BRIDGEWATER STATE UNIVERSITY

Undergraduate Review

Volume 13 Article 20

2017

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Abstract

In 2010 President Obama did the politically unthinkable: he passed healthcare reform that has the effect of providing healthcare to all Americans. What makes this feat so impressive is that other presidents (Franklin Roosevelt, Harry Truman, Lyndon Johnson, Richard Nixon, and Bill Clinton) all tried and failed in their efforts. Why did Obama succeed and these other presidents fail? Using agenda setting and issue framing theories, this study explores how each of these presidents framed their healthcare reform efforts. In particular, this study focuses on how each president framed reform in terms of distributive justice and the four principles of allocation (equality, merit, need, and efficiency) available to them. Content coding major policy addresses of each president in order to generate frequency distributions, the analysis presented here demonstrates that President Obama was successful because he framed healthcare reform in terms consistent with the American public's distributive justice preferences. Unlike previous presidents who attempted to combine the principles of need and equality, President Obama combined need and efficiency in a policy frame that not only captured the preferences of the American public, but undermined the argument of his political opposition. The analysis and argument advanced here speak to the power of marrying language and politics in the rhetorical presidency and the ability of presidents to pursue political change.

Introduction

On March 23, 2010 President Barack Obama signed into law the Affordable Care Act (ACA). The centerpiece of this legislation is the requirement that all Americans are required to have healthcare. Leaving aside the debate that continues over this landmark piece of legislation, a more fundamental question emerges when one considers the ACA: Why was President Obama able to pass significant healthcare reform and move the United States towards achieving universal healthcare coverage for all American citizens when other presidents who tried to enact universal healthcare coverage in the past failed?

Prior to President Obama, five presidents—FDR, Truman, Nixon, Johnson, and Clinton—tried and failed to pass significant pieces of healthcare legislation which would ultimately provide a form of universal healthcare coverage to the American people. In the 1930s, FDR attempted to place a provision for publicly funded healthcare into the Social Security Act, but this piece

of healthcare policy legislation never made it onto the legislative agenda, largely due to the lobbying efforts of the American Medical Association (AMA). Truman, moving past FDR, actively sought to propose and support universal healthcare reform as part of his 1949 Fair Deal Program. Johnson, taking a more pragmatic approach, succeeded in passing both Medicaid and Medicare legislation which aided both low-income and disabled American citizens. Johnson's efforts to move the United States any further toward universal coverage were not as successful. Looking to build on this success, Nixon (in February 1971) proposed an employer mandate and called for federal Medicaid for dependent children; Nixon sought to extend this proposal to effectively provide all American citizens with healthcare. Nixon's efforts ultimately proved to be unsuccessful. In February 1974, Nixon tried and failed to significantly expand health insurance with his CHIP recommendation which sought to build on and adopt many of the ideas and strategies found in the proposals of FDR, Truman, and Johnson. Clinton's attempt at healthcare reform continued the trend of failure as he failed to persuade Americans that they would not have to rely on subscribing to purely government-subsidized health insurance and that they could keep the same primary care physician that they had always gone to. Like all previous efforts, Clinton was unable to overcome the opposition provided by many from within the healthcare sector: nurses, the AMA, primary care physicians, and medical insurance providers. Given this historical track record of previous healthcare reform efforts, a betting person would have felt very confident that Obama's reform efforts would enjoy a similar fate. This person would have lost a great deal of money. The question which remains to be answered is: How was Obama able to accomplish what many believed to be politically impossible? The answer provided here is that Obama succeeded because he was able to frame the issue of healthcare reform correctly and in such a way that his argument for reform accorded with the distributive justice principles of the American public.

This argument is developed over the course of four sections. First, the scholarly literature on agenda setting, issue framing, and the rhetorical presidency is reviewed. All three of these areas of scholarship bring politics and language together and speak to how presidents can be successful in their attempts to change public policy. This section also reviews relevant scholarship on distributive justice and the allocation principles of need, efficiency, equality, and merit. The second section discusses the data used for this study and the content coding methodology employed here. The third section presents individual analyses of the framing efforts found in key addresses from Presidents Roosevelt, Truman, Johnson, Nixon, Clinton, and Obama as well as a comparative analysis of their issue frames. Throughout this analysis the frames are compared to the distributive justice preferences of the American people. Finally, the argument made here concludes by reflecting on the nature of the policy process itself and offers some suggestions for any politician interested in significantly changing public policy in America.

Literature Review

The intersection of politics and language is best un-

derstood in terms of agenda-setting and issue framing. Public policy scholars use the theory of agenda setting to explain not only how issues move from private to public concerns, but why some policies succeed where others fail.[1] One school of thought (Kingdon 1980) contends that the three streams of politics, problems, and policy come together at critical times. At these moments solutions are joined to problems, and both are joined to favorable political forces/circumstances (Kingdon 1980, 100). When this coupling occurs, a policy window opens and it becomes possible for a politician, in this case President Obama, to push through his legislative solution. According to this theory, Obama succeeded where other presidents did not largely because he was the right person in office at the right time. Another school of thought focuses on the internal quality of political systems to explain policy change (Baumgartner and Jones 1993). Generally speaking, there is not a great deal of policy change because of the presence of policy monopolies. Only when something alters a policy image is there an opportunity for policy change, as the policy equilibrium has been altered or punctuated (Baumgartner and Jones 1993, 200). Again, this understanding suggests that Obama achieved healthcare reform largely because of factors outside of his control. Either explanation by itself is problematic due to the fact that these explanations do not allow for the ability of political actors to fundamentally shape political discourse. While both theories allow for the importance of language and the efforts of political actors to move both public discourse and public policy in their desired direction, the explanations they offer for success and failure are largely dependent on factors outside of the control of these political actors. For this reason, it is necessary to supplement these understandings of agenda setting with an understanding of issue framing.

The origin of issue framing can be found in the seminal work of E. E. Schattschneider, *The Semi-Sovereign People* (1960). Focusing on the centrality of conflict to political action, Schattschneider concluded that the way an issue defines and describes a conflict is actually more important than the conflict itself (see also Rochefort and Cobb 1994). Defined as "the effects of presentation on judgment and choice," framing fundamentally has to do with the shaping of political reality with an aim to making it more comprehensible (Iyengar 1996, 61). Encompassing the ideological as well as the cultural elements of conflict (Lakoff 2002, 375), successful framing requires political actors to define problems and provide policy alternatives/solutions that are publicly salient (Entman 1993, 51). Failing to do this explains, in part, why some issues get on the political agenda where others do not (Rochefort and Cobb 1994, 24) and why some policies succeed where others fail (Stone 2002, 200).

The ability of a president to place an issue on the political agenda and frame it in such a way as to pass the proposed legislation comes together in the idea of the rhetorical presidency (Tullis 1987, 179). Tullis argues that the rhetorical presidency is a large part of America's national political culture and the key to how presidents operate on a political level. He writes, "Today it is taken for granted that presidents have a duty constantly

to defend themselves publicly, to promote policy initiatives nationwide, and to inspire the population. And for many, this presidential 'function' is not one duty among many, but rather the heart of the presidency- its essential task" (Tullis 1987, 4). Looking to the presidency for leadership and assurance, a president's ability to marry politics and language is not only key to popular understandings of leadership, but resides "at the core of dominant interpretations of our whole political order, because such leadership is offered as the antidote for 'gridlock' in our pluralistic constitutional system, the cure for the sickness of 'ungovernability'" (Tullis 1987, 4). Given this view of the political order, Tullis argues that "The rhetorical presidency makes change, in its widest sense, more possible. Because complex arrangements of policies are packaged and defended as wholes (e.g., the New Freedom, New Deal, Great Society, New Federalism, War on Poverty, etc.), they are more likely to be rejected as wholes" (Tullis 1987, 178). Presidents are able to do this by "reshaping the political world in which that policy and future policy is understood and implemented. By changing the meaning of policy, rhetoric alters policy itself and the meaning of politics in the future" (Tullis 1987, 179).

As agenda setting, issue framing, and the rhetorical presidency make clear, language matters a great deal in politics. Throughout this paper it is my contention that President Obama succeeded where other presidents before him failed because he framed healthcare reform in a manner that was consistent with how Americans understand justice. In other words, President Obama spoke to Americans about healthcare reform in their own terms. To test for this possibility, this paper focuses on the use of the language of distributive justice in framing healthcare reform. Any public policy can be understood in terms of justice; distributive justice is particularly relevant for healthcare reform. Generally speaking, distributive justice refers to how a good (in this case healthcare) should be allocated. While philosophers can agree on what distributive justice is, there is considerable disagreement over the question of what the principle of allocation should be (see Rawls 1971; Walzer 1983; & Miller 1999). A reading of the history of political thought indicates that there are four principles of allocation that can be used as frames for public policy. They are as follows:

- Equality in an absolute sense. While initial understandings of equality focused on equality of rights, the understanding of equality is currently understood in terms of the equality of conditions. It is thus standard in empirical studies of distributive justice to operationalize equality as absolute equality of outcome (Scott et al. 2001, 750).
- Merit. With its origins in Aristotle's understanding of equity, allocation on merit contends that goods should be distributed in proportion to the contribution one makes where that contribution is due to qualities or activities thought to deserve reward (Scott et al. 2001, 751).
- Need. While need can be closely related to equality (equal need can be seen as a criterion for equal distribution), the standard is to treat need as an entirely different allocation principle (Miller 1999, 203-230). As such, need can be viewed as placing limits on inequalities. In particular, need is commonly conceptualized and operationalized in terms of meeting a

- minimum level of necessary social goods, and this way of thinking is increasingly influential in both democratic theory and justification for social welfare programs in the United States and abroad (Marmor, Machaw, & Harvey 1990).
- Efficiency. Unlike the other three allocation principles, efficiency is not itself a normative principle. The argument for efficiency, however, raises normative questions, thus justifying its inclusion here. Efficiency is an allocation principle used to justify inequalities in terms of aggregate benefit (Nozick 1974, Hayek 1976). Arguing for wealth maximization, proponents of efficiency argue that a greater amount of overall goods for the same amount of input is preferred because of the net aggregate benefit.

Using these principles of allocation, political scientists have devoted considerable attention to determining how people think about distributive justice. The general conclusion one draws from looking at the survey results is that the public has conflicting views of these principles (see McCloskey & Zaller 1984; Verba & Orren 1985). In contrast, experimental research suggests that people have complex rather than conflicting ideas about justice (see Miller 1999; Elster 1995; Frohlich & Oppenheimer 1992; Scott et al. 2001). These studies show that distributive justice behavior is complex but structured; they involve several distinct allocation principles and are influenced in predictable ways by independent factors. Comparative studies of distributive justice indicate that both the American public and elite members of society view distributive justice in terms of need and merit (Kluegel & Smith 1986).

Data and Methodology

Using the operational definitions of the four principles of allocation above, this study identifies key speeches which deal with healthcare reform from Presidents Obama, Clinton, Nixon, Johnson, Truman, and Franklin D. Roosevelt.[2] Each of these speeches was content coded for how they framed the issue of healthcare reform by the author and an outside reader. This was done in order to ensure the accuracy of the coding process in terms of whether or not a relevant piece of text within each speech should be coded and, if it should be coded, what allocation principle it should be coded as. Every individual reference to a particular allocation principle is counted as a single frame which allows for the counting of multiple frames within a single sentence. The more a president has recourse to a particular principle suggests that this particular principle is more important to his efforts to successfully frame healthcare reform. Approaching the framing of healthcare reform in this way is supported by Entman's (1993) understanding of the relationship between issue framing and saliency. Frames highlight pieces of information, and, in highlighting them, the framer hopes to make this information more noticeable, meaningful, and memorable to the audience. In short, making this information more salient through repetition. By increasing the salience of particular distributive justice allocation principles in arguments for healthcare reform, the presidents examined here can be seen as satisfying the four requirements of issue frames: 1) defining a problem; 2) diagnosing the causes of the problem; 3) making a moral evaluation about the problem and its causes; and 4) suggesting a solution (Entman 1993, 53).

MERIT: equity of distribution based on one's contribution	NEED: minimal level of necessary social goods
• Equity/Equitable • Excellence • Distinction	• Requirement • Essential • Necessary/Necessity • Want • Poverty • Deprived • Hardship • Destitute
EFFICIENCY: inequality justifiable as long as there is aggregate net benefit	**EQUALITY: absolute equality of outcomes**
• Effective • Ordered • Profitable • Productive • Proficient • Expertise	• Fairness • Equal Rights • Equal Opportunity • Egalitarianism • Unbiased • Comparability

Table 1. Allocation Principles of Distributive Justice: Indicators

Table 1 contains a partial list of indicators for each of the allocation principles. Merit's connections with equity speaks to excellence and distinction. Presidential appeals to this principle should be to the excellence of the healthcare system. The fact that this study focuses on arguments for healthcare reform suggests that one would not expect to find frequent appeals to this concept. This, however, does present a complication for the argument made here as Americans generally view distributive justice as a combination of need and merit. The poor fit of merit for the argument in favor of healthcare reform suggests that an alternative principle should be incorporated into the issue frame and, as discussed below, there is good reason to believe that efficiency comes to perform this task.

The second concept in Table 1 is need and this should be the concept that presidents have the greatest recourse to in making their arguments for healthcare reform. Not only is need a constituent aspect of the American conception of distributive justice, but establishing need would seem to be the foundation for the argument that America's healthcare system requires reform in the first place. It is very likely that efficiency is connected to need in these addresses. Anyone who has dealt with the forms at the doctor's office or hospital and the challenge of dealing with health insurance companies understands that the system is far from efficient. These facts suggest a symbiotic connection between need and efficiency that can be used to effectively shape the political conversation surrounding healthcare reform. That efficiency will replace merit is also suggested by the fact that citizens tend to make political decisions based on performance and not policy (Lenz 2003). One

should thus expect two things in the presidential use of efficiency. First, one should see the current system characterized as inefficient and, second, that the reformed system of healthcare would be more efficient.

Finally, Table 1 contains a series of possible indicators for equality of outcome. Concepts like fairness and comparability speak to a fundamental concern with equality. The problem with equality of outcome is that Americans are generally not in favor of this allocation principle (Verba & Orren 1985, 5, 124). This is especially the case in discussing the principles of allocation of distributive justice theory as they relate to the policy areas of economics and social welfare. Americans do believe in equal political rights (but generally do not view healthcare as a political right) and in equality of opportunity. Thus, to the extent that any of the presidential addresses analyzed here contain references to equality of outcome one would expect this argument to not be respected and valued given the American public's distaste for equality of outcome. If presidents want to frame healthcare reform in terms of equality that appeals to American sensibilities, they should conceptualize equality in terms of the equality of opportunity.

The results of the coding process for each presidential address will be compared to each other and to what we know about the way Americans think about distributive justice. It is my expectation that the evidence will show that all presidents prior to Obama employed distributive justice frames that were inconsistent with how Americans think about justice. President Obama, though, justifies healthcare reform in terms that are consistent with how Americans view justice; this fact helps one to understand why he successfully achieved healthcare reform.

Analysis

In terms of this paper's analysis, each president's healthcare reform address will be analyzed individually.[3] The analysis will evaluate the principle or principles that is/are emphasized by each president, but also the principle or principles that each president does not have recourse to. Each allocation principle discussed above suggests a specific research hypothesis. In arguing for healthcare reform, it is expected that merit is the least important allocation principle (H1) and that need is the most important allocation principle (H2). One should also expect that efficiency becomes an increasingly more important frame/hypothesis (H3) in recognition of the fact that the American public tends to evaluate candidates and the political world not in terms of public policy, but in terms of effectiveness (see Lenz 2013). Finally, given the fact that equality is conceptualized as the more specific allocation principle of distributive justice—equality of outcome—one would not expect to see this principle frequently used in presidential efforts to achieve healthcare reform (H4). Americans simply do not view equality in these terms. Thus, if a president were to use equality as a frame one would expect to see them employ an understanding of equality supported by the public-equality of opportunity.

Individual Presidential Addresses

Table 2 contains the frequency distributions for each presidential address analyzed here for each of the four allocation principles. The bottom section of the table also contains frequency distributions for the various ways equality can be conceptualized. Analysis of

Table 2: Allocation Principles in Presidential Addresses						
	FDR	**Truman**	**LBJ**	**Nixon**	**Clinton**	**Obama**
Allocation Principle						
Need	19 (46%)	81 (55%)	24 (75%)	43 (32%)	35 (19%)	43 (39%)
Efficiency	6 (15%)	21 (14%)	2 (6%)	42 (31%)	95 (52%)	55 (51%)
Merit/Equity	1 (2%)	3 (2%)	0 (0%)	16 (12%)	22 (12%)	1 (1%)
Equality	15 (37%)	43 (29%)	6 (19%)	33 (25%)	32 (17%)	10 (9%)
Total	41 (100%)	148 (100%)	32 (100%)	134 (100%)	184 (100%)	109 (100%)
Types of Equality						
Outcome	8 (53%)	28 (65%)	5 (83%)	18 (55%)	26 (81%)	5 (50%)
Right	5 (34%)	5 (12%)	0 (0%)	0 (0%)	6 (19%)	0 (0%)
Opportunity	0 (0%)	9 (21%)	1 (17%)	14 (42%)	0 (0%)	1 (10%)
Partnership	2 (13%)	1 (2%)	0 (0%)	1 (3%)	0 (0%0	4 (40%)

FDR's framing of healthcare reform provides support for the first two hypotheses. FDR makes only a single reference to merit and need is by far the principle he has the greatest recourse to (46%). The emphasis on need is consistent with how the public views distributive justice so FDR's frame is partially correct. He gets things wrong, however, in making equality his second most important allocation principle which does not support the fourth hypothesis. 37% of the frames used by FDR are to equality and of these 53% are to equality of outcome. FDR hardly has recourse to efficiency and, as argued here, one would expect efficiency to replace merit as the second allocation. Thus, there is no empirical support for the third hypothesis.

The results for Truman add additional support for the first and second hypotheses. Merit is the least important principle for Truman (3%) and need is definitely the most important principle (55%). With regard to efficiency, Truman paints the same picture as FDR, and Truman follows FDR in making the mistake of having equality as the second most important principle (29%) which does not support the fourth hypothesis. Closer inspection of Truman's use of equality shows that 65% of the time he uses equality in terms of equal outcomes, and 12% of the time he speaks in terms of healthcare as an equal right. This means that 77% of his appeals to equality are couched in such a way as to lose support amongst the American people. This being said, Truman does try to frame equality in terms of the equality of opportunity (21%), but even with this being said he would have been better off to not employ equality at all as an allocation principle of distributive justice for the policy area of healthcare reform policy legislation.

The results for Johnson to continue the trend of providing support for the first two hypotheses are presented next. Johnson makes no references to merit and 75% of all his references to distributive justice are to need. Johnson's lack of recourse to efficiency (6%) goes against the American public's expectations regarding their views of distributive justice as does the fact that he uses equality 16% of the time. In referencing equality, 83% of the time he speaks of equality of outcome,

and he makes only a single reference to equality of opportunity. Johnson's framing efforts, like those of FDR and Truman, are not consistent with the values of the American public. This, in part, explains why Johnson was unable to follow up his success in passing Medicare and Medicaid. With regard to the development of comprehensive healthcare legislation that would spur forward the process of creating universal healthcare coverage for all American citizens, Johnson seems guilty of oversimplification by emphasizing need almost exclusively. While need is important, experimental research on distributive justice allocation principles and norms shows that people think about distributive justice in more nuanced ways where they often combine multiple principles and that these principles vary by policy area (see Miller 1999; Elster 1995; Frohlic & Oppenheimer 1992; Scott et al. 2001). Had Johnson been able to capture this concept in his efforts to frame healthcare reform he might have been successful.

Merit remains the least important principle for Nixon (12%) and need is still the most important principle (32%). Here, one finally finds support for the hypothesis that efficiency will replace merit in how the argument for healthcare reform should be framed. Closer inspection of Nixon's speech itself contains multiple passages where Nixon connects need and efficiency. Nixon (1974) states, "Only with effective cost control measures can States ensure that the citizens receive the increased health care they need and at rates they can afford." Based on these findings, Nixon's frame comes the closest to mirroring the preferences of the American people. So, where does Nixon's frame go wrong? The answer to this question seems to be his recourse to equality (25%). The rate that Nixon has recourse to this concept is almost at the same level as his references to need (32%) and efficiency (31%). Thus, Nixon essentially makes a three-pronged argument in favor of healthcare reform. While Nixon smartly employs equality of opportunity (42%), the dominant understanding of equality used by Nixon remains equality of outcome (55%). Nixon would have been far better served to exclusively use equality of outcome or to drop any reference to equality all together.

The results for Clinton paint quite the interesting picture for his prospective take on devising comprehensive healthcare reform. While merit remains the least important allocation principle (12%), Clinton's rhetoric moves in a highly unanticipated direction as he only uses need 19% of the time! Not only does this fact contradict the public's view of distributive justice, but it ultimately seems strange and contradictory in that establishing need is the logical foundation of an argument for healthcare reform itself. If there is no recourse to the distributive justice allocation principle of need, then the question remains as to why it is that reform is necessary in the first place? Clinton does provide support for the third hypothesis as he has recourse to efficiency 52% of the time, and he continues the trend of not supporting the fourth hypothesis as well by employing equality 17% of the time with 85% of these references to equality of outcome. The efficiency results are striking. While one expects efficiency to have increased in importance, it is a bit surprising to see it as the most important principle. While this does suggest that politicians recognize that the public evaluates things based primarily on a performance criterion, one would not expect the total abandonment of ethical criteria in arguing for healthcare reform. The fact that Clinton does this is

suggested by the fact that his combined use of the two most relevant ethical principles available to him (need and equality) is 16% less than his use of efficiency. These results suggest that the way Clinton framed healthcare reform worked against him. He correctly recognizes the importance of efficiency, but seems unclear as to how to successfully to expand and complete this policy frame.

Finally, the results for President Obama provide empirical support for the more general argument made here; that Obama was able to pass healthcare reform because he framed his argument for reform in terms consistent with the public's views on distributive justice. Merit continues to be the least important principle (1%), and, unlike Clinton before him, Obama strikes a better balance between need (39%) and efficiency (51%). Not only does this provide support for the second and third hypotheses tested here, but this combination of allocation principles accords with the preferences of the American public. That Obama was successfully able to capture the values of the American people in his framing of healthcare reform is also suggested by equality's lack of importance in his framing efforts. Only 9% of Obama's use of distributive justice allocation principles refer to equality (by far the lowest of any of the six presidents looked at here), and while 50% of these are to equality of outcome, the infrequency of these references is important. Additionally, like Nixon, who ultimately sought to balance equality of outcome via recourse to equality of opportunity, Obama's use of equality of solution frames (40%) represents an important contribution to his efforts to pass healthcare reform. Previously, FDR, Truman, and Nixon had all spoken of the fact that the American people, Republicans, Democrats, the insurance industry, and healthcare professionals working in the healthcare sector are all equal partners in solving the problems of healthcare in America. By providing this understanding of equality of partnership, rather than merely a greater emphasis on the general distributive justice allocation principle of equality with greater weight than previous presidents, Obama effectively uses this rhetorical tool—the breakup of the policy monopoly used by the AMA—to efficiently combat previous reform efforts. This is evident when Obama (2009) speaks of reform efforts being "supported by an unprecedented coalition of doctors and nurses; hospitals, seniors' groups, and even drug companies—many of whom opposed reform in the past." Thus, one not only sees here evidence showing that Obama's framing of healthcare reform is the most consistent with the preferences of the American people, but that he is able to add something new to the issue frame (equal partners is equal to finding a solution) that serves the political purpose of releasing the AMA's strangle hold on this issue area.

Comparative Analysis of Allocation Principles

Having shown that Obama's efforts to frame healthcare reform are the closest to the preferences of the American people, one is provided with a clear sense of why he succeeded where previous presidents failed in their attempts to pass and officially enact comprehensive healthcare reform. Additional insight into this conclusion is provided by comparing each allocation principle across all six presidents' data, which can be found by reading across Table Two. Doing so provides additional support for the argument made here.

The first research hypothesis is that merit will be the

least important allocation principle, and the results show this to be the case for each president. This idea is not emphasized by FDR, Truman, Johnson, and Obama; merit is only used with any frequency by Nixon (12%) and Clinton (12%). Instead of arguing that greater government involvement will improve the quality of healthcare in America, inspection of their use of merit shows both presidents attempting to use the connection between merit and excellence to decrease their intense and well-documented opposition of the AMA and others to healthcare reform. Nixon (1974), for example, speaks of sharing the costs of healthcare between the "employer and employee on a basis which would prevent excessive burdens on either." Similarly, Clinton (1993) argues "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."

Through the presidency of Nixon, need was the most important allocation principle, which accords with the second research hypothesis. While FDR, Truman, Johnson, and Nixon all emphasized need, they all appeared to struggle to find that second principle to connect need to, with the principle of merit not an option available to them to connect with as a principle. Both FDR and Truman try to balance need with equality, but this only leads to confusion as political theorists working in the field of distributive justice recognize the similarity between need and equality (see Miller 1999, 203-230; Stone 2002). Thus, this confusion leads to a muddled public message which undermines reform efforts. Nixon begins the process of identifying the all-important second principle as he makes efficiency his second most important principle (31%), thus establishing the ascendancy of efficiency as an important allocation principle in accordance with the third hypothesis. The problem with Nixon's message, despite his efforts to appeal to equality of opportunity, is that he incorporated equality as a third allocation principle (25%). While Americans' understanding of distributive justice is complex, it is not that complex.

As already indicated, Clinton's framing efforts all seem to run counter to the positions held by the American people. Not only does Clinton not emphasize the principle of need (19%), but, ultimately, Clinton is unable to balance his appeals to efficiency with any normative allocation principle of distributive justice. Relying almost exclusively on efficiency, Clinton opens his argument for reform to the criticism that greater government involvement in any aspect of life runs counter to much of the argument for efficiency (see Tomasi 2012; Hayek 1976). Thus, when reform opponents argue that government involvement produces greater inefficiency, Clinton is unable to adequately respond to this line of criticism as he did not give himself another principle he could use to deflect this line of criticism. It seems that Obama learned from the mistakes of past reform efforts. Following Nixon and Clinton, Obama emphasized efficiency. Unlike Clinton, who ignored the principle of need, Obama seems to have had to maintain an ideal balance between the principles of efficiency and need in accordance with the American public's viewpoints regarding the allocation principles of

distributive justice. Unlike FDR, Truman, and Johnson, Obama gives little attention to equality and when he does speak in terms of equality he is able to use this concept to undercut arguments against reform.

Conclusion

Jacobs and Skocpol (2012) remind one that there are numerous factors that explain why President Obama was successfully able to pass healthcare reform. This study shows that one of these key factors was President Obama's use of language. When compared to the framing efforts of previous presidents who sought, unsuccessfully, to enact healthcare reform, the framing efforts of President Obama stand out. Presidents Roosevelt, Truman, Johnson, and Nixon all recognized the centrality of framing reform in terms of need, but they failed to recognize the nuanced view of distributive justice held by the American people. Roosevelt, Truman, and Johnson all employed equality of outcome in their issue frames, and this value is definitely not consistent with the preferences of the American people. In fact, one of the conclusions of this study is that presidents use equality of outcome as an allocation principle to their peril.

Instead of marrying need and equality, presidents would be better served to combine need with a performance measure like efficiency. Nixon begins to do this, but it is President Clinton who first emphasizes efficiency in his framing of healthcare reform. The problem with Clinton's efforts, however, is that he relies almost exclusively on efficiency. By neglecting need, Clinton effectively undermines his own efforts at healthcare reform. Ultimately, President Obama strikes the right balances between appeals to normative principles (need) and framing healthcare reform in terms of performance (efficiency).

President Obama's successful framing of healthcare reform and his ultimate success in passing the Affordable Care Act reminds us that in politics the language one employs matters. As such, the results presented here add support for the theoretical power of the rhetorical presidency. By framing healthcare in the way he did and going directly to the public, President Obama was able to garner support for healthcare reform and use this support to leverage Congress and pass reform into law. Not only did this serve as an effective antidote for gridlock, but, more importantly, in effectively using rhetoric and the tools at his disposal, President Obama satisfied what has become an unquestioned premise of our political system: The President ought to be a popular leader (Tulis 1987, 4). To all those who criticized President Obama for his lack of effective leadership, the evidence suggests quite the opposite—a strong President who effectively employed the power of language to accomplish what other presidents (more powerful, more popular, and better advantaged politically) failed to do.

Finally, the frame of need and efficiency employed by President Obama says something about the policy process in American. In *Policy Paradox*, Stone (2002) offers a political alternative to the dominant market based understanding of the policy process. The market model, which remains the dominant view of the policy process, contends that markets and not politics shape public policy. In particular, the market model is seen as preferable as it accords with the public's concern with maximizing personal welfare and economic well-being. In contrast, Stone argues for the centrality of politics and not

economics. Using the word polis (the Greek word for city-state) Stone contends that policy is best understood in terms of community-based political activity. It is in recognition of this fact that policy is discussed in terms other than efficiency. In fact, it is only in a political context that values like need and equality have a place in one's understanding of public policy.

The results presented here suggest that Stone's either/or proposition is not quite accurate. It turns out that a proper understanding of the policy process is a hybrid model where the market and market based concepts like efficiency cannot be disregarded in favor of overtly political concerns. Similarly, economists and policy experts who focus exclusively on efficiency not only ignore the reality of politics, but as Stone's use of polity suggests, they ignore the normative underpinnings of all of politics. Politics and public policy should be seen in a more nuanced light. Failure to do so provides one with an inaccurate understanding of the political world, as President Obama's successful efforts to pass healthcare reform reminds the student of politics and policy that the actual world of politics is more complex than what a simple equation can capture.

Notes

1. The focus on agenda setting and framing taken here should not be taken as evidence that other factors and understandings of the policy process are incorrect or do not help one to understand why the ACA was passed. As Jacobs and Skocpol (2012) remind their reader, President Obama's ability to pass the ACA depended on a myriad of factors including, but not limited to, the following: 1) electoral politics and the key roles played by congressional leaders; 2) interest group pressures; 3) congressional procedures (reconciliation and the filibuster in particular); 4) the precedent of a mandate-based program in Massachusetts; and 5) changes in public opinion. The narrowness of the focus taken here reflects the primary concern with the use of normative principles in healthcare reform efforts.

2. In the analysis that follows, I focus on Franklin D. Roosevelt's "Message to Congress on the National Health Program (January 23, 1939) and supplement this address with his "State of the Union Message to Congress" (January 11, 1944). Harry Truman's "Special Message to the Congress Recommending a Comprehensive Health Program" (November 19, 1945) was selected as was Lyndon B. Johnson's "Remarks with President Truman at the Signing in Independence of the Medicare Bill" (July 30, 1965). Richard Nixon's "Special Message to the Congress Proposing A Comprehensive Health Insurance Plan" (February 6, 1974) was also selected as was Bill Clinton's "Address on Healthcare Reform" (September 22, 1993). Finally, Barack Obama's "Remarks by the President to a Joint Session of Congress on Health Care" (September 9, 2009) serves as the last speech selected here.

3. This study approaches the presidents considered here chronologically. This approach reflects the desire to determine whether or not the framing of healthcare reform changed over time and, to the extent that there is evidence of change, then ascertain the degree to which the use of distributive justice frames conform to what we know about the distributive justice values of the American public.

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