only with those who insist upon a simpler health care system, but also

with those who believe we must restore a sense of compassion to health care. Although Clinton explicitly identifies himself with health care workers like Freiberg by sharing her indignation, he implicitly identifies himself with any audience member who shares these feelings of disgust with current medical protocol that are cruel to children. Moreover, Clinton's disclosure that doctors from Children's Hospital applauded him shows other American health care workers that some of the professionals they already identify with, health care workers at Children's Hospital, have identified with Clinton. In Burke's discussion of identification, people can only unite against something, so there must be some sort of division.<sup>8</sup> In this case, Clinton attempts to divide the "good" health care workers and the "bad" American Medical Association or hospital administrators.

#### IDENTIFICATION WITH SKEPTICS

Throughout the 1992 presidential campaign, candidates accused each other of using inaccurate economic forecasts or unsubstantiated figures to debate deficit reduction, tax increases, and health care reform. For example, in H. Ross Perot's book *Not For Sale At Any Price*, Perot claimed he could reduce the federal deficit by "cutting specific programs that are unnecessary or no longer needed."<sup>9</sup> Such ambiguity, coupled with the apparent lack of progress in

combating deficit spending and health care increases, led many to view these fiscal arguments with suspicion. This mistrust led Clinton into telling a short story to describe how the task force came up with its numbers:

"We subjected the numbers in our proposal to the scrutiny of not only all the major agencies in government -- I know a lot of people don't trust them, but it would be interesting for the American people to know that this was the first time that the financial experts on health care in all of the different government agencies have ever been required to sit in the room together and agree on numbers. It had never happened before. But, obviously, that's not enough. So then we gave these numbers to actuaries from major accounting firms and major Fortune 500 companies who have no stake in this other than to see that our efforts succeed. So I believe our numbers are good and achievable."

This anecdote illuminates the apparent "dysfunction" of American government when it comes to crafting economic policy. Clinton soothes the frustrations of Americans annoyed with government by showing how the task force carefully figured the costs of the Health Security Act, while reinforcing Ross Perot's point of "no more business as usual."<sup>10</sup> Americans frustrated with national politics must feel abandoned or betrayed by government's fiscal impotence, so Clinton's attempt to reconcile his numbers by verifying them with "Fortune 500 companies" signals his willingness to assuage a segment of his constituency: those who were so skeptical of the American two-party system that they voted for a third-party candidate.

Clinton identifies with the skeptical constituency by sharing their disbelief that government agencies would not

check their numbers and work off the same script. His emphasis on verification by Fortune 500 companies seems to work toward what Perot brought to the 1992 campaign; a successful businessperson who wants to bring business savvy into government.<sup>11</sup> People want to draw a connection between successful business and successful government, so Clinton shows the skeptical constituency that he too adheres to this connection between business and government by having his numbers checked by major accounting firms. Thus, Clinton can ask this audience to cooperate, because together they can rout those who perpetuate the "gridlock" and "bad business" that has afflicted Washington, D.C. for far too long.

#### **TRUNCATED ANECDOTAL EVIDENCE**

Throughout Clinton's speech to the Joint Session of Congress he relies on anecdotal evidence to support his Health Security Act. The analysis of Clinton's speech reveals at least six instances where he tells a short interesting story to make a particular point. However, Clinton's use of anecdotal evidence does not rest with the six examples previously discussed. He also uses past events, present deliberations, and hypothetical cases to create common experiences that work to create identification. This material, what this study calls truncated anecdotal evidence, also serves an important role in identifying Clinton's concern (passage of the Health Security Act) with interests



of his constituency. The analysis of Clinton's speech to the Joint Session of Congress reveals three significant examples of his use of truncated anecdotal evidence to promote identification.

Clinton uses two short anecdotes to help illustrate the nature of the health care problem and his principle of security. The importance of his first reference to his mother becomes clear later:

"My mother is a nurse. I grew up around hospitals. Doctors and nurses were the first professional people I ever knew or learned to look up to. They are what is right with this health care system. But we also know that we can no longer afford to continue to ignore what is wrong."

This piece of anecdotal evidence asks the audience to think back to themselves as children, and how they looked up to doctors and nurses as helpful adults. Not only does Clinton's disclosure promote identification among those with similar perceptions of doctors and nurses, but it also provides a point-of-entry for another argument supported with anecdotal evidence:

"Any family doctor will tell you that people will stay healthier and long-term costs of the health system will be lower if we have comprehensive preventive services. You know how all of our mothers told us that an ounce of prevention was worth a pound of cure? Our mothers were right. And it's a lesson, like so many lessons from our mothers, that we have waited too long to live by."

Clinton identifies with doctors and nurses, and is consubstantial with them because he is the son of a nurse. Moreover, Clinton heeds the "lesson" offered by those he looks up to, and supports the idea of preventive medicine.

Clinton expresses his loyalty to his mother and respect for doctors and nurses with anecdotal evidence that support passage of the Health Security Act.

Later in his speech, Clinton turns to the third principle guiding his mission: savings. He says, "our living standards depend upon the quality of health care." Clinton does not attribute his hypothetical account of a future Congress to any individual or organization:

"Pretty soon all of you or the people who succeed you will be showing up here, and writing out checks for health care and interest on the debt and worrying about whether we've got enough defense, and that will be it, unless we have the courage to achieve the savings that are plainly there before us."

This quote demonstrates Clinton's understanding of how skyrocketing health care costs threaten Congress with truncated anecdotal evidence. Constituents measure their Congressperson's effectiveness by comparing what they give up, in the form of taxes, to what they get, in the form of appropriations. Entitlement spending creates "sacred cows" like Medicare that are Congressional nightmares, because these programs reduce the amount of discretionary spending Congress controls. Constituencies may interpret a Congressperson's failure to deliver appropriations as a sign of weakness. Thus, Congress must fear escalating health care costs and support programs that could loosen the grip these costs have on the Federal treasury.

Clinton identifies with members of Congress who fear the effects of rising health care costs. His statement, "all of

you or the people who succeed you" explicitly indicates his grasp of how health care costs will shape future appropriations. Clinton's use of truncated anecdotal evidence promotes identification by showing Congress that the public judges a president on his or her success in Congressional negotiation. If budget cuts in popular programs result from rising health care spending, the President may experience difficulties when negotiating with Congress, and the ensuing gridlock could work as a detriment to re-election campaigns. As in the Beard and Administrator anecdotes, Clinton's "Congressional" story compels his Congressional audience to reason enthymematically, and come to their own conclusions over the need for health care reform.

Two of Clinton's most important arguments presented in his speech to the Joint Session of Congress are that, "We need to restore a sense that we're all in this together and that we all have a responsibility to be part of the solution." In specific, "responsibility" is the last principle discussed in the speech, and it is a theme that became very important when he visited the W.S. Jenks and Sons Hardware Store in Washington, D.C. on September 16, 1993.<sup>12</sup> During his visit to the hardware store, Clinton met with small businesspersons hoping to garner their support for the Health Security Act and detailed the reasons why the task force chose employer contributions as an important means of funding his plan. Clinton said that cost shifting, or the

raising of hospital prices and health insurance premiums to pay for the treatment of uninsured patients, or patients unwilling to pay for treatment are unfair to those who have paid in the past, and continue to pay.<sup>13</sup> Clinton develops another hypothetical situation using his experience from the hardware store event that he presents in anecdotal form:

"And I want to tell you that I believe that all of us should have insurance. Why should the rest of us pick up the tab when a guy who doesn't think he needs insurance or says he can't afford it gets in an accident, winds up in an emergency room, gets good care, and everybody else pays? Why should the small business people who are struggling to keep afloat and take care of their employees have to pay to maintain this wonderful health care infrastructure for those who refuse to do anything? If we're going to produce a better health care system for every one of us, every one of us is going to have to do our part. There cannot be any such thing as a free ride. We have to pay for it. We have to pay for it."

Clinton clearly demonstrates his displeasure with the current health care system through his rhetorical questions. He shares the indignation many Americans voice about the effect of free riders on society, and stirs his audience's emotions by revealing the unfairness of today's health care. Through shared emotions grounded in values like fairness and responsibility, Clinton's anecdotal evidence promotes identification with those uncomfortable with "employer mandates" by demonstrating that if everyone contributes, costs will also be lower for those who have contributed in the past. He also casts those employers who do not provide health insurance for their employees as villains, which is essential for promoting identification.

In the conclusion of Clinton's speech to the Joint Session of Congress he makes an overt appeal to members of Congress. Clinton worries about arguments that "may simply be scare tactics by those who are motivated by the self-interest they have in the waste the system now generates." He asks Congress to "look beyond these arguments," and offers what appear to be several examples, but in reality function as a recapitulation of his journey:

"I ask you to remember the kind of people I met over the last year and a half -- the elderly couple in New Hampshire that broke down and cried because of their shame at having an empty refrigerator to pay for their drugs; a woman who lost a \$50,000-job that she used to support her six children because her youngest child was so ill that she couldn't keep health insurance, and the only way to get care for the child was to get public assistance; a young couple that had a sick child and could only get insurance from one of the parents' employers that was a nonprofit corporation with 20 employees, and so they had to face the question of whether to let this poor person with a sick child go or raise the premiums of every employee in the firm by \$200. And on and on and on."

Here, Clinton deliberately tries to reveal the human dimension to the problem of health care in America. During the 1992 presidential campaign, and during the period where the Task Force on Health Care Reform studied health care problems, Clinton heard hundreds of stories from people "hurt" by the health care system.<sup>14</sup> In this example, Clinton truncates these stories, then combines them into one story that describes what he has found out about the problems of health care. As anecdotal evidence, this account tries to force Congress' gaze onto those hurt by a system that is

supposed to heal, and clearly expresses dismay over why we perpetuate a system that hurts so many.

Clinton's empathy for those struggling with the health care system promotes identification with members of Congress by stressing feelings of compassion. This piece of anecdotal evidence reveals another way identification can take place, because Clinton assumes that Congress will share his empathy, and as Burke indicates, "even when their interests are not joined" A can identify himself or herself with B.<sup>15</sup> Almost any human would agree that people are suffering, and it is this agreement that promotes identification between Clinton, Congress and the audience.

In this chapter, the critical analysis of Clinton's speech to a Joint Session of Congress reveals several instances where Clinton uses anecdotal evidence to heighten the emotional appeal of his arguments. By stimulating the emotions of his audience, Clinton's anecdotes promote identification within groups susceptible to pathetic appeals. This study now turns to an evaluation of Clinton's use of anecdotal evidence.

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### Endnotes

<sup>1</sup> Maureen Dowd, "Props and Fuzzy Anecdotes In a Sober, Grown-up Talk." *New York Times* 23 Sep. 1993, natl. ed.: A20.

<sup>2</sup> Bill Clinton, "Address of the President to the Joint Session of Congress," U.S. Capitol. Washington, D.C. 22 Sep. 1993. Unless otherwise indicated, all quotations from Clinton originate from this address.

<sup>3</sup> Kenneth Burke, *A Rhetoric of Motives* (New York: Prentice-Hall, 1950) 55.

<sup>4</sup> Susan Douglas, "Two Demons in Cahoots," *Progressive* Feb/ 1993: 17.

<sup>5</sup> Margaret Carlson, "Hillary Clinton: Partner as Much as Wife," *Time* 27 Jan. 1993: 19.

<sup>6</sup> Burke, *A Rhetoric of Motives*, 21.

<sup>7</sup> Kenneth Burke, *Permanence and Change* (Berkeley, CA: University of California Press, 1984) 284.

<sup>8</sup> Burke, *A Rhetoric of Motives*, 22.

<sup>9</sup> H. Ross Perot, *Not For Sale At Any Price* (New York: Hyperion, 1993) 101.

<sup>10</sup> Perot, *Not For Sale At Any Price*, 7.

<sup>11</sup> Michael Kinsley, "Deficit Reduction? Excuses, Excuses," *Time* 19 Oct. 1992: 84.

<sup>12</sup> Bill Clinton, "Remarks by the President in Small Business Health Care Event," 16 Sep. 1993. Clinton's visit to the W.S. Jenks and Sons Hardware Store in Washington, D.C. was the second publicity he attended for the Health Security Act. Earlier, the Clintons and Gores hosted a reception in the White House Rose Garden for some of the 700,000 who wrote letters to the Task Force on Health Care Reform.

<sup>13</sup> Clinton, "Remarks by the President in Small Business Health Care Event," 2.

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14 On September 16, 1993, several authors of letters received by the Task Force on Health Care Reform gathered in the White House Rose Garden to tell individual accounts of how problems within the American health care system has harmed themselves, or their loved ones. Stories like the ones told in the Rose Garden found their way into Clinton's address to the Joint Session of Congress.

15 Burke, *A Rhetoric of Motives*, 20.



## **CHAPTER FOUR: CONCLUSIONS**

Kenneth Burke's insight into the ability of language to induce cooperation through identification works as a channel through which rhetorical inquiries can travel. The critical analysis of Bill Clinton's September 22, 1993, speech to a Joint Session of Congress raises many interesting questions regarding Clinton's use of anecdotal evidence to promote identification with his audience. These questions include 1) do the anecdotes used by Clinton in his speech guide his word choices?; 2) are the synecdoches developed in this address representative of their larger population?; and 3) given the historical and political context of Clinton's address, are anecdotes a viable way to promote identification?

The purpose of this chapter is to answer these questions. First, this chapter evaluates the representativeness of Clinton's anecdotes and illuminates how his use of anecdotal evidence shapes his discourse. Second, the chapter reveals how Clinton's use of anecdotal evidence is both politically effective and potentially damaging. Finally, the chapter ends with reflections on the implications for future research.

### **REPRESENTATIVENESS OF CLINTON'S ANECDOTES**

In *A Grammar of Motives* Burke argues that synecdoches are representations of something else, and that in political

representations some part of society or government can "be 'representative' of the society as a whole."<sup>1</sup> However, with this observation, Burke admits that society may not agree on what might be the best representation.<sup>2</sup> Earlier in his text, Burke contends that representative anecdotes "must be a part for the whole rather than a *reduction of the mental to the physical*," and offers an example to clarify his intent:

"Thus, if our theme were "communication," we should seek to form our terms about some typical instance of communication, rather than selecting some purely physical mode, as a highway system or telegraphic network."<sup>3</sup>

Burke's distinction becomes important in an evaluation of Clinton's anecdotes. For example, Clinton's first anecdote describes Hillary Rodham Clinton as the "navigator" of his Health Security Act.<sup>4</sup> However, Clinton tells the story of Hillary "talking" to "thousands of Americans," to "doctors and nurses," and to "governmental leaders." Clinton does not satisfy Burke's requirement with this anecdote. If Clinton had chosen a more appropriate theme, such as "facilitator," the journey metaphor that contains his anecdote would seem out of place. Thus, Clinton's choice of "navigator" has a rhetorical purpose that justifies his deviation from representative terms.

In the Kennedy anecdote Clinton comes closer to achieving Burke's idea of representativeness. The message Clinton wants to convey, that the American health care system

"doesn't work for too many people," is represented through his choice of words. Clinton uses terms familiar to health care discussions like "claims," "provide coverage," and "high risk." Likewise, his next three anecdotes also work toward representativeness, especially since they occur near each other, and because they revolve around a particularly powerful synecdoche for health care bureaucracy, the health care form. Clinton succeeds at making the abundance of health care forms the reason Freiberg had to leave her patient, the reason Beard must waste valuable time that she could spend treating patients, and the reason hospitals must spend millions of dollars processing paperwork. Although Clinton comes close to representativeness in these anecdotes, as we have seen, each anecdote reveals word choices that appear influenced more by a desire to arouse emotions than demonstrate representativeness, as do his subsequent uses of anecdotal evidence.

Another important question that emerges from the analysis is whether the synecdoches contained within Clinton's anecdotes actually represent society as a whole. His first anecdote describes Hillary's role as navigator, which contains the synecdoche of Hillary herself, who serves as a representation of women's leadership abilities. In this case it is difficult to argue Hillary's representativeness, since she is a woman who leads an important task force. Thus, Clinton's first synecdochic representation appears representative.

However, Clinton's next anecdote demonstrates how a synecdoche can stray from what it intends to represent. In the Kennedy anecdote, Clinton describes Kennedy's dilemma, and later adds, "This story speaks for millions of others." This statement suggests that Clinton considers Kennedy a true synecdoche. Although this study did not attempt to determine how many small businesspersons have their parents on the payroll, it seems likely Kennedy truly represents a smaller number of businesspersons than Clinton would like his audience to believe. In this case, Clinton's hyperbole damages the representativeness of the synecdoche, and could reduce his effectiveness, even though the scenario described was so pitiable. A test of a useful theory is whether the theory can spawn additional questions from the insight it provides. The Burkeian perspective adopted by this study succeeds in stimulating further discussion, and now turns to look at the political effectiveness of anecdotal evidence.

#### **THE POLITICAL USEFULNESS OF ANECDOTAL EVIDENCE**

Throughout the 1992 presidential campaign, and during the first months of Clinton's presidency, health care reform did not command the attention reserved for other items on the American agenda. However, as the attention of the President and that of the media both coalesced around health care reform, the public gradually became aware of the issue. By September 1993, health care reform was the second "most

important problem facing the country," with only the economy commanding more interest.<sup>5</sup> Increased favorable opinion relied upon not only media attention, but also on the strategic use of political communication to solidify a core support group while disarming opponents.<sup>6</sup>

The Task Force on Health Care Reform's strategy for promoting the Health Security Act included three main goals: consolidate supporters, refute rivals, and "remember the middle class."<sup>7</sup> Many in Congress supported a single-payer plan, which stood in direct opposition with fee-for-service plans supported by the American Medical Association.<sup>8</sup> One of Clinton's tasks as a politician was to solicit support from those whom he could count on to stand behind his plan. Clinton's plan tried to lure elderly Americans with promises of substantial improvements, including prescription drugs and long-term care.<sup>9</sup> Clinton's 1992 wooing of the middle class succeeded in large part from his explicit promise not to raise taxes. Although Clinton insisted that he would not raise taxes, government agencies like the Congressional Budget Office and even some Democratic politicians suggested that the "contributions" Clinton wanted looked less like donations and more like taxes.<sup>10</sup> In fact, some experts called Clinton's plan "chutzpah."<sup>11</sup> Because of this, Clinton needed a rhetorical strategy that encouraged consensus, not division.

Anecdotal evidence, by its nature, conveys more emotion than other types of evidence. For instance, the plight of

Kerry Kennedy might hardly cause a ripple if Clinton quantified his dilemma and reported it as a statistic. Business decisions, as well as political judgments, are easier to make when there is little emotional investment by the decision-maker. Likewise, Clinton's discussion of doctors and nurses forced into wasteful administrative activities would not carry the argumentative weight they do in his address if displayed as statistic. Anecdotal evidence, and the use of anecdotes in deliberative addresses, allows those who do not suffer from the status quo to see or feel how it hurts others, if the speaker can employ his or her anecdotes effectively.

Clinton succeeds in striking emotional chords within his constituency through his use of anecdotal evidence. His anecdotes convey frustration, indignation, guilt, disgust, and sympathy. Clinton's strategic exhibition of these emotions works to promote identification with his audience, because as Clinton empathizes with those who suffer as a result of a "badly broken" health care system, he invites his audience to do the same.

Examining Clinton's use of anecdotal evidence from a Burkeian perspective reveals the rhetorical function of anecdotes: their ability to blur the lines between identification and division to achieve consensus. In *A Rhetoric of Motives* Burke says:

"But put identification and division ambiguously together, so that you cannot know for certain just where one ends and the other begins, and you have the characteristic invitation to rhetoric."<sup>12</sup>

Burke says that identification cannot happen without division, and that we unite *against* a common enemy, because without a mutual enemy there is no need to unite. Clinton's anecdotes promote identification with disparate audience groups, from the unemployed or homeless, to successful small businesspersons and doctors. Because different segments identify themselves with different emotional appeals, these groups remain somewhat divided. But, by asking each group he identifies to cooperate so that together they can pass the Health Security Act, Clinton creates the substance for debate, based on his assessment of the problem of health care.

Although Clinton succeeds in promoting identification with many segments of his audience, the use of anecdotal evidence is not foolproof. As Burke contends, "Any selection of reality must, in certain circumstances, function as a *deflection* of reality."<sup>13</sup> Clinton's use of anecdotal evidence to support the claim that the Health Security Act is affordable deflects reality, as known to those less-optimistic of Clinton's plan. While Clinton's "numbers" anecdote works to convince many that his plan is well crafted, it also exhibits what Burke calls "political rhetoric as secular prayer."<sup>14</sup> Burke believes that in cases where legislation could have unwanted effects, like tax

increases, the president must, "Try, as far as is stylistically possible, to soften the effects of the blow."<sup>15</sup> Clinton's use of anecdotal evidence, as this study proves, works to soften the blow.

What this study finds is that, in the hands of a capable speaker, anecdotal evidence promotes identification between speaker and listener largely because of its ability to heighten audience emotions. However, as in the case of the "numbers" anecdote, this type of evidence can also provide the ground from which opponents can launch their counterattacks. If the speaker uses anecdotes to conceal weaknesses or flaws in proposed legislation, his or her opponents can circumvent the deflection and inflict serious blows to both the speaker's message and character.

Clinton's use of anecdotal evidence is an essential component of his address to the Joint Session of Congress, and its presence in Clinton's text has significance in and of itself. Like several presidents before him, we know Clinton for his rhetorical prowess, and both his audience and the media expect Clinton to perform well in this capacity. For Clinton, anecdotes serve to achieve consensus through identification and demonstrate his ability as a rhetorical president.<sup>16</sup>



## IMPLICATIONS FOR FUTURE RESEARCH

This study critically examines only one of Clinton's major addresses to determine the role of anecdotal evidence in promoting identification. Several lines of inquiry branch from the analysis, and all may prove fruitful to future researchers.

First, does Clinton use anecdotal evidence throughout his campaign to pass the Health Security Act? Clinton appears comfortable with using anecdotal evidence in his speech to the Joint Session of Congress. As Congressional debates over health care reform escalate, will Clinton continue augmenting his public addresses with anecdotes? Future analyses of health care anecdotes may provide a deeper understanding of how one rhetorical tool helped enact or defeat health care legislation.

Second, in other critical campaigns do patterns emerge in Clinton's stories? Does Clinton rely exclusively on certain themes, or do his anecdotes demonstrate a variety that reflects the various issues a president involves himself or herself. In his short presidency Clinton's success with Congress stems largely from a backlog of legislation vetoed by President George Bush. His battles, including the economic stimulus package, the 1994 Federal budget, and the North American Free Trade Agreement, are bitter fights that have left a mixed record of victories and defeats. Did

Clinton use anecdotal evidence as an essential component of his rhetorical strategy in these campaigns?

Finally, Clinton is not the only president who takes rhetorical advantage of anecdotal evidence. Can researchers trace the history of anecdotal use throughout the presidency? Are there times when a president misuses the power of storytelling, or have presidents achieved historic success stemming from public discourse that featured anecdotes in its rhetorical arsenal? How does Clinton compare and differ with past presidents' use of anecdote?

Future research that grapples with these questions will, in turn, clarify or challenge this analysis of Clinton's speech to the Joint Session of Congress on September 22, 1993. Clinton's use of anecdotal evidence is a noticeable part of a historic public address. The discussion of the problems of health care and the history of health care reform in this study assists the analysis of Clinton's text. Kenneth Burke's concept of identification explains how Clinton's use of anecdotes helped him show his audience how their similar needs required them to cooperate, compromise, and consent to health care reform.

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### Endnotes

1 Kenneth Burke, *A Grammar of Motives* (New York: Prentice-Hall, 1945) 508.

2 Burke, *A Grammar of Motives*, 508.

3 Burke, *A Grammar of Motives*, 326.

4 Bill Clinton, "Address of the President to the Joint Session of Congress," U.S. Capitol. Washington, D.C. 22 Sep. 1993. Unless otherwise indicated, all quotations from Clinton originate from this address.

5 Robin Toner, "Poll on Changes in Health Care Finds Support Amid Skepticism." *New York Times* 22 Sep. 1993, natl. ed.: A1.

6 Robin Toner, "Streetwise Politics Put to Use in Quest for Health Overhaul," *New York Times* 19 Sep. 1993, natl. ed.: A1. Administration planners followed basic political strategy to win support: 1) solidify your base, which includes liberals, elderly, and organized labor; 2) Defuse the most dangerous opponents, through subsidies for small business, preserve existing fee-for-service for doctors, back off from price controls; 3) remember the middle class--unless it is seen as a benefit for the middle class, it is doomed.

7 Toner, "Streetwise Politics," A1.

8 Toner, "Streetwise Politics," A32.

9 Toner, "Streetwise Politics," A32.

10 Robert Pear, "Premium Limits In Health Plan Draw Criticism," *New York Times* 18 Sep. 1993, natl. ed.: A1. The Congressional Budget Office (CBO) claimed that premium limits could lead to reduction of treatment and restrict technological advancements. The CBO report also said that the government lacked the expertise to set an overall budget for health care (A6).

11 Stephen Greenhouse, "Many Experts Say Health Plan Would Fall Far Short on Savings," *New York Times* 21 Sep. 1993, natl. ed.: A1.

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12 Kenneth Burke, *A Rhetoric of Motives* (New York: Prentice-Hall, 1950) 25.

13 Burke, *A Grammar of Motives*, 59.

14 Burke, *A Grammar of Motives*, 393.

15 Burke, *A Grammar of Motives*, 393.

16 Karlyn Kohrs Campbell, and Kathleen Hall Jamieson, "Inaugurating the Presidency." *Form, Genre, and the Study of Political Discourse*. Ed. Herbert W. Simons and Aram A. Aghazarian. Columbia, SC: University of South Carolina Press, 1986. 212. Campbell and Jamieson say that the President must prove his or her ability to lead rhetorically in the inaugural address. For Clinton, the chance to prove himself rhetorically worthy of office helps mitigate the effect of earlier foibles.

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## APPENDIX

**APPENDIX**

THE WHITE HOUSE

Office of the Press Secretary

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For Immediate Release      September 22, 1993ADDRESS OF THE PRESIDENT  
TO THE JOINT SESSION OF CONGRESSU.S. Capitol  
Washington, D.C.

9:10 P.M. EDT

THE PRESIDENT: Mr. Speaker, Mr. President, members of Congress, distinguished guests, my fellow Americans. Before I begin my words tonight I would like to ask that we all bow in a moment of silent prayer for the memory of those who were killed and those who have been injured in the tragic train accident in Alabama today. (A moment of silence is observed.) Amen.

My fellow Americans, tonight we come together to write a new chapter in the American story. Our forebears enshrined the American Dream -- life, liberty, the pursuit of happiness. Every generation of Americans has worked to strengthen that legacy, to make our country a place of freedom and opportunity, a place where people who work hard can rise to their full potential, a place where their children can have a better future.

From the settling of the frontier to the landing on the moon, ours has been a continuous story of challenges defined, obstacles overcome, new horizons secured. That is what makes America what it is and Americans what we are. Now we are in a time of profound change and opportunity. The end of the Cold War, the Information Age, the global economy have brought us both opportunity and hope and strife and uncertainty. Our purpose in this dynamic age must be to change -- to make change our friend and not our enemy.

To achieve that goal, we must face all our challenges with confidence, with faith, and with discipline -- whether we're reducing the deficit, creating tomorrow's jobs and training our people to fill them, converting from a high-tech defense to a high-tech domestic economy, expanding trade, reinventing government, making our streets safer, or

rewarding work over idleness. All these challenges require us to change.

If Americans are to have the courage to change in a difficult time, we must first be secure in our most basic needs. Tonight I want to talk to you about the most critical thing we can do to build that security. This health care system of ours is badly broken and it is time to fix it. (Applause.)

Despite the dedication of literally millions of talented health care professionals, our health care is too uncertain and too expensive, too bureaucratic and too wasteful. It has too much fraud and too much greed.

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. That is what we must do tonight. (Applause).

On this journey, as on all others of true consequence, there will be rough spots in the road and honest disagreements about how we should proceed. After all, this is a complicated issue. But every successful journey is guided by fixed stars. And if we can agree on some basic values and principles we will reach this destination, and we will reach it together.

So tonight I want to talk to you about the principles that I believe must embody our efforts to reform America's health care system -- security, simplicity, savings, choice, quality, and responsibility.

When I launched our nation on this journey to reform the health care system I knew we needed a talented navigator, someone with a rigorous mind, a steady compass, a caring heart. Luckily for me and for our nation, I didn't have to look very far. (Applause.)

Over the last eight months, Hillary and those working with her have talked to literally thousands of Americans to understand the strengths and the frailties of this system of ours. They met with over 1,100 health care organizations. They talked with doctors and nurses, pharmacists and drug company representatives, hospital administrators, insurance company executives and small and large businesses. They spoke with self-employed people. They talked with people who had insurance and people who didn't. They talked with union members and older Americans and advocates for our children. The First Lady also consulted, as all of you know, extensively with governmental leaders in both parties in the states of our nation, and especially here on Capitol Hill.

Hillary and the Task Force received and read over 700,000 letters from ordinary citizens. What they wrote and the bravery with which they told their stories is really what calls us all here tonight.

Every one of us knows someone who's worked hard and played by the rules and still been hurt by this system that just doesn't work for too many people. But I'd like to tell you about just one.

Kerry Kennedy owns a small furniture store that employs seven people in Titusville, Florida. Like most small business owners, he's poured his heart and soul, his sweat and blood into that business for years. But over the last several years, again like most small business owners, he's seen his health care premiums skyrocket, even in years when no claims were made. And last year, he painfully discovered he could no longer afford to provide coverage for all his workers because his insurance company told him that two of his workers had become high risks because of their advanced age. The problem was that those two people were his mother and father, the people who founded the business and still worked in the store.

This story speaks for millions of others. And from them we have learned a powerful truth. We have to preserve and strengthen what is right with the health care system, but we have got to fix what is wrong with it. (Applause.)

Now, we all know what's right. We're blessed with the best health care professionals on Earth, the finest health care institutions, the best medical research, the most sophisticated technology. My mother is a nurse. I grew up around hospitals. Doctors and nurses were the first professional people I ever knew or learned to look up to. They are what is right with this health care system. But we also know that we can no longer afford to continue to ignore what is wrong.

Millions of Americans are just a pink slip away from losing their health insurance, and one serious illness away from losing all their savings. Millions more are locked into the jobs they have now just because they or someone in their family has once been sick and they have what is called the preexisting condition. And on any given day, over 37 million Americans -- most of them working people and their little children -- have no health insurance at all.

And in spite of all this, our medical bills are growing at over twice the rate of inflation, and the United States spends over a third more of its income on health care than any other nation on Earth. And the gap is growing, causing many of our companies in global competition severe disadvantage. There is no excuse for this kind of system.

We know other people have done better. We know people in our own country are doing better. We have no excuse. My fellow Americans, we must fix this system and it has to begin with congressional action. (Applause.)

I believe as strongly as I can say that we can reform the costliest and most wasteful system on the face of the Earth without enacting new broad-based taxes. (Applause.) I believe it because of the conversations I have had with thousands of health care professionals around the country; with people who are outside this city, but are inside experts on the way this system works and wastes money.

The proposal that I describe tonight borrows many of the principles and ideas that have been embraced in plans introduced by both Republicans and Democrats in this Congress. For the first time in this century, leaders of both political parties have joined together around the principle of providing universal, comprehensive health care. It is a magic moment and we must seize it. (Applause.)

I want to say to all of you I have been deeply moved by the spirit of this debate, by the openness of all people to new ideas and argument and information. The American people would be proud to know that earlier this week when a health care university was held for members of Congress just to try to give everybody the same amount of information, over 320 Republicans and Democrats signed up and showed up for two days just to learn the basic facts of the complicated problem before us.

Both sides are willing to say we have listened to the people. We know the cost of going forward with this system is far greater than the cost of change. Both sides, I think, understand the literal ethical imperative of doing something about the system we have now. Rising above these difficulties and our past differences to solve this problem will go a long way toward defining who we are and who we intend to be as a people in this difficult and challenging era. I believe we all understand that.

And so tonight, let me ask all of you -- every member of the House, every member of the Senate, each Republican and each Democrat -- let us keep this spirit and let us keep this commitment until this job is done. We owe it to the American people. (Applause.)

Now, if I might, I would like to review the six principles I mentioned earlier and describe how we think we can best fulfill those principles.

First and most important, security. This principle speaks to the human misery, to the costs, to the anxiety we hear about every day -- all of us -- when people talk about

their problems with the present system. Security means that those who do not now have health care coverage will have it; and for those who have it, it will never be taken away. We must achieve that security as soon as possible.

Under our plan, every American would receive a health care security card that will guarantee a comprehensive package of benefits over the course of an entire lifetime, roughly comparable to the benefit package offered by most Fortune 500 companies. This health care security card will offer this package of benefits in a way that can never be taken away.

So let us agree on this: whatever else we disagree on, before this Congress finishes its work next year, you will pass and I will sign legislation to guarantee this security to every citizen of this country. (Applause.)

With this card, if you lose your job or you switch jobs, you're covered. If you leave your job to start a small business, you're covered. If you're an early retiree, you're covered. If someone in your family has, unfortunately, had an illness that qualifies as a preexisting condition, you're still covered. If you get sick or a member of your family gets sick, even if it's a life threatening illness, you're covered. And if an insurance company tries to drop you for any reason, you will still be covered, because that will be illegal. This card will give comprehensive coverage. It will cover people for hospital care, doctor visits, emergency and lab services, diagnostic services like Pap smears and mammograms and cholesterol tests, substance abuse and mental health treatment. (Applause.)

And equally important, for both health care and economic reasons, this program for the first time would provide a broad range of preventive services including regular checkups and well-baby visits. (Applause.)

Now, it's just common sense. We know -- any family doctor will tell you that people will stay healthier and long-term costs of the health system will be lower if we have comprehensive preventive services. You know how all of our mothers told us that an ounce of prevention was worth a pound of cure? Our mothers were right. (Applause.) And it's a lesson, like so many lessons from our mothers, that we have waited too long to live by. It is time to start doing it. (Applause.)

Health care security must also apply to older Americans. This is something I imagine all of us in this room feel very deeply about. The first thing I want to say about that is that we must maintain the Medicare program. It works to provide that kind of security. (Applause.) But this time



and for the first time, I believe Medicare should provide coverage for the cost of prescription drugs. (Applause.)

Yes, it will cost some more in the beginning. But, again, any physician who deals with the elderly will tell you that there are thousands of elderly people in every state who are not poor enough to be on Medicaid, but just above that line and on Medicare, who desperately need medicine, who makes decisions every week between medicine and food. Any doctor who deals with the elderly will tell you that there are many elderly people who don't get medicine, who get sicker and sicker and eventually go to the doctor and wind up spending more money and draining more money from the health care system than they would if they had regular treatment in the way that only adequate medicine can provide.

I also believe that over time, we should phase in long-term care for the disabled and the elderly on a comprehensive basis. (Applause.)

As we proceed with this health care reform, we cannot forget that the most rapidly growing percentage of Americans are those over 80. We cannot break faith with them. We have to do better by them.

The second principle is simplicity. Our health care system must be simpler for the patients and simpler for those who actually deliver health care -- our doctors, our nurses, our other medical professionals. Today we have more than 1,500 insurers, with hundreds and hundreds of different forms. No other nation has a system like this. These forms are time consuming for health care providers, they're expensive for health care consumers, they're exasperating for anyone who's ever tried to sit down around a table and wade through them and figure them out.

The medical care industry is literally drowning in paperwork. In recent years, the number of administrators in our hospitals has grown by four times the rate that the number of doctors has grown. A hospital ought to be a house of healing, not a monument to paperwork and bureaucracy. (Applause.)

Just a few days ago, the Vice President and I had the honor of visiting the Children's Hospital here in Washington where they do wonderful, often miraculous things for very sick children. A nurse named Debbie Freiberg told us that she was in the cancer and bone marrow unit. The other day a little boy asked her just to stay at his side during his chemotherapy. And she had to walk away from that child because she had been instructed to go to yet another class to learn how to fill out another form for something that didn't have a lick to do with the health care of the children she

was helping. That is wrong, and we can stop it, and we ought to do it. (Applause.)

We met a very compelling doctor named Lillian Beard, a pediatrician, who said that she didn't get into her profession to spend hours and hours -- some doctors up to 25 hours a week just filling out forms. She told us she became a doctor to keep children well and to help save those who got sick. We can relieve people like her of this burden. We learned -- the Vice President and I did -- that in the Washington Children's Hospital alone, the administrators told us they spend \$2 million a year in one hospital filling out forms that have nothing whatever to do with keeping up with the treatment of the patients.

And the doctors there applauded when I was told and I related to them that they spend so much time filling out paperwork, that if they only had to fill out those paperwork requirements necessary to monitor the health of the children, each doctor on that one hospital staff -- 200 of them -- could see another 500 children a year. That is 10,000 children a year. I think we can save money in this system if we simplify it. And we can make the doctors and the nurses and the people that are giving their lives to help us all be healthier a whole lot happier, too, on their jobs. (Applause.)

Under our proposal there would be one standard insurance form -- not hundreds of them. We will simplify also -- and we must -- the government's rules and regulations, because they are a big part of this problem. (Applause.) This is one of those cases where the physician should heal thyself. We have to reinvent the way we relate to the health care system, along with reinventing government. A doctor should not have to check with a bureaucrat in an office thousands of miles away before ordering a simple blood test. That's not right, and we can change it. (Applause.) And doctors, nurses and consumers shouldn't have to worry about the fine print. If we have this one simple form, there won't be any fine print. People will know what it means.

The third principle is savings. Reform must produce savings in this health care system. It has to. We're spending over 14 percent of our income on health care -- Canada's at 10; nobody else is over nine. We're competing with all these people for the future. And the other major countries, they cover everybody and they cover them with services as generous as the best company policies here in this country.

Rampant medical inflation is eating away at our wages, our savings, our investment capital, our ability to create new jobs in the private sector and this public Treasury. You know the budget we just adopted had steep cuts in defense, a

five-year freeze on the discretionary spending, so critical to reeducating America and investing in jobs and helping us to convert from a defense to a domestic economy. But we passed a budget which has Medicaid increases of between 16 and 11 percent a year over the next five years, and Medicare increases of between 11 and 9 percent in an environment where we assume inflation will be at 4 percent or less.

We cannot continue to do this. Our competitiveness, our whole economy, the integrity of the way the government works and, ultimately, our living standards depend upon our ability to achieve savings without harming the quality of health care.

Unless we do this, our workers will lose \$655 in income each year by the end of the decade. Small businesses will continue to face skyrocketing premiums. And a full third of small businesses now covering their employees say they will be forced to drop their insurance. Large corporations will bear vivid disadvantages in global competition. And health care costs will devour more and more and more of our budget. Pretty soon all of you or the people who succeed you will be showing up here, and writing out checks for health care and interest on the debt and worrying about whether we've got enough defense, and that will be it, unless we have the courage to achieve the saving that are plainly there before us. Every state and local government will continue to cut back on everything from education to law enforcement to pay more and more for the same health care.

These rising costs are a special nightmare for our small businesses -- the engine of our entrepreneurship and our job creation in America today. Health care premiums for small businesses are 35 percent higher than those of large corporations today. And they will keep rising at double-digit rates unless we act.

So how will we achieve these savings? Rather than looking at price control, or looking away as the price spiral continues; rather than using the heavy hand of government to try to control what's happening, or continuing to ignore what's happening, we believe there is a third way to achieve these savings. First, to give groups of consumers and small businesses the same market bargaining power that large corporations and large groups of public employees now have. We want to let market forces enable plans to compete. We want to force these plans to compete on the basis of price and quality, not simply to allow them to continue making money by turning people away who are sick or old or performing mountains of unnecessary procedures. But we also believe we should back this system up with limits on how much plans can raise their premiums year in and year out, forcing people, again, to continue to pay more for the same health

care, without regard to inflation or the rising population needs.

We want to create what has been missing in this system for too long, and what every successful nation who has dealt with this problem has already had to do: to have a combination of private market forces and a sound public policy that will support that competition, but limit the rate at which prices can exceed the rate of inflation and population growth, if the competition doesn't work, especially in the early going.

The second thing I want to say is that unless everybody is covered -- and this is a very important thing -- unless everybody is covered, we will never be able to fully put the breaks on health care inflation. Why is that? Because when people don't have any health insurance, they still get health care, but they get it when it's too late, when it's too expensive, often from the most expensive place of all, the emergency room. Usually by the time they show up, their illnesses are more severe and their mortality rates are much higher in our hospitals than those who have insurance. So they cost us more.

And what else happens? Since they get the care but they don't pay, who does pay? All the rest of us. We pay in higher hospital bills and higher insurance premiums. This cost shifting is a major problem.

The third thing we can do to save money is simply by simplifying the system -- what we've already discussed. Freeing the health care providers from these costly and unnecessary paperwork and administrative decisions will save tens of billions of dollars. We spend twice as much as any other major country does on paperwork. We spend at least a dime on the dollar more than any other major country. That is a stunning statistic. It is something that every Republican and every Democrat ought to be able to say, we agree that we're going to squeeze this out. We cannot tolerate this. This has nothing to do with keeping people well or helping them when they're sick. We should invest the money in something else.

We also have to crack down on fraud and abuse in the system. That drains billions of dollars a year. It is a very large figure, according to every health care expert I've ever spoken with. So I believe we can achieve large savings. And that large savings can be used to cover the unemployed uninsured, and will be used for people who realize those savings in the private sector to increase their ability to invest and grow, to hire new workers or to give their workers pay raises, many of them for the first time in years.

Now, nobody has to take my word for this. You can ask Dr. Koop. He's up here with us tonight, and I thank him for being here. (Applause.) Since he left his distinguished tenure as our Surgeon General, he has spent an enormous amount of time studying our health care system, how it operates, what's right and wrong with it. He says we could spend \$200 billion every year, more than 20 percent of the total budget, without sacrificing the high quality of American medicine.

Ask the public employees in California, who have held their own premiums down by adopting the same strategy that I want every American to be able to adopt -- bargaining within the limits of a strict budget. Ask Xerox, which saved an estimated \$1,000 per worker on their health insurance premium. Ask the staff of the Mayo Clinic, who we all agree provides some of the finest health care in the world. They are holding their cost increases to less than half the national average. Ask the people of Hawaii, the only state that covers virtually all of their citizens and has still been able to keep costs below the national average.

People may disagree over the best way to fix this system. We may all disagree about how quickly we can do what -- the thing that we have to do. But we cannot disagree that we can find tens of billions of dollars in savings in what is clearly the most costly and the most bureaucratic system in the entire world. And we have to do something about that, and we have to do it now. (Applause.)

The fourth principle is choice. Americans believe they ought to be able to choose their own health care plan and keep their own doctors. And I think all of us agree. Under any plan we pass, they ought to have that right. But today, under our broken health care system, in spite of the rhetoric of choice, the fact is that that power is slipping away for more and more Americans.

Of course, it is usually the employer, not the employee, who makes the initial choice of what health care plan the employee will be in. And if your employer offers only one plan, as nearly three-quarters of small or medium-sized firms do today, you're stuck with that plan, and the doctors that it covers.

We propose to give every American a choice among high-quality plans. You can stay with your current doctor, join a network of doctors and hospitals, or join a health maintenance organization. If you don't like your plan, every year you'll have the chance to choose a new one. The choice will be left to the American citizen, the worker -- not the boss, and certainly not some government bureaucrat.

We also believe that doctors should have a choice as to what plans they practice in. Otherwise, citizens may have their own choices limited. We want to end the discrimination that is now growing against doctors, and to permit them to practice in several different plans. Choice is important for doctors, and it is absolutely critical for our consumers. We've got to have it in whatever plan we pass. (Applause.)

The fifth principle is quality. If we reformed everything else in health care, but failed to preserve and enhance the high quality of our medical care, we will have taken a step backward, not forward. Quality is something that we simply can't leave to chance. When you board an airplane, you feel better knowing that the plane had to meet standards designed to protect your safety. And we can't ask any less of our health care system.

Our proposal will create report cards on health plans, so that consumers can choose the highest quality health care providers and reward them with their business. At the same time, our plan will track quality indicators, so that doctors can make better and smarter choices of the kind of care they provide. We have evidence that more efficient delivery of health care doesn't decrease quality. In fact, it may enhance it.

Let me just give you one example of one commonly performed procedure, the coronary bypass operation. Pennsylvania discovered that patients who were charged \$21,000 for this surgery received as good or better care as patients who were charged \$84,000 for the same procedure in the same state. High prices simply don't always equal good quality. Our plan will guarantee that high quality information is available is available in even the most remote areas of this country so that we can have high-quality service, linking rural doctors, for example, with hospitals with high-tech urban medical centers. And our plan will ensure the quality of continuing progress on a whole range of issues by speeding the search on effective prevention and treatment measures for cancer, for AIDS, for Alzheimer's, for heart disease, and for other chronic diseases. We have to safeguard the finest medical research establishment in the entire world. And we will do that with this plan. Indeed, we will even make it better. (Applause.)

The sixth and final principle is responsibility. We need to restore a sense that we're all in this together and that we all have a responsibility to be a part of the solution. Responsibility has to start with those who profit from the current system. Responsibility means insurance companies should no longer be allowed to cast people aside when they get sick. It should apply to laboratories that submit fraudulent bills, to lawyers who abuse malpractice claims, to doctors who order unnecessary procedures. It

means drug companies should no longer charge three times more per prescription drugs made in America here in the United States than they charge for the same drugs overseas.  
(Applause.)

In short, responsibility should apply to anybody to abuses this system and drives up the cost for honest, hard-working citizens and undermines confidence in the honest, gifted health care providers we have.

Responsibility also means changing some behaviors in this country that drive up our costs like crazy. And without changing it we'll never have the system we ought to have. We will never.

Let me just mention a few and start with the most important -- the outrageous cost of violence in this country stem in large measure from the fact that this is the only country in the world where teenagers can rout the streets at random with semi-automatic weapons and be better armed than the police. (Applause.)

But let's not kid ourselves, it's not that simple. We also have higher rates of AIDS, of smoking and excessive drinking, of teen pregnancy, of low birth weight babies. And we have the third worst immunization rate of any nation in the western hemisphere. We have to change our ways if we ever really want to be healthy as a people and have an affordable health care system. And no one can deny that.  
(Applause.)

But let me say this -- and I hope every American will listen, because this is not an easy thing to hear -- responsibility in our health care system isn't just about them, it's about you, it's about me, it's about each of us. Too many of us have not taken responsibility for our own health care and for our own relations to the health care system. Many of us who have had fully paid health care plans have used the system whether we needed it or not without thinking what the costs were. Many people who use this system don't pay a penny for their care even though they can afford to. I think those who don't have any health insurance should be responsible for paying a portion of their new coverage. There can't be any something for nothing, and we have to demonstrate that to people. This is not a free system. (Applause.) Even small contributions, as small as the \$10-copayment when you visit a doctor, illustrates that this is something of value. There is a cost to it. It is not free.

And I want to tell you that I believe that all of us should have insurance. Why should the rest of us pick up the tab when a guy who doesn't think he needs insurance or says he can't afford it gets in an accident, winds up in an

emergency room, gets good care, and everybody else pays? Why should the small businesspeople who are struggling to keep afloat and take care of their employees have to pay to maintain this wonderful health care infrastructure for those who refuse to do anything?

If we're going to produce a better health care system for every one of us, every one of us is going to have to do our part. There cannot be any such thing as a free ride. We have to pay for it. We have to pay for it.

Tonight I want to say plainly how I think we should do that. Most of the money we will -- will come under my way of thinking, as it does today, from premiums paid by employers and individuals. That's the way it happens today. But under this health care security plan, every employer and every individual will be asked to contribute something to health care.

This concept was first conveyed to the Congress about 20 years ago by President Nixon. And today, a lot of people agree with the concept of shared responsibility between employers and employees, and that the best thing to do is to ask every employer and every employee to share that. The Chamber of Commerce has said that, and they're not in the business of hurting small business. The American Medical Association has said that.

Some call it an employer mandate, but I think it's the fairest way to achieve responsibility in the health care system. And it's the easiest for ordinary Americans to understand, because it builds on what we already have and what already works for so many Americans. It is the reform that is not only easiest to understand, but easiest to implement in a way that is fair to small business, because we can give a discount to help struggling small businesses meet the cost of covering their employees. We should require the least bureaucracy or disruption, and create the cooperation we need to make the system cost-conscious, even as we expand coverage. And we should do it in a way that does not cripple small businesses and low-wage workers.

Every employer should provide coverage, just as three-quarters do now. Those that pay are picking up the tab for those who don't today. I don't think that's right. To finance the rest of reform, we can achieve new savings, as I have outlined, in both the federal government and the private sector, through better decision-making and increased competition. And we will impose new taxes on tobacco. (Applause.)

I don't think that should be the only source of revenues. I believe we should also ask for a modest contribution from big employers who opt out of the system to



make up for what those who are in the system pay for medical research, for health education center, for all the subsidies to small business, for all the things that everyone else is contributing to. But between those two things, we believe we can pay for this package of benefits and universal coverage and a subsidy program that will help small business.

These sources can cover the cost of the proposal that I have described tonight. We subjected the numbers in our proposal to the scrutiny of not only all the major agencies in government -- I know a lot of people don't trust them, but it would be interesting for the American people to know that this was the first time that the financial experts on health care in all of the different government agencies have ever been required to sit in the room together and agree on numbers. It had never happened before.

But, obviously, that's not enough. So then we gave these numbers to actuaries from major accounting firms and major Fortune 500 companies who have no stake in this other than to see that our efforts succeed. So I believe our numbers are good and achievable.

Now, what does this mean to an individual American citizen? Some will be asked to pay more. If you're an employer and you aren't insuring your workers at all, you'll have to pay more. But if you're a small business with fewer than 50 employees, you'll get a subsidy. If you're a firm that provides only very limited coverage, you may have to pay more. But some firms will pay the same or less for more coverage.

If you're a young, single person in your 20s and you're already insured, your rates may go up somewhat because you're going to go into a big pool with middle-aged people and older people, and we want to enable people to keep their insurance even when someone in their family gets sick. But I think that's fair because when the young get older, they will benefit from it, first, and secondly, even those who pay a little more today will benefit four, five, six, seven years from now by our bringing health care costs closer to inflation.

Over the long run, we can all win. But some will have to pay more in the short run. Nevertheless, the vast majority of the Americans watching this tonight will pay the same or less for health care coverage that will be the same or better than the coverage they have tonight. That is the central reality. (Applause.)

If you currently get your health insurance through your job, under our plan you still will. And for the first time, everybody will get to choose from among at least three plans to belong to. If you're a small business owner who wants to

provide health insurance to you family and your employees, but you can't afford it because the system is stacked against you, this plan will give you a discount that will finally make insurance affordable. If you're already providing insurance, your rates may well drop because we'll help you as a small business person join thousands of others to get the same benefits big corporations get at the same price they get those benefits. If you're self-employed, you'll pay less; and you will get to deduct from your taxes 100 percent of your health care premiums. (Applause.)

If you're a large employer, your health care costs won't go up as fast, so that you will have more money to put into higher wages and new jobs and to put into the work of being competitive in this tough global economy.

Now, these, my fellow Americans, are the principles on which I think we should base our efforts: security, simplicity, savings, choice, quality and responsibility. These are the guiding stars that we should follow on our journey toward health care reform.

Over the coming months, you'll be bombarded with information from all kinds of sources. There will be some who will stoutly disagree with what I have proposed -- and with all other plans in the Congress, for that matter. And some of the arguments will be genuinely sincere and enlightening. Others may simply be scare tactics by those who are motivated by the self-interest they have in the waste the system now generates, because that waste is providing jobs, incomes and money for some people.

I ask you only to think of this when you hear all of these arguments: Ask yourself whether the cost of staying on this same course isn't greater than the cost of change. And ask yourself when you hear the arguments whether the arguments are in your interest or someone else's. This is something we have got to try to do together.

I want also to say to the representatives in Congress, you have a special duty to look beyond these arguments. I ask you instead to look into the eyes of the sick child who needs care; to think of the face of the woman who's been told not only that her condition is malignant, but not covered by her insurance. To look at the bottom lines of the businesses driven to bankruptcy by health care costs. To look at the "for sale" signs in front of the homes of families who have lost everything because of their health care costs.

I ask you to remember the kind of people I met over the last year and a half -- the elderly couple in New Hampshire that broke down and cried because of their shame at having an empty refrigerator to pay for their drugs; a woman who lost a

\$50,000-job that she used to support her six children because her youngest child was so ill that she couldn't keep health insurance, and the only way to get care for the child was to get public assistance; a young couple that had a sick child and could only get insurance from one of the parents' employers that was a nonprofit corporation with 20 employees, and so they had to face the question of whether to let this poor person with a sick child go or raise the premiums of every employee in the firm by \$200. And on and on and on.

I know we have differences of opinion, but we are here tonight in a spirit that is animated by the problems of those people, and by the sheer knowledge that if we can look into our heart, we will not be able to say that the greatest nation in the history of the world is powerless to confront this crisis. (Applause.)

Our history and our heritage tell us that we can meet this challenge. Everything about America's past tells us we will do it. So I say to you, let us write that new chapter in the American story. Let us guarantee every American comprehensive health benefits that can never be taken away. (Applause.)

In spite of all the work we've done together and all the progress we've made, there's still a lot of people who say it would be an outright miracle if we passed health care reform. But my fellow Americans, in a time of change, you have to have miracles. And miracles do happen. I mean, just a few days ago we saw a simple handshake shatter decades of deadlock in the Middle East. We've seen the walls crumble in Berlin and South Africa. We see the ongoing brave struggle of the people of Russia to seize freedom and democracy.

And now, it is our turn to strike a blow for freedom in this country. The freedom of Americans to live without fear that their own nation's health care system won't be there for them when they need it. It's hard to believe that there was once a time in this century when that kind of fear gripped old age. When retirement was nearly synonymous with poverty, and older Americans died in the street. That's unthinkable today, because over a half a century ago Americans had the courage to change -- to create a Social Security system that ensures that no Americans will be forgotten in their later years.

Forty years from now, our grandchildren will also find it unthinkable that there was a time in this country when hardworking families lost their homes, their savings, their businesses, lost everything simply because their children got sick or because they had to change jobs. Our grandchildren will find such things unthinkable tomorrow if we have the courage to change today.

This is our chance. This is our journey. And when our work is done, we will know that we have answered the call of history and met the challenge of our time.

Thank you very much. And God bless America. (Applause.)

END10:02 P.M. EDT