

THE DOCTOR-PATIENT RELATIONSHIP BETWEEN PRESIDENT OBAMA AND  
THE NATION: AN ANALYSIS OF THE SPEECH ON HEALTH CARE REFORM  
GIVEN TO CONGRESS IN 2009

By

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A Thesis Submitted to the Graduate Faculty of  
WAKE FOREST UNIVERISTY  
In Partial Fulfillment of the Requirements  
for the Degree of  
MASTER OF ARTS  
In the Bioethics Program  
August 2010  
Winston-Salem, North Carolina

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## ACKNOWLEDGMENTS

I would like to give many thanks to the faculty, staff, and students of the Wake Forest University Department of Bioethics for their constant guidance and encouragement in working towards my graduate degree. Special thanks to Michael Hyde for his help in making me a better writer and forever a better student.

TABLE OF CONTENTS

ABSTRACT.....iv

CHAPTER

1. AN OVERVIEW OF THE HEALTH CARE CRISIS AND ARTHUR FRANK'S  
*THE WOUNDED STORYTELLER*.....1

2. A MEDICAL HISTORY OF THE COUNTRY'S DISEASE AND THE  
NARRATIVES TOLD BY FORMER PRESIDENTS.....7

3. THE ANALYSIS OF THE SPEECH IN THE CONTEXT OF THE DOCTOR-  
PATIENT RELATIONSHIP.....28

4. IMPLICATIONS OF THE ANALYSIS.....54

APPENDIX

A. OBAMA' S SPEECH TO CONGRESS-SEPTEMBER 9, 2009.....60

BIBLIOGRAPHY.....71

SCHOLASTIC VITA.....73

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THE NATION: AN ANALYSIS OF THE SPEECH ON HEALTH CARE REFORM

Thesis under the direction of Michael Hyde, Ph. D., University Distinguished Professor  
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On September 9, 2009, President Obama addressed Congress on the illness from which the United States health care system has been suffering for decades. His speech on health care reform diagnosed the illness just as a physician would diagnose an illness of a patient. Obama observed the symptoms of rising medical costs, limited access to medical care, and declining quality of medical care and proposed a plan for reform which would treat the condition. In analyzing the speech, his relationship with the country is analogous to a doctor-patient relationship found in a clinical setting.

The speech can also be read in the context of Arthur Frank's *The Wounded Storyteller*. In his work, Frank introduces three narratives that patients tell to reflect on their experiences with illness. The restitution, chaos, and quest narratives can be found in the narrative about the health care crisis told by President Obama and former Presidents who have attempted to treat the illness. The speech on health care reform reflects a quest narrative that Obama shares with the country to encourage the recovery of the health care system. Characterized by a transformation of the health care system, Obama's quest narrative demonstrated his belief that by treating the illness, the country would not only recover from the health care crisis but the journey through the course of the treatment would change the country for the better.

## CHAPTER ONE

### INTRODUCTION:

#### AN OVERVIEW OF THE HEALTH CARE CRISIS AND ARTHUR FRANK'S *THE WOUNDED STORYTELLER*

On September 9, 2009, President Barack Obama addressed the nation about the country's on-going health care crisis. He called on the American public to support major reform of our health care system. Americans had experienced problems with this system for over fifty years. For example: "Since 1954, whenever polled on whether they favor a universal health care program, large pluralities or majorities have supported it. Yet Congress has failed time after time to enact such a program."<sup>1</sup> In the Congressional Chamber during the President's speech, one member of Congress inappropriately yelled out "You lie!" in response to the President assertion that the new reform efforts would not apply to illegal immigrants. The Congressman's comment was only one of many that have collectively shown mixed emotions regarding the proposed reform.

Throughout the country, countless Americans have also voiced their concerns or encouragement for the reform through protests or grassroots rallies. Numerous movements spread across the country immediately after the speech was given, demonstrating the significance of the health care reform efforts made by President Obama. For example, the American Grassroots Coalition organized a 'Code Red Rally' on March 18, 2010 in opposition to the proposed health care bill. Similarly, the

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<sup>1</sup> C. Harrington and C. Estes, Health Policy: Crisis and Reform in the U.S. Health Care Delivery System (Sudbury: Jones and Bartlett Publishers, 2001) 391.

American Federation of Labor and Congress of Industrial Organizations have organized national health care reform rallies advocating the health care reform efforts.<sup>2</sup>

The speech centered on ethical issues that physicians, legal officials, health policy administrators, and academics must work through as the debate continues. The most controversial ethical issue was the extension of health coverage to those who are currently uninsured, closing the gap between those covered by Medicaid and those who can barely afford their insurance. This gap is made up of approximately forty-seven million uninsured individuals. A nationwide plan to include those individuals seems essential; however, cost-containment has been a big issue that policy makers struggled to include in the reform legislation. How much care should be extended to the currently uninsured population? Is health care a right that should be extended to everyone? This speech has caused a giant split among the public and therefore warrants analysis for further understanding of what the speech means and what outcomes can be expected as the debate continues.

Addressing the crisis of the health care system, the President spoke to the urgency of the problem and the need for change. The way the President communicated his concern for the country's health care crisis is similar to the way a doctor communicates a diagnosis and treatment plan to his patient. In the best case, this relationship is one where the patient describes symptoms, pains, or concerns he may have while the doctor uses this information to ascertain a diagnosis. The diagnosis is followed by a treatment plan that the doctor believes will successfully cure the patient of the illness or at least offer some

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<sup>2</sup> AFL-CIO, "Make Your Voice Heard: National Health Care Reform Rally and Lobby." n.d. 21 June 2010. <http://www.aflcio.org/issues/healthcare/hcreformrally.cfm>

relief from pain and suffering. The physician Paul Freeling (1999) describes this doctor-patient relationship as having two necessary characteristics: (1) the relationship must remain “to some extent, under the control of the doctor, since he always has the opportunity of using the authority of his role, even if he uses it only at the request of the patient” and (2) the character of the doctor-patient relationship “varies with the honesty and intimacy of what takes place within it.”<sup>3</sup> This is only one of many models of doctor-patient relationships that will be discussed in my analysis and used to examine Obama’s relationship with the country. The model that best describes the relationship seen in the speech will help to predict the outcome of the health care crisis, as Obama lists our symptoms of limited access to care, decreased quality of medical care, and rising costs of medical care, and continues to describe what he believes is our best chance for recovery from the illness in the health care system.

I will provide a history of the health care crisis just as a physician would take a patient’s medical history before treating a disease. In looking at the history, I pinpoint the onset of the illness starting with the first attempt at a cure: former President Bill Clinton’s plan for health care reform in 1993. In discussing Clinton’s efforts to remedy the health care system, I plan to show the ongoing symptoms of our illness, including problems with Medicare and Medicaid. Symptoms worsen over time and we see short-term treatment options made as attempts to treat the illness. Finally we are brought to the year 2009 when President Obama makes his speech, stating the urgency for a plan that will treat the illness from which we are suffering. In assessing the illness and discussing the history, I argue that the President’s proposal the health care reform will be a successful treatment

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<sup>3</sup>David Mechanic, [The Truth About Health Care: Why Reform is Not Working in America](#) (Piscataway: Rutgers University Press, 2006). 110.

for the disease compared to previous remedies used by both state and federal governments.

I also argue that the President's address can be read as what Arthur Frank, in his work *The Wounded Storyteller*, describes as a quest narrative: one that "accepts illness and seeks to *use* it."<sup>4</sup> The quest narrative uses the illness to better one's life and build a future. The narrative is defined as the "ill person's belief that something is to be gained through the experience" and is seen as the story that one with illness tells to describe the journey he or she takes through the course of their illness.<sup>5</sup>

The quest narrative adheres to a three part mechanism. The mechanism begins with a symptom or sign that the body is not in a state in which it should be. The second part of the mechanism is the actual acknowledgement of the illness, usually followed by a visit to the doctor's office, therapy, or another way to address the illness. Once the illness has been acknowledged, the storyteller is in the initiation phase of their quest narrative, where he or she can use the experience of the illness as a transformation. The transformation is identified by the way the storyteller changes so that they can one day walk away from the experience with a new insight or new way of life that is different from before. The final stage of the mechanism is defined by Frank as 'the return', marked by the ability of the storyteller to return to society as a changed being. While the experience of the illness has transformed the storyteller, he or she will always be 'marked by illness', allowing him or her show the transformation he or she has made but also to

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<sup>4</sup> Arthur Frank, *The Wounded Storyteller* (Chicago: The University of Chicago Press, 1995) 15.

<sup>5</sup> Frank 115

tell of the journey taken to return to society. The three stage mechanism that comprises the quest narrative will be used to analyze President Obama's speech.

Every event that happens throughout the health care reform efforts transforms the country and therefore affects the country's quest narrative which the President is narrating. It is important to note that in Frank's theory of narratives, many different types of narrative can make up a quest. More specifically, Frank discusses two other types of narrative: the restitution narrative and the chaos narrative. The restitution narrative is described as the most popular narrative, simply because it is the most identifiable narrative which almost everyone can relate to. A restitution story is characterized by a temporary period of sickness after which the individual is back to normal, unchanged by the illness. A common example of individuals telling a restitution narrative is when they are home with the flu for a week. The storytellers are living their lives normally until they are interrupted by the flu, which forces them to stay home and take medicine for a short period of time. A few days later the illness is gone and they can return to society in the same position they were in before they got sick.

The chaos narrative is also an easily identified narrative. Somewhat self-explanatory, the chaos narrative is characterized by weakness and defenselessness. The storytellers of chaos narratives feel as if they have become 'sucked under' by their illnesses and constantly struggle to find a way out of their problems. Frank characterizes the chaos narrative as one that shows the imprisonment and frustration of the storyteller. My analysis will further show that all three narratives can be combined within one larger narrative that can be classified as a quest narrative. In his speech, the President's words

identify with the chaos and restitution narratives. The overall tone and message of the President's speech, however, most resembles a quest narrative.

## CHAPTER TWO

### HISTORY:

#### A MEDICAL HISTORY OF THE COUNTRY'S DISEASE AND THE NARRATIVES TOLD BY FORMER PRESIDENTS

One of the first steps a physician takes in treating a patient is to take the patient's medical history. In reviewing the patient's medical history, the physician becomes aware of previous health conditions, the risks of future conditions developing, and any other characteristics that may potentially affect the patient's health and well being. The history of the health care crisis must also be analyzed before President Obama can take any steps toward offering possible treatments to cure the illness. I will provide a medical history of the health care crisis as a fellow patient who also suffers from the condition as if the physician, President Obama, was listening and observing. I will also examine the history of the health care crisis in the context of Frank's work, describing the narrative of the illness as it was told by various presidents before Obama.

What characterizes an illness? Why should we even consider the health care system to be ill? Before a physician takes a medical history of the patient, the first step in doctor-patient communication identifies the primary complaint. A patient feels that something simply isn't right; his body is malfunctioning in some way. He might characterize himself as ill or suffering from an illness, but how does he reach that conclusion? The patient first knew what he felt like when he was healthy and free from sickness. Then when he no longer feels that way and can identify signs or symptoms, the

patient realizes he must be suffering from a condition or illness.<sup>6</sup> The Merriam-Webster dictionary defines ‘illness’ as an unhealthy condition of body or mind, which is comparable to how everyone would characterize an illness. Before it can be claimed that the health care system is suffering from an illness (or a crisis), we must be able to identify a well-functioning health care system and then find the problems and characteristics of the malfunctioning system. Only at that point when the illness has been established can we take a medical history to continue to find sources of the problem, risks of future conditions, and so on.

The United States health care system is intricate in that it has many components that work together in various ways to provide quality health care for the country. Regulation of the entire system relies both on state and federal governments to ensure efficiency just as the financial workings of the system do. Federal funding and state funding provide the means for health programs, as do insurance companies and individuals who pay for their coverage. Under the umbrella of regulation and financing the health care system, hospitals, doctors, nurses, nursing homes, pharmaceutical companies, managed care organizations, and specialized centers try to function efficiently as one system. The administration of the components, including business administrators, lawyers and research organizations, must also be incorporated into the equation of an efficiently functioning health care system. All of these parts are important in providing health care on a national level. When one component is missing or isn’t operating normally, all other components are affected until eventually the whole system experiences a problem or even a crisis.

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<sup>6</sup> I am aware of gender bias, but will be referring to the patient throughout the paper as ‘he’ for simplicity.

The history of the health care crisis has had significant landmarks, such as attempts at health care reform in the 1940's by Presidents Roosevelt and Truman, President Johnson's signing of Medicare and Medicaid in the 1960's, President Clinton's failed attempt at reform in the 1990's, and finally President Obama's success with a health care reform in 2010. However, some might say that the question of the significance of health care goes as far back as Thomas Jefferson's days, when in 1787 Jefferson wrote that "without health there is no happiness. An attention to health, then should take place of every other object."<sup>7</sup> The issue of health care has always been complicated, and until there is a successful health care system that provides for every American, it will continue to be a complex issue.

I will not debate whether health care is a right for every American that should be provided by the government; rather I will provide a medical history of the American health care crisis. More specifically, the history will be focused on President Clinton's efforts to reform the health care system in 1993 and the symptoms observed in the time period between that failed attempt and President Obama's attempt at reform in 2009. After providing this medical history which brings the country up-to-date on the status of the illness, I will analyze President Obama's proposal for health reform as a method to efficiently diagnose the illness and outline a treatment plan for the country's recovery.

To give a brief synopsis of the history of the health care crisis before President Clinton addressed the problem, significant rallies for health care reform began in the 1920's when medical costs began to rise uncontrollably. When the Committee on the Cost of Medical Care responded to the problem by proposing a voluntary health

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<sup>7</sup> Pauline Rosenau, Health Care Reform in the Nineties (Thousand Oaks: Sage Publications Inc, 1994) 74.

insurance program, the American Medical Association strongly opposed the program claiming it advocated socialized medicine.<sup>8</sup> Once the Great Depression hit, unemployment rates were too high for the proposed health insurance program to be launched and once again problems with health care were not addressed. The health care crisis continued to lay low in the background until President Roosevelt's administration attempted to pass the National Health Act of 1939, providing for a national health insurance program that would be administered by states through federal grants. Unfortunately, World War II provided for another roadblock preventing health care reform and the problem continued to grow. However, the social crises created by World War II also brought about employer-based insurance. With the war came wage limits, and in order for companies to compete for workers, they began offering benefits, including health benefits.

By the end of the war, the idea of health insurance had become a top priority for both the American government and its citizens. Costs were continuing to rise dramatically and access to health care had not been improved. Keeping in mind that by the end of World War II the United Kingdom had already established a National Health Service, any campaigns that provided for similar ideas here in the United States were considered communist ideas and therefore strongly opposed by the powerful anti-socialist movements that continued on through the Cold War.<sup>9</sup> However, the year 1965 brought the first national health insurance programs when President Johnson signed the Medicare and Medicaid programs into law.

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<sup>8</sup> B. Hoffman, "Health Care Reform and Social Movements in the United States," American Journal of Public Health 93 2003:75-85.

<sup>9</sup> Charlene Harrington and Caroll Estes, Health Policy: Crisis and Reform in the U.S. Health Care Delivery System (Sudbury: Jones and Bartlett Publishers, 2001) 403.

At this point in time, a thorough analysis of the country's medical history could be evaluated. Up until 1965, the American government responded to the country's illness in different ways. To compare the relationship between the government and the country with a common doctor-patient relationship where the patient's medical history is evaluated, the on-going health care crisis is the illness and the American government is the physician working on the case. In the brief history given of the country's health care crisis, we've seen the American Medical Association oppose programs for reform of the health care system. Those programs were not unanimously supported by the entire population of American citizens but separated the public into groups advocating and opposing reform. This split among the public can be compared to the example of a child being seen by a physician for early stages of leukemia. The physician can make certain recommendations but ultimately the decision is to be made by the parents, who currently disagree on what treatment option to follow. The mother strongly believes in radical treatment, which has shown to be quite effective in treating childhood leukemia, while the father wants a less-invasive treatment option that will be easier for the child to go through. In this situation, the physician could call for a bioethics consult which ideally would provide a fresh, outsider's analysis of the case and offer insight into the best option for the child which the parents and physician could incorporate into their decision.

Relating this example to the health care system, when the public was divided into two groups, for and against reform, I found the American Medical Association to be a bioethics consultant on the country's health care dilemma, favoring opposition to reform. Ideally, the bioethics consultant is an unbiased party that comes from outside the immediate dispute. It is true that the AMA may not have been totally unbiased nor was it

completely outside of the health care crisis, but it tended to play the role of a third party that would give insight into making a determination of what is best for the country. When President Roosevelt wanted to launch a national health insurance program, the American Medical Association's opposition to the idea prevented it from becoming a part of legislation. Similarly, when President Truman won the Presidential election of 1948 the American Medical Association was again successful in stopping reform by persuading the public to fear socialized medicine within the concept of national health insurance. This type of insight gained from the American Medical Association is similar to the purpose of a bioethics consult. The American Medical Association's bias lied within how the organization would be affected by a national insurance program. Still, it served as a third party that provided additional understanding into what decision should be made concerning the illness, and its viewpoint affected decision-making.

Once Medicare and Medicaid were signed into law, more attempts were made at creating a national insurance program for the entire population. The Health Security Act was introduced by Senator Kennedy in 1971 to provide for a national health program. However this legislative proposal was not enacted into law because it would have been funded largely by social security taxes. This funding source would be more detrimental to the common man's income than it would be to the well-off businessman, and thus the program was turned down.<sup>10</sup> Without a change in national policy after the enactment of Medicare and Medicaid, medical inflation grew tremendously due to the costs of providing these two programs. Also, medical technology was advancing and as a result the costs of care also increased. I believe that at this point in time, the condition of the

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<sup>10</sup> Harrington 400

health care system truly became a *crisis* because of the urgency of the problem with health care and the devastating consequences that would follow if no action was taken to fix the system. The status of the health care system critically demanded attention and so began a thirty-year long attempt at health care reform.

During President Nixon's administration in the early 1970's, the country saw a gradual shift from federalism to state leadership. Health care reform efforts would also follow this shift. The sentiments advocating state leadership over federal regulation came from other historic events of the decade, including Watergate, the 1973 Arab oil embargo, and the war in Vietnam.<sup>11</sup> With all of this occurring, the American people felt that individual state legislatures would be able to better govern the population than the federal government. This makes sense because state legislatures are closer to the people they govern and thus may have a better understanding of what that populace needs. This idea of more power for the states is what President Reagan promised when he was elected in 1980, declaring his intention "to curb the size and influence of the Federal establishment and to demand recognition of the distinction between the powers granted to the Federal government and those reserved to the states or to the people."<sup>12</sup> As a result, federal aid provided for the states decreased, including the federal contribution to state Medicaid budgets. Medicaid eligibility and benefits were cut yielding a one billion dollar drop in the federal budget. The cut in eligibility and benefits also led to a significant drop in coverage of single parents and children previously covered by Medicaid. This result only

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<sup>11</sup> Howard Leichter, Health Care Policy Reform in America: Innovations from the States (Armonk: M.E. Sharpe Inc, 1997) 7.

<sup>12</sup> Leichter 8

worsened the condition of the nation's illness; more children were living in poverty and even so, Medicaid coverage dropped by twenty percent.

This consequence noticeably required corrective action, so Congress reversed President Reagan's initiatives and expanded Medicaid coverage and eligibility. In 1988, Congress mandated that the states extend Medicaid coverage to all children and pregnant women who lived in households below the federal poverty level. That mandate, combined with the Omnibus Budget Reconciliation Act of 1989 (OBRA), provided an increased number of mandatory services and benefits to children covered under Medicaid, and resulted in larger numbers of people covered by Medicaid. Thus, Medicaid became the largest and most expensive health program run by the states. At this point, the need for federal health care reform legislation was crucial; Medicaid consumed 11% of state general-fund budgets, and without enough federal aid to run the program, medical inflation would grow even higher.<sup>13</sup>

An expert on public health, Dr. Milton Roemer, claims that a national health system must be analyzed on five points: resources, organization, management, economic support, and delivery of services.<sup>14</sup> In looking at these five characteristics of a national health system, one can identify the system's efficiency and/or need for reform. Roemer analyzed the United States health care system of the 1990's using those five points and concluded that reform was necessary at that moment in time. Covering the first point of resources, health resources were abundant in the United States during the 1990's. There was no shortage of physicians, nurses, technicians, or any type of personnel. Regarding

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<sup>13</sup> Leichter 19

<sup>14</sup> Rosenau 9

organization, the entire system was structured and managed mainly by the U.S. federal government through the Department of Health and Human Services. The individual states also provided for management on a closer level, through local public health authorities. Roemer also discussed the private market made up of independent physicians, research labs, and pharmacies, which also had much to do in providing health care. Economic support mainly came from private sources (i.e., voluntary insurance). Other sources of support came from social insurance (i.e. Social Security) and tax revenues. Delivery of services pertained mainly to primary care for those who had access to care. Roemer claimed that all of these characteristics put together gave the health care system a pluralistic structure and thus the provision of health care was inconsistent across the board. The idea of 'primary care' meant something to one individual, but may have had a different meaning to someone else. Some individuals received care from private practitioners who were paid differently from the physicians who treated patients under Medicare and Medicaid. Thus the system began going through various changes in financial mechanisms. Roemer concluded in his analysis that by the time President Clinton's administration would begin health care reform, the costs of medical care, the accessibility to medical care, and the quality of medical care would all be issues clearly signaling the need of system-wide reform of health care system.

The next significant landmark in the history of the health care crisis was the election of President Clinton in 1993. Clinton's attempt at health care reform is better known than past attempts because of the growing severity of the problem going into the 1990's and because of its relevance to today's problems with health care. Continuing our record of medical history at the time that President Clinton came into office, many

national changes in health care statuses illustrated the need for some type of reform. From 1989 to 1993, the percentage of people covered by private health insurance dropped by five percent while the number of people covered by Medicaid increased by four percent.<sup>15</sup> The economic recession from 1990-1991 played a role in the significant increase of the uninsured population but it was not the only thing to blame for the growing problems in health care. Rather the health care crisis began to grow in the 1990's through a domino effect. Employer-based insurance coverage was dropping, which led to the decrease in private insurance coverage, all as a result of the increasing costs of health care. In 1993, ninety percent of Americans surveyed believed that the nation's health care system was experiencing a dire crisis and it was up to the federal government to handle the problem: "The conventional wisdom in Washington had been that health care reform was an issue whose time had come."<sup>16</sup> When President Clinton came into office, he was presented with this stage of the illness he would be responsible for treating. His treatment plan needed to address the right symptoms and problems in order to combat the disease. I will discuss his specific treatment plan, the Health Security Act, to see how he attempted to tackle all of the country's symptoms with the appropriate methods and why his plan was unsuccessful in combating the illness.

In trying to address all the facets of the health care crisis, President Clinton proposed a national health care reform on September 22, 1993. To begin, the President claimed the symptoms of the country to be incredibly high costs for medical care and limited access to care for many people, which most people would agree with. President Clinton claimed that these symptoms were due to greater problems: "the health care

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<sup>15</sup> Harrington 66

<sup>16</sup> Leichter 3

system is too uncertain and too expensive, too bureaucratic and too wasteful...37 million working Americans have no health insurance at all...the United States spends over a third more of its income on health care than any other nation on Earth...rising costs are a special nightmare for our small businesses...health care premiums for small businesses are 35% higher than those of large businesses and they will keep rising at double digit rates unless we act.”<sup>17</sup> In his speech he mentioned six principles that he was confident would successfully reform the health care system, thus ridding the system of the disease. The President mentioned security, simplicity, savings, choice, quality, and responsibility as essential components of a reform plan to establish a new and better system for Americans to receive health care.

The first feature of his plan would be universal coverage. All citizens and legal residents would have health coverage and employers would be required to pay at least eighty percent of the cost of coverage.<sup>18</sup> Universal coverage would help the 37 million Americans who were uninsured at the time of this proposal to finally receive health care coverage. In addition to universal coverage, President Clinton included comprehensive benefits, which would cover clinical preventive services, dental care, and prescription drugs, in addition to long-term care for the elderly and disabled. This plan would also focus on public health with initiatives geared toward disease prevention, health promotion, and increased health care access for underserved populations. More physicians would be brought to both rural and urban areas of the country where health care access was limited and would provide supplemental services to those populations. These parts of the treatment plan targeted crucial problems of the health care crisis:

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<sup>17</sup> Bill Clinton. Address on Health Care Reform. Washington D.C.

<sup>18</sup> Rosenau 25

people were not receiving care because of limited access or inability to pay for certain services.

The treatment plan continued to provide for affordability, which was another serious cause of the problem: people simply could not afford health care. Most significant, the plan limited the rate at which insurance premiums could increase. It also subsidized for family incomes up to 150% of the federal poverty level and limited premium costs to 3.9% of family income.<sup>19</sup> In his speech Clinton also promised affordability by proposing to allow certain groups of consumers and small businesses to have the same market bargaining power that large corporations and bigger groups of public employees had. This would force health plans to compete, lowering prices for consumers. Along with affordability, the plan also provided freedom of choice in selecting a health insurance plan. The plan required every citizen to enroll in a health plan offered by their health alliance; they would get to choose from multiple packages provided. Every enrollee of a certain plan would have the same premium regardless of how the enrollee's contribution would be paid for. This part of the plan would prevent discrimination and rid the health insurance system of exclusions for *pre-existing conditions*, which was a major barrier to qualifying for health insurance coverage.

President Clinton seemed to address the major problems causing the health care crisis by proposing the given treatment methods of universal coverage and affordability. I would like to bring attention to what President Clinton said directly after explaining how the plan would work: "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

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<sup>19</sup> Rosenau 27

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.”<sup>20</sup> I found this calling for individuals’ responsibility to be extremely significant because it demonstrates the character of a physician as he diagnoses a patient with a severe condition that requires more than just treatment.

Cardiovascular disease is the leading cause of death in the United States and consequently thousands of patients are seen daily by physicians who can put them on blood pressure medications as one of many possible treatments. More importantly, those physicians can communicate to cardiovascular patients that reversing this type of disease requires strict diet and exercise to get their hearts in better shape. The diagnosis and treatment conversations that take place between doctors and patients should be a two-way street. Doctors should do their best to correct medical conditions and illnesses but the patient should always be responsible to consistently keep up with treatments and lifestyle changes to correct the problem. This characteristic of the doctor-patient relationship can be identified in President Clinton’s words which remind the American people that they must take responsibility in assisting to cure the disease of the health care system. Clinton addressed the necessary lifestyle changes that must occur along with the changes in health policy in order to make the reform efficient. He emphasized that “over the long run we can all win”, showing his confidence in the proposed health reform as long as everyone works together through the reform efforts as one nation.

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<sup>20</sup> Clinton

Unfortunately, President Clinton's confidence was not enough to push the proposed health care legislation through Congress. Something in Clinton's treatment plan convinced everyone that it would not be able to successfully combat the disease. When diagnosing an illness for the first time based on a set of symptoms, the diagnosis may be incorrectly made by the physician or a treatment may not be suitable for the specific patient. Regardless of why treatments fail to cure illnesses, we must investigate *how* the treatments failed and *if* incorrect diagnoses were a part of the problem. I think that, in Clinton's case, an incorrect diagnosis can be eliminated. The symptoms of the American health care crisis all pointed to the fact that health care costs were too high, access for some populations was limited, and quality of health care had been compromised. President Clinton's reform proposal identified all of these symptoms correctly. Looking at the recently passed legislation of President Obama's health care reform, we see that President Obama's speech addressed the same symptoms of rising costs and limited access to care. President Clinton's diagnosis of the country's illness was correct, so the problem or source of failure must have been his proposed treatment plan.

The reason for the failed attempt at reform must lie in how the treatments were aimed to function. The President's proposal was interpreted by reform experts Dr. Dan Beauchamp and Dr. Paul Ambrose as being a plan comprised of two parts that could not function together, inevitably leading to the failure in the treatment proposal. The first part of President Clinton's proposal was the structure of a national program.<sup>21</sup> By offering universal coverage and essentially providing national health insurance, Americans would not only gain incredible health benefits but they would regain the sense of nationalism

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<sup>21</sup>Rosenau 37

and unity that had been somewhat foreign in previous decades. No longer would people be split by health care because all citizens would benefit from the new health care system. This new type of national health care would form a collective body of support from everyone and would be encouraging for future political endeavors, creating a national program.

The second part of the proposal was described by Beauchamp and Ambrose as a managed competition program. Managed competition would bring out individual incentives for the reform by giving health alliances the power to bargain for individuals, employers, and small groups.<sup>22</sup> This type of market power would be used to limit the control that insurance companies and hospitals had over medical care. Keep in mind that this part of the proposal was very different from the first component in that it wasn't focused on national unity of the American people. Rather it provided for market-based solutions to the health care crisis. Between these two components, the President called for competition and regulation to come together to solve the disaster with health care. Ideally, this plan would have enabled the health care industry to practice competition fairly to drive down costs while still being run by a national regulatory system.

The two systems, however, did not function together. Beauchamp and Ambrose refer to the clash between these two systems as the “Marriage from Hell.”<sup>23</sup> While the public never got the chance to see how this proposed system would work for the health care dilemma, Beauchamp and Ambrose give insight into why this system would have failed and it is possible that this is why the system was never passed into legislation.

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<sup>22</sup> Rosenau 39

<sup>23</sup> Rosenau 47

They claim that the two components of regulation and managed competition could never work synergistically to produce a new and improved health care system because in order for them to work together, they would have to lack in certain aspects of their aims. They believe that each component would ‘half-succeed and half-fail’ to the point where costs would be cut but not enough to help federal and state regulators with budgeting. As a result, goals of the plan could not be met. This was only one of many opinions on why President Clinton’s treatment plan would not succeed.

Another possible reason for failure of President Clinton’s reform efforts was a split body of decision-makers. Let us go back to the example of the child whose parents disagree on what treatment to choose, and imagine that the parents turned to a bioethics committee to discuss the ethical implications of both options. Similarly, President Clinton relied on Congress, the American Medical Association, and special interest groups to serve as his bioethics committee who would encourage productive discussion with hopes to pass the health care bill.<sup>24</sup> The problem here was that the committee was completely divided and there was no room for compromise. In his explanation of why the 1993 reform efforts failed, Paul Starr, President Clinton’s senior advisor for the health care reform plan, speaks to President Clinton’s determination to pass the bill: “The President boxed himself into a corner by threatening to veto any bill that fell short of universal coverage.”<sup>25</sup> Some members of Congress never wanted to pass comprehensive health reform; others wanted reform that was built around the Medicare model, while still other members of Congress wanted a single-payer system. At the same time, the American

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<sup>24</sup> President Clinton did have an actual bioethics committee (The National Bioethics Advisory Commission). For the sake of the analogy of the AMA, I will not discuss Clinton’s real bioethics committee.

<sup>25</sup> Paul Starr, “What Happened to Health Care Reform,” The American Prospect 20 1995: 20-31.

Medical Association (the main opposition of previous reform efforts as early as the 1940's) surprisingly supported both an employer mandate and universal coverage. Still, midterm elections coming up in 1994 put pressure on members of Congress and as a result, Clinton's administration lost their support.

Evaluating the course of President Clinton's health plan as a treatment plan for the health care crisis, his diagnosis of the country was correct. I also believe he appropriately addressed the correct symptoms in his treatment plan. However, the problem was his timing in establishing the plan for treatment. When he was brought into office, President Clinton faced problems other than the health care crisis. The economic recession of 1990-1991 was a priority that he had to address before moving to the health care crisis. By the time that he could propose the health care bill before the House of Representatives, it was too late to gain everyone's support for the comprehensive reform. Within the doctor-patient relationship, I believe that the patient (as represented by members of Congress also suffering from the health care crisis) refused the treatment. The treatment proposed by Clinton may have been adequate, but if the patient refuses the treatment, the condition will continue to worsen.

What happens when a physician proposes a treatment plan for a patient's condition but the patient believes it is too late to implement? The disease has already spread throughout the body and thus the treatment might not be strong enough to work. Either the patient's condition will continue to deteriorate, making a successful treatment more unlikely as time goes by, or the patient will die because the disease has progressed to the point where treatment would be futile. From the beginning of the United States health care crisis the condition continued to worsen over time. By the end of President

Clinton's eight years in office, 16% of the country was still uninsured and health care costs were still rising. The graying population mentioned earlier was continuing to grow, as people were living longer because of improved medical technologies. As a result, the number of Medicare beneficiaries continued to grow. In 2007, the Medicare Board of Trustees issued a "Medicare Funding Warning" as total Medicare spending increased from \$217 billion in 2001 to \$426 billion in 2007.<sup>26</sup>

With the failed attempt for reform in 1993, the 'patient's' condition would *continue* to deteriorate until March 22, 2010, when Congress passed President Obama's health care reform bill. Because the plan has not yet been fully incorporated into our current health care system, we have no way of knowing whether President Obama's treatment plan will successfully cure the health care crisis. Yet, for the first time in history most Americans will have access to health care, which seems promising for the country's condition. Compared to the history of the health care crisis, President Obama's proposal for reform legislation shows potential for successfully restoring the health care system. President Obama's speech proposing the reform bill will be further discussed in my analysis.

To continue the history of the health care crisis through the context of Arthur Frank's *The Wounded Storyteller*, the medical history of the health care crisis can also be regarded as an on-going narrative that continues to be told by those with the ability to cure the illness. In the case of the health care crisis, the Presidents all had an ability to cure the illness but were *also* suffering from the condition which gives them the role of the

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<sup>26</sup> Kaiser Family Foundation, "Medicare: A Timeline of Key Developments," 2010, 4 June 2010  
<[http://www.kff.org/medicare/timeline/pf\\_05.htm](http://www.kff.org/medicare/timeline/pf_05.htm)>

storyteller. As I mentioned in the introduction, Frank's work introduced three types of narratives told by individuals suffering from illness. I have given a history of the health care crisis and the efforts to treat the disease; but I would like to point out that individuals such as Presidents Roosevelt, Truman and Clinton were all narrators of the story of the health care system. Thus their efforts have all contributed to and transformed the story that President Obama began to narrate when he gave his speech proposing the reform. I will provide a brief history of the health care crisis as it existed in a series of narratives told by the Presidents who made significant attempts to resolve the problems in health care. I discuss the different types of narratives more in depth in my analysis.

President Roosevelt's narrative began as a chaos narrative. He entered office shortly after the Great Depression began and therefore faced an economic catastrophe. However, after political victories of the New Deal the American economy was on its way to restoration, transforming President Roosevelt's narrative into a quest. By 1935, he initiated a brand new version of health care through the Social Security Act, which would later help fund even more progressive modes of health care through Medicare and Medicaid. Once Americans began recovering from the Great Depression, health care had been somewhat restored at least through Social Security. As a result, the population became better off than they were before the Great Depression. The fact that the population ended up in a *better* state with a *new* health care system than before the Great Depression makes Roosevelt's narrative a quest. Even though President Roosevelt was unsuccessful in passing the National Health Act of 1939, he began the narrative that would dictate the status of the health care system.

President Truman continued the quest narrative in his repeated attempts to introduce national health insurance. As previously discussed, various organizations were able to prevent the initiation of national health insurance programs, including the American Medical Association. After several failed attempts to propose national health programs, President Truman should have found himself telling a chaos narrative of the health care crisis, because the one solution he thought could cure the disease was consistently turned down. However, I think that his determination and resolve in trying to introduce national health care is characteristic of a restitution narrative because it was an attempt that would restore the country to the same success and prosperity that was before the health care crisis. The restitution narrative can be characterized by hopes and intentions that health will be restored to what it was before the illness began; but I will have more to say about this type of narrative later in my discussion.

President Johnson continued the narrative of the health care crisis as a quest while he was in office by signing Medicare and Medicaid into law. Building from President Roosevelt's establishment of Social Security, President Johnson believed that Medicare and Medicaid would be the two programs that could save American health care. It seemed that these programs did in fact save health care and introduced the idea of national health care to the public in a new way. Once everyone saw how the Medicare and Medicaid programs functioned, more attempts at a national health program were introduced. However, a national health program was again turned down, and without it Medicare and Medicaid would not remain successful. Consequently, the quest narrative turned into a chaos narrative as the health care status became a crisis.

As the chaos narrative of health care continued, President Clinton attempted to resolve the health care crisis with the Health Security Act. As discussed, this treatment would completely refurbish the health care system and implement new methods for providing quality health care to all Americans. When this program failed, it seemed that health care reform legislation, and more specifically national health care, would never be passed. When President Obama took office in 2009, he began with the chaos narrative that was carried on through the history of the health care crisis. It is a narrative that will be discussed further in my analysis of the context of the doctor-patient relationship and Frank's work.

## CHAPTER THREE

### ANALYSIS:

#### THE ANALYSIS OF THE SPEECH IN THE CONTEXT OF THE DOCTOR-PATIENT RELATIONSHIP AND FRANK'S *THE WOUNDED STORYTELLER*

The classic doctor-patient relationship can be easily identified by the mechanism that is followed when a patient gets sick. First, a patient experiences pain, discomfort, or an abnormality that indicates that he is not well. Second, the patient will try to figure out the source of the illness through a doctor's visit or check-up. The doctor will conduct a medical exam on the patient to understand where the patient's complaints are coming from, after which the doctor will decide what steps should be taken to restore the patient's health. This may require lab testing (blood tests, tissue cultures, etc.) or it may require a follow-up exam after a short period of time to observe the progression of symptoms. Regardless, the patient typically follows the doctor's orders because he is a professional in the field of medicine whose primary goal is to act in the patient's best interest.<sup>27</sup>

In a typical doctor-patient relationship, the physician plays the role of the professional who provides the diagnosis and recommended treatments while the patient usually plays the role of the responsible listener who follows the doctor's orders. However, in his work *The Doctor, His Patient and the Illness*, Dr. Michael Balint stresses that this relationship should never be one-sided. Instead, there should be mutual influencing so that as the patient learns more about his disease, the physician is also

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<sup>27</sup> Samuel Bloom, *The Doctor and His Patient: A Sociological Interpretation* (New York: Russell Sage Foundation, 1963) 96.

learning about the patient, and they develop a better knowledge of each other.<sup>28</sup> I will provide examples from President Obama's speech, showing how he plays the role of physician in a doctor-patient relationship with the country. More importantly I will demonstrate that the country also plays a major role in the relationship, allowing for mutual influencing as they work together to cure the disease, creating what Balint would define as a 'mutual investment company.'

He uses this phrase because the physician "gradually acquires a very valuable capital invested in his patient, and, vice versa the patient acquires a very valuable capital bestowed in his general practitioner."<sup>29</sup> Over the course of their relationship, the physician is continuously learning important details about the patient through sharing experiences about the illness and various medical complaints. At the same time, the patient is learning what kind of help the physician is able to give and how important the physician will be in curing the disease. Balint refers to this association as capital assets belonging to both the physician and the patient. These assets are what make a 'mutual investment company' between the doctor and patient. It is important to understand that the doctor-patient relationship that I will discuss will rely heavily on this model of the patient and doctor working together through the illness.

There are other models of the doctor-patient relationship that I need to discuss to identify the specific model that I will use in my analysis. Different physicians may have different relationships with their patients. Balint's preference for the 'mutual investment company' may differ from another physician's preference for a relationship where he tells the patient what to do for treatment and requires little participation from the patient.

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<sup>28</sup> Michael Balint, The Doctor, His Patient, and the Illness (New York: International Universities Press Inc, 1957) 249.

<sup>29</sup> Balint 250

Dr. Samuel Bloom identifies three distinct models in his work *The Doctor and His Patient*. The first model is the ‘Activity-Passivity’ model, typified by an active physician compared to a passive patient. In this type of relationship, the patient does not contribute to the treatment; rather, “the patient is more or less completely helpless and the physician *does* something to him.”<sup>30</sup> This relationship does not represent the President’s relationship with the country because as a democracy, the country functions by actively participating in governmental regulations and enforcement through voting. Therefore it would be unlawful for President Obama to institute policy changes that he thought would fix the health care crisis without addressing and obtaining the approval of the country and members of Congress, who were elected by the country to represent the public in government.

The second model identified by Bloom is the ‘Guidance-Cooperation’ model. This model is characterized by a patient who is aware of all that is going on with the illness and treatment, but he does not participate in making any decisions. Rather, the patient is “expected to look up to his physician and to obey him.”<sup>31</sup> Bloom compares this model to a parent-child relationship, where the parent knows what is best and the child follows their direction. This model also does not represent the President’s relationship with the country because the speech itself is a proposal asking for the country’s participation in beginning health care reform. Without the country’s full participation, the illness could never be truly cured. I will discuss this further in my analysis.

The final model mentioned by Bloom is the ‘Mutual Participation’ model, characterized by a “complex psychological and social organization on the part of the

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<sup>30</sup> Bloom 40

<sup>31</sup> Bloom 40

patient” so that he can carry out the treatment program prescribed by the physician. This model is compared to a relationship of adult to adult where one adult has a specialized knowledge that can be applied to the other to help them.<sup>32</sup> Comparable to Balint’s model of a mutual investment company, this is the model of the doctor-patient relationship that I will be using in my analysis of President Obama’s speech, because it focuses on the mutual involvement of the patient and physician in treating the disease.

The mutual participation model is necessary in the case of the health care crisis because a reform (or treatment) can only succeed with cooperation between the President and the country (or doctor and patient). For example, if a patient sees a doctor for diabetes mellitus, the doctor will probably diagnose the disease and educate the patient on consistently checking his blood glucose levels and regularly taking specific doses of insulin. The physician cannot be with the patient every day to check his blood glucose levels, and so the patient must actively participate in his treatment plan by administering their own insulin appropriately. Should the patient not comply with the treatment, the diabetes mellitus could progress to a more dangerous and difficult to manage illness with different consequences. The patient’s cooperation and willingness to participate in the doctor-patient relationship is thus critical to a successful treatment for the illness. Similarly, the country’s participation in the health care reform will also determine the success of President Obama’s treatment.

In analyzing the speech and comparing President Obama’s relationship with the country to a doctor-patient relationship, there are certain values that must be identified within the doctor-patient relationship I employ. The first of these values is respect for the

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<sup>32</sup> Bloom 41

patient's culture: an aspect of medicine that must always be addressed by the physician when making diagnoses and treatments. Medicine is strongly influenced by patients' culture, as we see in various cultures around the world, which all view medicine differently. For example, in the United States, a highly advanced medical technology, PET scanning, allows physicians to locate the exact spot of a tumor in the body of a cancer patient. At the same time that American patients are relying on this type of technology to save their lives, 80% of patients in Asian countries are relying on traditional medicine (including herbal medicines) for primary care.<sup>33</sup> Traditional medicine is a part of the Asian culture; botanical agents are widely used to treat and/or prevent breast cancer and indeed have important effects on carcinogenesis (the beginnings of cancer). This method of treatment is less invasive and fits Asian cultural concepts of health and disease better than the aggressive treatments favored by America's "cancer-fighting" culture.

Different values in medicine are something that physicians must keep in mind when dealing with patients from different cultures. Some patients may appreciate the most advanced medical machines used to treat diseases while other patients want to rely on less invasive and herbal remedies for treatments; thus cultural influence affects the practice of medicine. As Bloom discussed in his models of a doctor-patient relationship, it is where medicine and culture meet that determine the health practices of a society, "From culture, therefore, institutional norms develop which prescribe and proscribe

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<sup>33</sup> World Health Organization, "Fact Sheet 134: Traditional Medicine," December 2008, 14 June 2010 <<http://www.who.int/mediacentre/factsheets/fs134/en/>>

behavior in illness. In every society, patterns of expected behavior form into definite social roles associated with the healer and the sick.”<sup>34</sup>

Because of the power that cultural influence has on medicine, doctors must be perceptive and willing to learn how to respond to various cultural backgrounds in their relationships with patients. In addressing the country on the health care crisis, Obama also had to address the culture of Americans. In his speech, President Obama frequently refers to the ‘character of our country’ in an attempt to capture the American culture. We might describe our culture as one of democracy where the people as a whole contribute to national policies via elected representatives. On the other hand, America has been labeled as a ‘melting-pot’ where many different cultures come together to form one big nation. Still, the one aspect of our culture that brings every individual together is the fact that we are a democratic nation; it is what we are known for. For Obama to propose a health reform that he believed would truly cure the illness of the country, he would have to build the treatment around the American culture and liberties that define the American way of life.

Obama successfully built the treatment plan around American culture as can be seen in his speech: “One of the unique and wonderful things about America has always been our self-reliance, our rugged individualism, our fierce defense of freedom and our healthy skepticism of government.”<sup>35</sup> <sup>36</sup> In describing our culture in his speech, Obama has shown the country that he understands our behaviors and expectations of health care as Americans. Bloom compared culture to a blueprint that allows us to see patterns in

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<sup>34</sup> Bloom 67

<sup>35</sup> Barack Obama. Speech on Health Care Reform. Washington, D.C. Appendix A Line 409.

<sup>36</sup> This quote from the speech may be interrupted many ways. I interpreted it as ‘our rugged individualism’ meaning Americans’ individualism against other populations; rather than individualism between Americans.

individuals' behavior. Once a physician can recognize that pattern defined by a patient's culture, the physician has enhanced his relationship with the patient and can move forward with a successful treatment.

The President also acknowledges additional relevant aspects of American culture within his relationship with the country as he addresses the way Americans are expected to respond to the disease: "that concern and regard for the plight of others—it is not a partisan feeling. It, too, is part of the American character—our ability to stand in other people's shoes; a recognition that we are all in this together, and when fortune turns against one of us, others are there to lend a helping hand."<sup>37</sup> Bringing attention to this aspect of the American character is significant in his attempt to propose the reform because by the time President Obama gave the speech in September 2009, the health care crisis had become one that left 47 million individuals without health coverage. In doing so, he created a type of support group in which all Americans may join together, because when 47 million Americans are without coverage every citizen is affected. The consequences of a growing uninsured population include an unhealthy nation as fewer people have access to medical care. If more people continue to lose their health coverage, society as a whole is affected, for example, by loss of productivity due to sickness and by the spread of disease to others. In addition, as I have mentioned, as the uninsured population grew in size, health care costs have grown exponentially. All of these consequences are reflected in the importance of Obama's calling to *all* Americans to come together for health reform.

President Obama acknowledges the culture of the American people one last time as he closes his speech when he asks for the country's support in his treatment plan. He

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<sup>37</sup> Obama Line 436

stresses that he believes this treatment will work to cure the disease: “I still believe we can do great things, and that here and now we will meet history’s test. Because that’s who we are.”<sup>38</sup> Not only does President Obama pronounce the American tradition, but he makes himself a part of it. He never refers to the country as a separate body from himself; rather, he repeatedly uses the word ‘we’ in proposing the reform. In making himself a part of the American character, Obama enforces his relationship with the country which can lead to cooperation from the country in future plans for reform. In his work *The Management of the Doctor-Patient Relationship*, Dr. Richard Blum discusses the importance of doctors strengthening their relationship with patients. He says that “differences between the patient and other medical personnel in cultural or social-class background can account for misunderstandings which may lead to uncooperativeness.”<sup>39</sup> Blum shows that if the physician acknowledges cultural factors, the patient can feel closer to the doctor and is more likely to cooperate with the proposed treatment.

The second value in the doctor-patient relationship is trust. Because this speech had the potential to reform the entire health care system requiring immense changes to many people’s ability to afford health care and responsibility to pay for it, President Obama had to speak to the country in a way that would earn their trust. This is similar to how patients must be able to trust their doctors before moving forward with any specific treatments.

Trust between a physician and patient can be seen as a universal aspect of medicine. Almost everywhere in the world the doctor plays the role of a healer: a professional with a comprehensive knowledge of medicine and thus someone that can be

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<sup>38</sup> Obama Line 471

<sup>39</sup> Richard Blum, *The Management of the Doctor-Patient Relationship* (New York: McGraw-Hill Book Company Inc, 1960) 110.

trusted to cure the patient's disease. Trust is essential to a successful doctor-patient relationship because the patient is reliant upon the doctor to study, diagnose, and successfully treat the illness. As Dr. Blum mentions, "Implicit in the attitude of every patient toward the doctor is hope for and expectation of cure."<sup>40</sup> The weight of responsibility that a physician carries has over time ranked doctors at the top of the scale of professionalism. This responsibility can also be seen in President Obama's role of the leader of the United States.

Three hundred million people rely on Obama to lead the country in many different political arenas: foreign relations, military forces, education, and most importantly health care. In his speech, Obama does not directly ask the country to trust him on his proposed reform. Rather, he reassures the public that the plan will only make everyone better off than they were before and that the health care system will become more secure and stable. He confidently announces the benefits of the proposed plan along with the need to begin reform efforts immediately. He argues: "The time for games has passed. Now is the season for action...Now is the time to deliver on health care," which shows everyone the confidence he has in his plan.<sup>41</sup> There is no time to debate other treatments because he is confident his plan will work. He continues to build trust with the country as he says that "nothing in this plan will require you or your employer to change the coverage or doctor you have...What this plan will do is make the insurance you have work better for you...That's what Americans who have health insurance can expect from this plan—more security and more stability."<sup>42</sup> Obama says all of this to reassure Americans that this treatment can only make our condition better. Moreover, the fact that

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<sup>40</sup> Blum 67

<sup>41</sup> Obama Line 116

<sup>42</sup> Obama Line 151

he stresses urgency in treating the condition further enforces the trust that Americans should have in President Obama's treatment because he is confident that if we implement the treatment quickly before the condition worsens, the illness can be cured.

Another quality found within the doctor-patient relationship is the necessity that doctors play multiple roles. Doctors do not solely play the role of the healer and scientist. They also must comfort their patients and apply emotional skill in addition to their technical skill of medically diagnosing and treating patients. Medical training mainly consists of understanding the science within the human body: observe symptoms, identify the disease, and prescribe a treatment. Medical treatments are usually the result of the scientific method where after many systematic investigations and experiments, a positive result comes through and a new drug is produced to cure an illness. In addition to the medical sciences that make up doctors' profession, there is an emotional and psychological area of professionalism that they must also be trained in to have a successful relationship with their patients.

Many physicians can handle bad news and diagnoses because that is what they do day after day. Patients, however, see illness as an interruption in their lives. I will elaborate on this further when I discuss Frank's theory of narratives. Patients are never truly prepared to be given bad news. Therefore, patients rely on doctors not only to deliver the medical facts but to also provide a sense of comfort and emotional support. Balint stresses this facet of the doctor-patient relationship in expressing the importance of emotional support from the doctor that should accompany diagnosing an illness: "The only person who is always available, especially since the beginning of the National Health Service, is the doctor...In a very great number of cases the complaining itself is

the important thing, the symptoms at any rate in the ‘unorganized’ stage of an illness, are objectively irrelevant.”<sup>43</sup> It is important to see that the doctor now plays two roles with a patient: a scientist/healer and a listener/comforter. In playing both of these roles, the doctor must be able to recognize that his relationship with his patient consists of more than just a diagnosis and treatment.

Having discussed some of the necessary facets of the doctor-patient relationship including trust and the various roles of the doctor, I would like to introduce another aspect of the doctor-patient relationship, which I’ve termed the ‘greater-than-this’ concept. I’ve named this concept ‘greater-than-this’ because I’ve found that in many situations, including the health care crisis, the ‘crisis’ part is actually bigger than the illness itself. The physical aspects of disease can always be addressed by a physician, but the *other* aspects of the disease may not be. I just discussed the significance of doctors being able to provide comfort and emotional support, which sometimes is not a part of their medical training. Illness for many patients means a permanent change in their lives. Diabetes is a common example of an illness that requires the patient’s life to change. Every day, the diabetic patient will have to check his blood sugar before and after eating a meal. He will also have to strictly keep up with insulin or other drug treatments. The same goes for patients with renal failure; every week they must go to the hospital for kidney dialysis, or they must receive a kidney transplant and follow a strict post-transplant drug regimen. I use these examples to show that the illness itself isn’t always the only thing that should be addressed within the doctor-patient relationship. There are also emotional components and life-changing aspects of the situation itself that doctors

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<sup>43</sup> Balint 225

must also deal with. Thus, the doctor and patient may see the ‘greater-than-this’ concept as they look beyond the disease itself to cure the patient.

I believe that President Obama certainly found the ‘greater-than-this’ concept in dealing with the health care crisis and addressed it in his speech. He mentions what will happen if we do not seek treatment immediately, but he also mentions why this treatment will not only cure the disease in the health care system but also save the country’s founding principles. In his speech, Obama says “There are too many Americans counting on us to succeed—the ones who suffer silently, and the ones who shared their stories with us at town halls.” He continues by quoting the late Ted Kennedy who also saw the ‘greater-than-this’ concept in health care reform, “‘What we face’ he wrote, ‘is above all a moral issue; at stake are not just the details of policy, but fundamental principles of social justice and the character of our country.’”<sup>44</sup> Here we see that Obama agrees with Kennedy that the health care crisis is definitely something that needs our attention and treatment, but it is not just to fix the health care crisis. It needs our attention because restoring the health care system reinstates the elemental principles upon which this country was built.

When President Obama mentioned that there were too many people counting on the success of the reform, he also captured the ‘greater-than-this’ concept in that everyone listening knew that this reform would be greater than themselves. Being a twenty-two year old who is still covered under my parents’ health insurance, I understood the night I heard this speech that this reform is bigger than me. It is bigger than my family, my school, and my community. This health care reform would require a serious treatment of the health care system, but it would bring life-changing results for the entire

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<sup>44</sup> Obama Line 403

country and for millions of people that I will never know or meet in my lifetime. The acknowledgment of the magnitude of a health care reform helped to put the President in a doctor's role while we listened as patients because it introduced us to the possible consequences of leaving the disease untreated.

Until this point I have discussed the qualities of the doctor within the doctor-patient relationship. Now I will focus on the qualities of the patient within the doctor-patient relationship. In identifying the patient's role in the doctor-patient relationship, I agree with Dr. Bloom's classification of patients as playing the "sick role." The 'sick role' is characterized as "a pattern of expected behavior with characteristic obligations and privileges."<sup>45</sup> More specifically, Bloom shows that the sick role can be broken down into four distinct aspects: 1) exemption from the performance of normal social obligations, 2) exemption from responsibility for one's own state, 3) the sick person must be motivated to get well as soon as possible and 4) the sick person must seek technically competent help. This classification of the sick role can be found in Obama's speech as he addressed specific individuals suffering from the health care crisis.

President Obama mentioned two patients in his speech to give examples of people who would benefit from his proposed treatment, "One man from Illinois lost his coverage in the middle of chemotherapy because his insurer found that he hadn't reported gallstones that he didn't even know about. They delayed his treatment, and he died...Another woman from Texas was about to get a double mastectomy when her insurance company canceled her policy because she forgot to declare a case of acne. By the time she had her insurance reinstated, her breast cancer had more than doubled in

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<sup>45</sup> Bloom 112

size.”<sup>46</sup> In these examples Obama mentions two patients who have played the sick role. Both of these patients were exempt from social obligations and responsibility for their own state because of their attempts to seek treatment. The first gentleman was in the middle of treatment, motivated to become cancer-free when his treatment was taken away while the second patient was delayed in getting the treatment she actively sought.

I think that President Obama shared these two patients’ stories for two reasons. First, the President knew that every listener could relate to the sick role; everyone has been in the sick role at some point in their lives. Second, those stories paint a vivid picture of how severe the symptoms of the health care crisis had become. They served as a of wake-up call for those Americans who were not seeing the severity of the situation. As a physician observes the symptoms of a patient’s condition, he can only treat those symptoms to the extent that the patient experiences them. Minor symptoms require minor treatment while major symptoms require major treatment. President Obama was proposing a comprehensive reform in his speech. But for everyone to agree that this type of reform was necessary, Obama had to show us how serious the symptoms had become.

The President further positions the country into the patient’s role by emphasizing the need for the entire country’s participation. The idea of mutual influence between doctor and patient can be seen in the speech when President Obama mentions “It’s a plan that asks everyone to take responsibility for meeting this challenge—not just government, not just insurance companies, but everybody including employers and individuals.”<sup>47</sup> Again, President Obama demonstrates that active participation is required by the country

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<sup>46</sup> Obama Line 55

<sup>47</sup> Obama Line 121

for the reform to be a success, similar to how a patient's participation in a treatment is necessary for a full recovery from the illness.

There is more to the speech than can be identified by models of the doctor-patient relationship. The next part of my analysis examines the speech in the context of Arthur Frank's *The Wounded Storyteller*. The narratives discussed by Frank are told by people stricken with disease; they are the patients that doctors must listen to. I point this out because I previously discussed that Obama played the role of the doctor within the doctor-patient relationship, not the patient. In my analysis on *The Wounded Storyteller*, the speech itself is the narrative to be analyzed which makes Obama the storyteller. This is significant because it demonstrates that President Obama is experiencing the illness. Thus in his role of the storyteller, he leads the country by sharing his narrative with everyone knowing that we all are suffering from the same disease. For the rest of my analysis, it is important to keep in mind that the quest narrative that dictates the journey of the health care crisis told by Obama is not told from a doctor's point of view, but rather from that of a patient experiencing the health care crisis.

The quest narrative follows a mechanism that the storyteller goes through beginning with a symptom, a sign that "the body is not as it should be."<sup>48</sup> The symptom may or may not be noticed, because the body does not want to recognize a flaw or expects the flaw to go away on its own. In his work, Frank applies Joseph Campbell's idea of 'the first threshold' as the second part of the mechanism. The threshold can be many things such as therapy or an appointment with a physician to address the problem. Whatever steps are taken to address the problem, they are a result of acknowledgment of the illness. Once the illness has been accepted, the storyteller has begun the initiation

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<sup>48</sup> Arthur Frank, *The Wounded Storyteller* (Chicago: The University of Chicago Press, 1995) 117.

phase or 'road of trials.' Campbell mentions that the 'road of trials' is identified in a quest as the "various sufferings that illness involves, not only physical but also emotional and social."<sup>49</sup> The purpose of having an initiation phase is so that storyteller may use the experience of the illness as a transformation. This allows him to walk away from the experience with a new insight, new attitude, or new way of life that is different from before he was struck with the illness. The 'road of trials' takes the storyteller through this transformation so that by the end he can share his story with others.

The last stage of the mechanism is called "the return." This stage is marked by the storyteller's returning to society or his environment as a changed being; he has become someone different. While the experience of the illness has transformed the storyteller, he will always be 'marked by illness,' allowing him not only to show the transformation made but also to tell of the journey he took to return to society.

The quest narrative doesn't necessarily begin with a symptom or warning sign. In some situations, the quest narrative can come from any other narrative including what Frank terms the restitution and chaos narratives. Frank shows that all three narratives are significant within an individual's story: "No actual telling conforms exclusively to any of the three narratives. Actual tellings combine all three, each perpetually interrupting the other two."<sup>50</sup> The restitution and chaos narratives will be discussed further to show how they can be transformed into quest narratives.

Frank describes restitution narratives as the most popular type of narrative told by people with illness, mainly because it is the type of story most people want to hear. When

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<sup>49</sup> Frank 118

<sup>50</sup> Frank 76

kids at school get sick, it is expected they won't be at school for a day or two, but eventually they will return in a healthy condition. Children expect sickness to be a temporary feeling where they feel bad for a little while, take medicine, and then they are back to normal. This type of temporary feeling of sickness is what the restitution narrative is based on. The sick role that was discussed earlier in the doctor-patient relationship also plays a major role in the restitution narrative because the sick role has become institutionalized. As people get sick, they are expected to take time off work to get better so that they can return to society again. The restitution narrative of getting sick and then getting better is the most popular because the sick role validates the temporary state of illness.

The restitution narrative can also develop to become a quest narrative. Most often, this happens when the storyteller is very confident that he will recover from the illness, but the illness affects his life so much that he decides to change how he lives. He will not return to society as the same person he was before the illness. Instead, the storyteller becomes someone different as he changes his life which puts the storyteller on the 'road of trials' in the second phase of the quest narrative. For example, a patient with coronary artery atherosclerosis is taken to the hospital with persistent chest pain. After examining the patient, the doctor finds that the blocked artery was found early enough to be repaired with a routine coronary artery bypass surgery. In this specific case, the doctor is confident in performing the procedure and as a result the patient has become confident that he will make a full recovery. The patient, however, considers the severity of the illness and decides to make the necessary changes in his lifestyle so that he doesn't experience this type of condition ever again. From that point on, the patient changes his exercise patterns

and diet and lives a completely different life marked by his experience with coronary artery disease. This example shows the restitution narrative transforming into a quest narrative.

Similarly, a storyteller caught in his own chaos narrative may begin a quest narrative. The chaos narrative is characterized by vulnerability, futility, and impotence which make it impossible for the storyteller to sort out his life and handle the illness. It can best be pictured by a downward spiral of life events where things become worse over time to the point where the individual becomes “imprisoned in the frustrated needs of the moment.”<sup>51</sup> When discussing the chaos narrative, most people can relate to the example of a bad day. You wake up an hour late, your car won’t start, and once you finally arrive to work you spill an entire cup of coffee on your shirt. After a workday full of unnecessary meetings and paperwork, you get stuck in five o’clock traffic only to come home to a messy house that you didn’t have time to clean yesterday. At that point, the only thing you can look forward to is going to sleep so that this day can be over and you can start a new one tomorrow. The storyteller of the chaos narrative experiences this type of frustration: he can’t find any relief and feels incapable in his own life. He lives in a world that is so unmade that a recovery or solution seems unimaginable because he has lost all sense of control.

Nevertheless, the storyteller may have the experience of approaching the chaos from a new angle and embarking on a new journey of overcoming the chaos and recovering control of his body. This is a part of the quest narrative known as the *automythology*, described as follows: “If the patient revives after such events, he must

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<sup>51</sup> Frank 98

reconstruct afresh, tap new power, and appropriate patterns that help define a new existence.”<sup>52</sup> Thus, a storyteller does not have to initially begin a quest narrative to truly experience his illness through the journey that characterizes the quest. Rather as he continues to tell his story he experiences a change in personality or lifestyle, the automythology. After that experience, the narrative is continued as a quest which tells of the journey he already has lived through or is currently living through.

The President begins his speech by addressing the country as if it is caught in a chaos narrative. He mentions that the nation “was facing the worst economic crisis” and that “our financial system was on the verge of collapse.”<sup>53</sup> The words ‘crisis’ and ‘collapse’ are typically associated with the chaos narrative as they describe the vulnerability and impotence referred to earlier. The President continues to describe the helplessness of the country when he asserts that we have “never had less security and stability than we do today” and shares the unfortunate stories of individuals who have died because of problems in the current health care system. By this point he has established that the illness of the country has caused us to become a defenseless population that has ‘grown nervous’ about what to do next in solving the problem. I find nervousness to be a step in the chaos narrative: it brings uneasiness and even discomfort to a situation such that one does not know what is about to happen, but is nonetheless certain that whatever happens won’t turn out well.

Frank states: “If the restitution narrative promises possibilities of outdistancing or outwitting suffering, the chaos narrative tells how easily any of us could be sucked

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<sup>52</sup> Frank 123

<sup>53</sup> Obama Line 1

under.”<sup>54</sup> His words strike a familiar chord in almost everyone because we all understand the feeling of too much happening at once. People may grow nervous over what is about to happen or grow nervous because they don’t know how to handle what is about to happen. It is at that moment that you get sucked under: you cannot reflect on what is happening and because of that no one can help you, or at least it seems that way. President Obama brings everyone to this point, as if he wants us to remember the experience of a chaos narrative. He states: “if you move, lose your job, or change your job, you’ll lose your health insurance too...Americans pay their premiums, only to discover that their insurance company has dropped their coverage when they get sick, or won’t pay the full cost of care. It happens every day.”<sup>55</sup> As soon as the President mentions that this type of thing happens every day, many Americans wonder ‘What if that happens to me?’ In asking these questions, we begin to grow nervous, just as the President said, and we can almost feel the chaos that will begin our narrative.

At this point in the narrative, we can think for a moment that there is nothing left for us to do. We have reached our “breaking point” as the President said in the beginning of the speech, and now we should try to understand that the illness has not only made us sick but has interrupted our lives. Still, the President also mentions that he is determined to be the last President to take up the cause of the illness: “we did not come here just to clean up crises. We came here to build a future.”<sup>56</sup> He uses the words ‘determined’ and ‘build’, resembling the resolve and ‘road of trials’ that Frank explained. His belief in the cure structures the quest narrative that the country is experiencing. In the beginning, he

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<sup>54</sup> Frank 97

<sup>55</sup> Obama Line 50

<sup>56</sup> Obama Line 20

outlined the facts of the problem with the health care system, which can also be seen as the symptoms of the illness. He notes that “so many employers—especially small businesses—are forcing their employees to pay more for insurance...so many aspiring entrepreneurs cannot afford to open a business...American businesses that compete internationally—like our automakers—are at a huge disadvantage. ...Our health care problem is our deficit problem. ...Now, these are the facts. Nobody disputes them. We know we must reform this system.”<sup>57</sup> In saying all of this, he is acknowledging the illness for the entire country.

Frank describes the quest narrative as one where the storyteller has accepted the illness: not only acknowledged it but also learned to live with the illness. In acknowledging the illness and experiencing the journey that accompanies the course of the illness, the quest storyteller must embrace the ‘road of trials’ to get to they get to the point where he can share his experience. President Obama is asking the country to do just this and accept the ‘road of trials’ described in his treatment: “it’s a good idea now, and we should all embrace it.”<sup>58</sup> In embracing the new plan he proposes, Americans accept the illness and get ready to take the journey through the ‘road of trials’ to recover from the health care dilemma.

As the President begins to propose his plan to treat the country, we must see that it is not only the proactive position of the President that makes this narrative a quest. Rather it is the fact that the American people will *change* as a result of the new plan. As Frank says, by the end of the quest narrative the storyteller will have gone through a

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<sup>57</sup> Obama Line 81

<sup>58</sup> Obama Line 173

transformation so that he is different at the end of the narrative from the way he was when the illness first struck. The President depicts this transformation when he describes the coalition of everyone to help the cause: “Our overall efforts have been supported by an unprecedented coalition of doctors and nurses; hospitals, seniors’ groups, and even drug companies—many of whom opposed reform in the past. And there is agreement in this chamber on about eighty percent of what needs to be done, putting us closer to the goal of reform than we have ever been.”<sup>59</sup>

Just as an oncologist outlines a treatment plan to a cancer patient and the steps and goals that make up the treatment, the President begins the quest narrative by announcing the goals of the plan. He asserts that the plan “will provide more security and stability to those who have health insurance. It will provide insurance for those who don’t. And it will slow the growth of health care costs for our families, our businesses, and our government.”<sup>60</sup> The President promises security and stability which are two things that those struck with illnesses may lack. It was discussed earlier that the chaos from a crisis or illness will bring impotence and vulnerability, so security and stability are treatments that are likely to bring one out of a chaos narrative.

Frank discusses the responsibility of the quest storyteller: the importance of being a witness and sharing with others the enlightenment found through the quest. He talks about this type of responsibility when he refers to the final stage of the quest narrative, the return: “The return thus sets in place the ill person’s responsibility, and problem, of being a witness.”<sup>61</sup> The storyteller has a moral duty to take something from the quest

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<sup>59</sup> Obama Line 102

<sup>60</sup> Obama Line 121

<sup>61</sup> Frank 119

experience and then share it with others. This is what the President seems to be acknowledging when he states: “It’s a plan that asks everyone to take responsibility for meeting this challenge—not just government, not just insurance companies, but everybody including employers and individuals.” In accepting this responsibility, they are taking the potential cure as the plan for reform and following it through so that eventually everyone understands what must be done to treat the disease. Essentially, every American then becomes a witness in the quest narrative: “Improving our health care system only works if everybody does their part.”<sup>62</sup>

The President continues his speech using words that exemplify confidence in his proposed treatment plan: “I have no doubt that these reforms would greatly benefit Americans from all walks of life, as well as the economy as a whole.”<sup>63</sup> Obama’s assurance is similar to one of Frank’s examples of the role of a physician: “He does all this as part of a therapeutic alliance with his friend and physician, who believes that ‘his biggest job was to encourage to the fullest the patient’s will to live and to mobilize all the natural resources of the body and mind to combat disease.’”<sup>64</sup> Frank’s suggestion that physicians encourage patients and comfort them through the illness can be seen in the speech, where President Obama is not only a part of the narrative, but he takes control in sharing the story and encouraging everyone to fight the disease. Obama further encourages the country when he shows the promise of his plan for reform: “If we are able to slow the growth of health care costs by just one-tenth of one percent each year--tenth

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<sup>62</sup> Obama Line 195

<sup>63</sup> Obama Line 203

<sup>64</sup> Frank 125

of one percent--it will actually reduce the deficit by \$4 trillion over the long term.”<sup>65</sup>

This example of a positive result exemplifies the type support that patients need to combat the disease and get through their quest narratives.

The strongest example of how the President leads the country through a quest narrative lies in his strong beliefs about what will happen to us if we do not accept a treatment: “Everyone in this room knows what will happen if we do nothing. Our deficit will grow. More families will go bankrupt. More Americans will lose their coverage when they are sick and need it the most. And more will die as a result.”<sup>66</sup> In discussing what will happen if we ignore the disease, he essentially moves us across the first threshold of the quest narrative and gets ready to take us through the ‘road of trials’. He has shown us the illness, forcing us to acknowledge and claim it as a part of ourselves. Obama continues by saying that the illness is not about individuals anymore and that this treatment plan will help *everyone* battling the disease. This is significant because it is similar to how quest storytellers use suffering to move others forward with them.

The President quotes Ted Kennedy, who was one of the Americans also suffering from the disease and therefore can be considered one of the patients with the illness. In speaking about the illness, Kennedy wrote: “What we face is above all a moral issue; at stake are not just the details of policy, but fundamental principles of social justice and the character of our country.”<sup>67</sup> The words ‘character of our country’ play the role of the American culture. The President has built a dwelling place for Americans in referencing our character. It is a comfort for the public to hear that, as a whole, we possess a

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<sup>65</sup> Obama Line 369

<sup>66</sup> Obama Line 384

<sup>67</sup> Obama Line 403

character unlike any other. It is a comfort because it brings everyone together. In mentioning the ‘character of our country’, the President shows that the disease taking over the country is not targeting individuals anymore. Instead it is targeting every American and by seeking treatment we can collectively relieve the suffering from the disease. The President further establishes this in saying “One of the unique and wonderful things about America has always been our self-reliance, our rugged individualism, our fierce defense of freedom and our healthy skepticism of government...That’s our history.”<sup>68</sup> Frank shows that in the quest narrative you reclaim yourself when you claim the illness. Becoming a changed being allows you to take control of your life and in turn, your narrative. Obama reclaims the character of the country in hopes to use that to combat the illness. He claims the health care crisis for the country and uses the American character of self-reliance and rugged individualism to take control of the illness and the country’s narrative.

I discussed earlier the need for storytellers to share their narratives with others, which often happens in the form of a support group. Many breast cancer survivors will join support groups to share their experiences. The President says that the treatment is “a recognition that we are all in this together, and when fortune turns against one of us, others are there to lend a helping hand.”<sup>69</sup> In telling us to come together, the President is forming a support group so that no one suffers from the illness alone. He continues by saying that if we do not come together to fight the disease, “we lose something essential about ourselves.” He knows that if we let the illness of a problematic health care system take over the country, we will lose pieces of ourselves in becoming someone different

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<sup>68</sup> Obama Line 408

<sup>69</sup> Obama 69

than we were before and therefore succumb to the disease. After this warning, Obama ends his speech and we begin the journey defined by the quest narrative: “I still believe that we can act when it’s hard. I still believe we can replace acrimony with civility, and gridlock with progress. I still believe we can do great things, and that here and now we will meet history’s test.”<sup>70</sup>

President Obama’s use of the word ‘believe’ plays a major role in the quest narrative of the country as we recover from the illness. Belief becomes the driving force in our quest narrative that will bring us through recovery and to a point where we can share our experience with others. Frank mentions that the quest storyteller will claim that: “Whatever has happened to me or will happen, the purpose remains mine to determine.”<sup>71</sup> The President gave the speech to show Americans how to claim our illness and use it to better the country by uniting together to restore the health care system. In continuing the narrative of the health care crisis told by many presidents over the decades, Obama set the American people on the ‘road of trials’ in our quest narrative so that we can finally recover from the disease of the health care system.

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<sup>70</sup> Obama 70

<sup>71</sup> Frank 131

## CHAPTER FOUR

### CONCLUSION:

#### IMPLICATIONS OF THE ANALYSIS

Once the doctor has diagnosed an illness and prescribed a treatment, what happens next? Can the patient expect the treatment to be entirely successful at curing the disease? This question can also be translated to the President's speech: Can we as a country expect Obama's health care reform to solve the health care crisis? Does the President offer a positive prognosis for our condition? I discussed in my analysis the idea of the doctor-patient relationship functioning as a mutual investment company. A doctor may prescribe a treatment but it is up to the patient to keep up with the prescribed regimen if he expects to recover. In concluding my argument, I will discuss the reaction of the country to the proposed reform to tell if we as patients can carry that responsibility in treating the illness. I also discuss certain events over the last ten months in the law-making chambers of Washington that have affected both the prescribed treatment outlined in the speech and the narrative that Obama has been telling.

Immediately after hearing or reading the speech, Americans had to ask themselves if they trusted the President and more importantly, if they believed in the effectiveness of the treatment plan that he outlined for the health care system. As was described earlier, trust is an essential component of the doctor-patient relationship because the patient depends on the doctor to correctly diagnose and treat the illness. An Ohio resident told the *Washington Post* of her trust in the President's plan immediately after hearing his speech on health care reform: "He convinced me that we are doing the right thing. He's

going to look out for us. I gained a little more trust in him.”<sup>72</sup> This is only one example of many Americans who trusted the proposed reform. Still, there was another part of the country that did not have trust in the plan for reform. The same newspaper published an article showing the strong opposition to the proposed plan, specifically the opposition to the public option: “It is universally opposed by all Republicans in the Senate. And therefore, there’s no way to pass a plan that includes the public option.”<sup>73</sup> With the public and Congress split on the plan for reform, there wasn’t a universal trust between the President and the country that could allow for a successful treatment. Something had to change for the President to pass the bill for reform and carry out the treatment for the disease.

Attempting to bring both sides of reform together, Obama gathered Republican and Democratic leaders for a health care summit in February 2010. In the example discussed earlier of the two parents who could not decide on a treatment for their child with cancer, I noted the need for a bioethics consult which would debate both treatment options and provide a suggestion for the parents that would best suit the child. The bipartisan Congressional summit aimed for the same result; the summit was the bioethics consult that Obama needed to push his treatment plan forward. Unfortunately, hours of debating yielded little progress on the plan. Congressional leaders could not agree on how to move forward with the health care bill and thus the consult was ineffective in establishing a treatment plan that could be instituted. President Obama showed his frustration with the lack of progress as follows: “I don’t know, frankly, whether we can

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<sup>72</sup> Peter Slevin, “Obama’s Health Care Reform Speech in Ohio Convinces a Few Skeptics,” The Washington Post 17 Mar 2010, 9 July 2010. <http://www.washingtonpost.com/wp-dyn/content/article/2010/03/16/AR2010031603177.html>

<sup>73</sup> Jon Cohen, Dan Balz, “Reform Opposition is High but Easing,” The Washington Post 14 Sept 2009, 9 July 2010. <http://www.washingtonpost.com/wp-dyn/content/article/2009/09/13/AR2009091302962.html>

close that gap. My hope had been there might be enough areas of overlap to realistically think about moving forward without a situation in which everyone goes to their respective corners and this ends up being a political fight.”<sup>74</sup>

The lack of trust from part of the country, combined with the failure to work together on a revised plan for reform, seemed to prevent the President from instituting a treatment. The narrative that I discussed left off with President Obama sharing a quest narrative in his speech. By February, I think that his quest narrative had slowly been turned into a chaos narrative where he could not see a solution because he was surrounded by disorder and confusion. The impotence and frustration that characterizes the chaos narrative could be seen in Obama’s disappointment with the summit. If the government could not come together to create an acceptable plan for reform the disease would continue to worsen over time. Obama’s narrative, however, would soon transform again into the quest narrative he described in his speech.

A doctor-patient relationship does not end once a disease has been diagnosed. The physician follows a patient as he begins his treatment and once the treatment has been completed, the physician will have a follow-up visit with the patient to make sure his health has been restored and the illness is gone. Similarly, President Obama did not give up on health care reform. He continued to work with Congress and the country on ways to improve or alter his original plan so as to have the greatest benefit to the country. After months of daunting debates and revisions, a health care bill was passed by a 219-212 vote, marking a victory for health care reform: “President Obama won a historic victory in the struggle for health care reform Sunday as the House of Representatives passed a

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<sup>74</sup> Dana Bash et al., “Health Care Summit End Without Apparent Movement Forward,” CNN 25 Feb 2010, 9 July 2010. <http://www.cnn.com/2010/POLITICS/02/25/health.care.summit/index.html>

sweeping bill overhauling the American medical system.”<sup>75</sup> Finally the President and the country could experience relief as we started to undergo the steps to recovery. The doctor-patient relationship as a mutual investment company works when both parties win. A doctor wins when he is successful in treating his patient while the patient wins when he is no longer sick. With the passing of the health care bill, I observed the same type of victory between the President and the country: Obama could move forward with a treatment that he was determined would work while the country could finally start taking the steps to recover from the disease.

That victory is what marked the quest narrative that Obama is still telling today. We as patients are not going through the exact treatment that Obama outlined in his speech, but we are embarking on a journey marked by an incredible revolution of the health care system. As the system is reformed, Obama will continue to tell the quest narrative that shows the transformation we have made as a country in providing health care. I also want to point out that he is narrating a quest while he also acts as a doctor in his relationship with the country. I mentioned earlier that the quest narrative he told was from a patient’s perspective, as seen in how he made himself a part of the country needing treatment for the health care crisis. I am confident that health reform will successfully cure the health care crisis and continue our quest narrative because of Obama’s ability to tell his story of a patient suffering from the disease while simultaneously taking responsibility as the country’s doctor, working towards treating the health care crisis.

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<sup>75</sup> Alan Silverleib, “House Passes Health Care Bill on 219-212 Vote,” [CNN](http://www.cnn.com/2010/POLITICS/03/21/health.care.main/index.html) 22 Mar 2010, 9 July 2010. <http://www.cnn.com/2010/POLITICS/03/21/health.care.main/index.html>

Just as Obama took responsibility to find a treatment that would cure the health care crisis, Americans also have the responsibility to follow up with the treatment protocol and participate in the recovery. While we will not see the beginnings of the treatment until 2014, the treatment has begun and still requires everyone to prepare for the treatment procedures. Starting now, people must prepare for possible changes in the taxes they pay, as the new bill increases the Medicare payroll tax for those who make more than \$250,000 per year. Some types of preventive care will be free. The group of people paying for drugs in the coverage gap known as the ‘doughnut hole’ will continue to get smaller.<sup>76</sup> Those who do not have insurance will need to prepare themselves for 2014, when the mandate for health insurance purchasing kicks in. That means planning for the costs of premiums, whatever they might be. Many things about the new reform are uncertain because some details have not been concretely established yet. We must prepare for changes in the health care system, but we may not be sure how exactly to prepare.

The uncertainty that the country is experiencing is very similar to what a patient sitting in a hospital bed might feel when the doctor recites the diagnosis and necessary steps for treatment. Fear, impotence, and vulnerability are all things a patient may feel in an unfamiliar setting, sitting in a hospital bed surrounded by strangers checking all of his medical statistics every twenty minutes. The same vulnerability and impotence characterizes the chaos narrative, but it is *how* the patient chooses to respond to the chaos that changes his narrative. Moreover, it is how the country chooses to respond to the uncertainty about the reform that makes our narrative a quest. President Obama is

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<sup>76</sup> Anna Matthews, “Steps You Can Take Ahead of Changes in Coverage, Taxes,” The Wall Street Journal 22 Mar 2010, 9 July 2010.  
<http://online.wsj.com/article/SB10001424052748704454004575135942557501242.html>

confident that we can all react open-mindedly and change according to the new plan for the health care system. Furthermore, he thinks that we have *already* begun to respond to the chaos and transform our narrative into a quest by showing that the other problems that the country suffers from, including the economic crisis, will also be a part of our quest narrative, which begins with treating the health care crisis: “A full and vibrant recovery is still many months away. And I will not let up until those Americans who seek jobs can find them--until those businesses that seek capital and credit can thrive; until all responsible homeowners can stay in their homes. That is our ultimate goal. But thanks to the bold and decisive action we’ve taken since January, I can stand here with confidence and say that we have pulled this economy back from the brink.”<sup>77</sup>

At this point, we should evaluate the prognosis of our condition. As the physician, what does President Obama anticipate for our recovery? As patients, what do we expect as the reform continues? The nature of the reform efforts and anticipated changes we must all make will affect how we recover from the health care crisis. Today, it is up to all Americans to respond to the chaos of the health care crisis and take the steps to recovery. Narrating our quest, President Obama is confident that this is possible, offering a positive prognosis for our health care system. I think that by following the new plan for reform, our health care system will change and we will become a healthier nation for it. The country’s narrative is not one that tells the story of how our health care crisis was resolved, putting us back where we were before the crisis. Instead, Obama’s speech boldly speaks to the quest of the country to recover from the disease of the health care system, becoming even stronger than we were before: “We did not come here just to clean up crises. We came here to build a future.”

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<sup>77</sup> Obama Line 20

APPENDIX A: OBAMA'S SPEECH TO CONGRESS-SEPTEMBER 9, 2009

When I spoke here last winter, this nation was facing the worst economic crisis since the Great Depression. We were losing an average of 700,000 jobs per month. Credit was frozen. And our financial system was on the verge of collapse.

As any American who is still looking for work or a way to pay their bills will tell you, we are by no means out of the woods. A full and vibrant recovery is still many months away. And I will not let up until those Americans who seek jobs can find them -- (applause) -- until those businesses that seek capital and credit can thrive; until all responsible  
10 homeowners can stay in their homes. That is our ultimate goal. But thanks to the bold and decisive action we've taken since January, I can stand here with confidence and say that we have pulled this economy back from the brink. (Applause.)

I want to thank the members of this body for your efforts and your support in these last several months, and especially those who've taken the difficult votes that have put us on a path to recovery. I also want to thank the American people for their patience and resolve during this trying time for our nation.

But we did not come here just to clean up crises. We came here to build a future.  
20 (Applause.) So tonight, I return to speak to all of you about an issue that is central to that future -- and that is the issue of health care.

I am not the first President to take up this cause, but I am determined to be the last. (Applause.) It has now been nearly a century since Theodore Roosevelt first called for health care reform. And ever since, nearly every President and Congress, whether Democrat or Republican, has attempted to meet this challenge in some way. A bill for comprehensive health reform was first introduced by John Dingell Sr. in 1943. Sixty-five years later, his son continues to introduce that same bill at the beginning of each session.  
30 (Applause.)

Our collective failure to meet this challenge -- year after year, decade after decade -- has led us to the breaking point. Everyone understands the extraordinary hardships that are placed on the uninsured, who live every day just one accident or illness away from bankruptcy. These are not primarily people on welfare. These are middle-class Americans. Some can't get insurance on the job. Others are self-employed, and can't afford it, since buying insurance on your own costs you three times as much as the coverage you get from your employer. Many other Americans who are willing and able to pay are still denied insurance due to previous illnesses or conditions that insurance companies decide are too risky or too expensive to cover.  
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We are the only democracy -- the only advanced democracy on Earth -- the only wealthy nation -- that allows such hardship for millions of its people. There are now more than 30 million American citizens who cannot get coverage. In just a two-year period, one in every three Americans goes without health care coverage at some point. And every day, 14,000 Americans lose their coverage. In other words, it can happen to anyone.

But the problem that plagues the health care system is not just a problem for the uninsured. Those who do have insurance have never had less security and stability than they do today. More and more Americans worry that if you move, lose your job, or  
50 change your job, you'll lose your health insurance too. More and more Americans pay their premiums, only to discover that their insurance company has dropped their coverage when they get sick, or won't pay the full cost of care. It happens every day.

One man from Illinois lost his coverage in the middle of chemotherapy because his insurer found that he hadn't reported gallstones that he didn't even know about. They delayed his treatment, and he died because of it. Another woman from Texas was about to get a double mastectomy when her insurance company canceled her policy because she forgot to declare a case of acne. By the time she had her insurance reinstated, her breast cancer had more than doubled in size. That is heart-breaking, it is wrong, and no one  
60 should be treated that way in the United States of America. (Applause.)

Then there's the problem of rising cost. We spend one and a half times more per person on health care than any other country, but we aren't any healthier for it. This is one of the reasons that insurance premiums have gone up three times faster than wages. It's why so many employers -- especially small businesses -- are forcing their employees to pay more for insurance, or are dropping their coverage entirely. It's why so many aspiring entrepreneurs cannot afford to open a business in the first place, and why American businesses that compete internationally -- like our automakers -- are at a huge disadvantage. And it's why those of us with health insurance are also paying a hidden and  
70 growing tax for those without it -- about \$1,000 per year that pays for somebody else's emergency room and charitable care.

Finally, our health care system is placing an unsustainable burden on taxpayers. When health care costs grow at the rate they have, it puts greater pressure on programs like Medicare and Medicaid. If we do nothing to slow these skyrocketing costs, we will eventually be spending more on Medicare and Medicaid than every other government program combined. Put simply, our health care problem is our deficit problem. Nothing else even comes close. Nothing else. (Applause.)

80 Now, these are the facts. Nobody disputes them. We know we must reform this system. The question is how.

There are those on the left who believe that the only way to fix the system is through a single-payer system like Canada's -- (applause) -- where we would severely restrict the private insurance market and have the government provide coverage for everybody. On the right, there are those who argue that we should end employer-based systems and leave individuals to buy health insurance on their own.

I've said -- I have to say that there are arguments to be made for both these approaches.  
90 But either one would represent a radical shift that would disrupt the health care most people currently have. Since health care represents one-sixth of our economy, I believe it

makes more sense to build on what works and fix what doesn't, rather than try to build an entirely new system from scratch. (Applause.) And that is precisely what those of you in Congress have tried to do over the past several months.

During that time, we've seen Washington at its best and at its worst.

100 We've seen many in this chamber work tirelessly for the better part of this year to offer thoughtful ideas about how to achieve reform. Of the five committees asked to develop bills, four have completed their work, and the Senate Finance Committee announced today that it will move forward next week. That has never happened before. Our overall efforts have been supported by an unprecedented coalition of doctors and nurses; hospitals, seniors' groups, and even drug companies -- many of whom opposed reform in the past. And there is agreement in this chamber on about 80 percent of what needs to be done, putting us closer to the goal of reform than we have ever been.

110 But what we've also seen in these last months is the same partisan spectacle that only hardens the disdain many Americans have towards their own government. Instead of honest debate, we've seen scare tactics. Some have dug into unyielding ideological camps that offer no hope of compromise. Too many have used this as an opportunity to score short-term political points, even if it robs the country of our opportunity to solve a long-term challenge. And out of this blizzard of charges and counter-charges, confusion has reigned.

Well, the time for bickering is over. The time for games has passed. (Applause.) Now is the season for action. Now is when we must bring the best ideas of both parties together, and show the American people that we can still do what we were sent here to do. Now is the time to deliver on health care. Now is the time to deliver on health care.

120 The plan I'm announcing tonight would meet three basic goals. It will provide more security and stability to those who have health insurance. It will provide insurance for those who don't. And it will slow the growth of health care costs for our families, our businesses, and our government. (Applause.) It's a plan that asks everyone to take responsibility for meeting this challenge -- not just government, not just insurance companies, but everybody including employers and individuals. And it's a plan that incorporates ideas from senators and congressmen, from Democrats and Republicans -- and yes, from some of my opponents in both the primary and general election.

130 Here are the details that every American needs to know about this plan. First, if you are among the hundreds of millions of Americans who already have health insurance through your job, or Medicare, or Medicaid, or the VA, nothing in this plan will require you or your employer to change the coverage or the doctor you have. (Applause.) Let me repeat this: Nothing in our plan requires you to change what you have.

What this plan will do is make the insurance you have work better for you. Under this plan, it will be against the law for insurance companies to deny you coverage because of

140 a preexisting condition. (Applause.) As soon as I sign this bill, it will be against the law  
for insurance companies to drop your coverage when you get sick or water it down when  
you need it the most. (Applause.) They will no longer be able to place some arbitrary cap  
on the amount of coverage you can receive in a given year or in a lifetime. (Applause.)  
We will place a limit on how much you can be charged for out-of-pocket expenses,  
because in the United States of America, no one should go broke because they get sick.  
(Applause.) And insurance companies will be required to cover, with no extra charge,  
routine checkups and preventive care, like mammograms and colonoscopies -- (applause)  
-- because there's no reason we shouldn't be catching diseases like breast cancer and  
colon cancer before they get worse. That makes sense, it saves money, and it saves lives.  
(Applause.)

150 Now, that's what Americans who have health insurance can expect from this plan -- more  
security and more stability.

Now, if you're one of the tens of millions of Americans who don't currently have health  
insurance, the second part of this plan will finally offer you quality, affordable choices.  
(Applause.) If you lose your job or you change your job, you'll be able to get coverage. If  
you strike out on your own and start a small business, you'll be able to get coverage.  
We'll do this by creating a new insurance exchange -- a marketplace where individuals  
and small businesses will be able to shop for health insurance at competitive prices.  
Insurance companies will have an incentive to participate in this exchange because it lets  
them compete for millions of new customers. As one big group, these customers will  
160 have greater leverage to bargain with the insurance companies for better prices and  
quality coverage. This is how large companies and government employees get affordable  
insurance. It's how everyone in this Congress gets affordable insurance. And it's time to  
give every American the same opportunity that we give ourselves. (Applause.)

Now, for those individuals and small businesses who still can't afford the lower-priced  
insurance available in the exchange, we'll provide tax credits, the size of which will be  
based on your need. And all insurance companies that want access to this new  
marketplace will have to abide by the consumer protections I already mentioned. This  
exchange will take effect in four years, which will give us time to do it right. In the  
170 meantime, for those Americans who can't get insurance today because they have  
preexisting medical conditions, we will immediately offer low-cost coverage that will  
protect you against financial ruin if you become seriously ill. (Applause.) This was a  
good idea when Senator John McCain proposed it in the campaign, it's a good idea now,  
and we should all embrace it. (Applause.)

Now, even if we provide these affordable options, there may be those -- especially the  
young and the healthy -- who still want to take the risk and go without coverage. There  
may still be companies that refuse to do right by their workers by giving them coverage.  
The problem is, such irresponsible behavior costs all the rest of us money. If there are  
180 affordable options and people still don't sign up for health insurance, it means we pay for  
these people's expensive emergency room visits. If some businesses don't provide  
workers health care, it forces the rest of us to pick up the tab when their workers get sick,

and gives those businesses an unfair advantage over their competitors. And unless everybody does their part, many of the insurance reforms we seek -- especially requiring insurance companies to cover preexisting conditions -- just can't be achieved.

190 And that's why under my plan, individuals will be required to carry basic health insurance -- just as most states require you to carry auto insurance. (Applause.) Likewise -- likewise, businesses will be required to either offer their workers health care, or chip in to help cover the cost of their workers. There will be a hardship waiver for those individuals who still can't afford coverage, and 95 percent of all small businesses, because of their size and narrow profit margin, would be exempt from these requirements. (Applause.) But we can't have large businesses and individuals who can afford coverage game the system by avoiding responsibility to themselves or their employees. Improving our health care system only works if everybody does their part.

200 And while there remain some significant details to be ironed out, I believe -- (laughter) -- I believe a broad consensus exists for the aspects of the plan I just outlined: consumer protections for those with insurance, an exchange that allows individuals and small businesses to purchase affordable coverage, and a requirement that people who can afford insurance get insurance.

And I have no doubt that these reforms would greatly benefit Americans from all walks of life, as well as the economy as a whole. Still, given all the misinformation that's been spread over the past few months, I realize -- (applause) -- I realize that many Americans have grown nervous about reform. So tonight I want to address some of the key controversies that are still out there.

210 Some of people's concerns have grown out of bogus claims spread by those whose only agenda is to kill reform at any cost. The best example is the claim made not just by radio and cable talk show hosts, but by prominent politicians, that we plan to set up panels of bureaucrats with the power to kill off senior citizens. Now, such a charge would be laughable if it weren't so cynical and irresponsible. It is a lie, plain and simple. (Applause.)

There are also those who claim that our reform efforts would insure illegal immigrants. This, too, is false. The reforms -- the reforms I'm proposing would not apply to those who are here illegally.

220 AUDIENCE MEMBER: You lie! (Boos.)

THE PRESIDENT: It's not true. And one more misunderstanding I want to clear up -- under our plan, no federal dollars will be used to fund abortions, and federal conscience laws will remain in place. (Applause.)

Now, my health care proposal has also been attacked by some who oppose reform as a "government takeover" of the entire health care system. As proof, critics point to a

230 provision in our plan that allows the uninsured and small businesses to choose a publicly sponsored insurance option, administered by the government just like Medicaid or Medicare. (Applause.)

240 So let me set the record straight here. My guiding principle is, and always has been, that consumers do better when there is choice and competition. That's how the market works. (Applause.) Unfortunately, in 34 states, 75 percent of the insurance market is controlled by five or fewer companies. In Alabama, almost 90 percent is controlled by just one company. And without competition, the price of insurance goes up and quality goes down. And it makes it easier for insurance companies to treat their customers badly -- by cherry-picking the healthiest individuals and trying to drop the sickest, by overcharging small businesses who have no leverage, and by jacking up rates.

Insurance executives don't do this because they're bad people; they do it because it's profitable. As one former insurance executive testified before Congress, insurance companies are not only encouraged to find reasons to drop the seriously ill, they are rewarded for it. All of this is in service of meeting what this former executive called "Wall Street's relentless profit expectations."

250 Now, I have no interest in putting insurance companies out of business. They provide a legitimate service, and employ a lot of our friends and neighbors. I just want to hold them accountable. (Applause.) And the insurance reforms that I've already mentioned would do just that. But an additional step we can take to keep insurance companies honest is by making a not-for-profit public option available in the insurance exchange. (Applause.) Now, let me be clear. Let me be clear. It would only be an option for those who don't have insurance. No one would be forced to choose it, and it would not impact those of you who already have insurance. In fact, based on Congressional Budget Office estimates, we believe that less than 5 percent of Americans would sign up.

260 Despite all this, the insurance companies and their allies don't like this idea. They argue that these private companies can't fairly compete with the government. And they'd be right if taxpayers were subsidizing this public insurance option. But they won't be. I've insisted that like any private insurance company, the public insurance option would have to be self-sufficient and rely on the premiums it collects. But by avoiding some of the overhead that gets eaten up at private companies by profits and excessive administrative costs and executive salaries, it could provide a good deal for consumers, and would also keep pressure on private insurers to keep their policies affordable and treat their customers better, the same way public colleges and universities provide additional choice and competition to students without in any way inhibiting a vibrant system of private colleges and universities. (Applause.)

270 Now, it is -- it's worth noting that a strong majority of Americans still favor a public insurance option of the sort I've proposed tonight. But its impact shouldn't be exaggerated -- by the left or the right or the media. It is only one part of my plan, and shouldn't be used as a handy excuse for the usual Washington ideological battles. To my progressive friends, I would remind you that for decades, the driving idea behind reform has been to

end insurance company abuses and make coverage available for those without it. (Applause.) The public option -- the public option is only a means to that end -- and we should remain open to other ideas that accomplish our ultimate goal. And to my Republican friends, I say that rather than making wild claims about a government takeover of health care, we should work together to address any legitimate concerns you may have. (Applause.)

280

For example -- for example, some have suggested that the public option go into effect only in those markets where insurance companies are not providing affordable policies. Others have proposed a co-op or another non-profit entity to administer the plan. These are all constructive ideas worth exploring. But I will not back down on the basic principle that if Americans can't find affordable coverage, we will provide you with a choice. (Applause.) And I will make sure that no government bureaucrat or insurance company bureaucrat gets between you and the care that you need. (Applause.)

290 Finally, let me discuss an issue that is a great concern to me, to members of this chamber, and to the public -- and that's how we pay for this plan.

And here's what you need to know. First, I will not sign a plan that adds one dime to our deficits -- either now or in the future. (Applause.) I will not sign it if it adds one dime to the deficit, now or in the future, period. And to prove that I'm serious, there will be a provision in this plan that requires us to come forward with more spending cuts if the savings we promised don't materialize. (Applause.) Now, part of the reason I faced a trillion-dollar deficit when I walked in the door of the White House is because too many initiatives over the last decade were not paid for -- from the Iraq war to tax breaks for the wealthy. (Applause.) I will not make that same mistake with health care.

300

Second, we've estimated that most of this plan can be paid for by finding savings within the existing health care system, a system that is currently full of waste and abuse. Right now, too much of the hard-earned savings and tax dollars we spend on health care don't make us any healthier. That's not my judgment -- it's the judgment of medical professionals across this country. And this is also true when it comes to Medicare and Medicaid.

310 In fact, I want to speak directly to seniors for a moment, because Medicare is another issue that's been subjected to demagoguery and distortion during the course of this debate.

More than four decades ago, this nation stood up for the principle that after a lifetime of hard work, our seniors should not be left to struggle with a pile of medical bills in their later years. That's how Medicare was born. And it remains a sacred trust that must be passed down from one generation to the next. (Applause.) And that is why not a dollar of the Medicare trust fund will be used to pay for this plan. (Applause.)

The only thing this plan would eliminate is the hundreds of billions of dollars in waste

and fraud, as well as unwarranted subsidies in Medicare that go to insurance companies --  
320 subsidies that do everything to pad their profits but don't improve the care of seniors. And  
we will also create an independent commission of doctors and medical experts charged  
with identifying more waste in the years ahead. (Applause.)

Now, these steps will ensure that you -- America's seniors -- get the benefits you've been  
promised. They will ensure that Medicare is there for future generations. And we can use  
some of the savings to fill the gap in coverage that forces too many seniors to pay  
thousands of dollars a year out of their own pockets for prescription drugs. (Applause.)  
That's what this plan will do for you. So don't pay attention to those scary stories about  
how your benefits will be cut, especially since some of the same folks who are spreading  
330 these tall tales have fought against Medicare in the past and just this year supported a  
budget that would essentially have turned Medicare into a privatized voucher program.  
That will not happen on my watch. I will protect Medicare. (Applause.)

Now, because Medicare is such a big part of the health care system, making the program  
more efficient can help usher in changes in the way we deliver health care that can reduce  
costs for everybody. We have long known that some places -- like the Intermountain  
Healthcare in Utah or the Geisinger Health System in rural Pennsylvania -- offer high-  
quality care at costs below average. So the commission can help encourage the adoption  
of these common-sense best practices by doctors and medical professionals throughout  
340 the system -- everything from reducing hospital infection rates to encouraging better  
coordination between teams of doctors.

Reducing the waste and inefficiency in Medicare and Medicaid will pay for most of this  
plan. (Applause.) Now, much of the rest would be paid for with revenues from the very  
same drug and insurance companies that stand to benefit from tens of millions of new  
customers. And this reform will charge insurance companies a fee for their most  
expensive policies, which will encourage them to provide greater value for the money --  
an idea which has the support of Democratic and Republican experts. And according to  
these same experts, this modest change could help hold down the cost of health care for  
350 all of us in the long run.

Now, finally, many in this chamber -- particularly on the Republican side of the aisle --  
have long insisted that reforming our medical malpractice laws can help bring down the  
cost of health care. (Applause.) Now -- there you go. There you go. Now, I don't believe  
malpractice reform is a silver bullet, but I've talked to enough doctors to know that  
defensive medicine may be contributing to unnecessary costs. (Applause.) So I'm  
proposing that we move forward on a range of ideas about how to put patient safety first  
and let doctors focus on practicing medicine. (Applause.) I know that the Bush  
administration considered authorizing demonstration projects in individual states to test  
360 these ideas. I think it's a good idea, and I'm directing my Secretary of Health and Human  
Services to move forward on this initiative today. (Applause.)

Now, add it all up, and the plan I'm proposing will cost around \$900 billion over 10 years  
-- less than we have spent on the Iraq and Afghanistan wars, and less than the tax cuts for

the wealthiest few Americans that Congress passed at the beginning of the previous administration. (Applause.) Now, most of these costs will be paid for with money already being spent -- but spent badly -- in the existing health care system. The plan will not add to our deficit. The middle class will realize greater security, not higher taxes. And if we are able to slow the growth of health care costs by just one-tenth of 1 percent each year --  
370 one-tenth of 1 percent -- it will actually reduce the deficit by \$4 trillion over the long term.

Now, this is the plan I'm proposing. It's a plan that incorporates ideas from many of the people in this room tonight -- Democrats and Republicans. And I will continue to seek common ground in the weeks ahead. If you come to me with a serious set of proposals, I will be there to listen. My door is always open.

But know this: I will not waste time with those who have made the calculation that it's better politics to kill this plan than to improve it. (Applause.) I won't stand by while the  
380 special interests use the same old tactics to keep things exactly the way they are. If you misrepresent what's in this plan, we will call you out. (Applause.) And I will not -- and I will not accept the status quo as a solution. Not this time. Not now.

Everyone in this room knows what will happen if we do nothing. Our deficit will grow. More families will go bankrupt. More businesses will close. More Americans will lose their coverage when they are sick and need it the most. And more will die as a result. We know these things to be true.

That is why we cannot fail. Because there are too many Americans counting on us to  
390 succeed -- the ones who suffer silently, and the ones who shared their stories with us at town halls, in e-mails, and in letters.

I received one of those letters a few days ago. It was from our beloved friend and colleague, Ted Kennedy. He had written it back in May, shortly after he was told that his illness was terminal. He asked that it be delivered upon his death.

In it, he spoke about what a happy time his last months were, thanks to the love and support of family and friends, his wife, Vicki, his amazing children, who are all here tonight. And he expressed confidence that this would be the year that health care reform -  
400 - "that great unfinished business of our society," he called it -- would finally pass. He repeated the truth that health care is decisive for our future prosperity, but he also reminded me that "it concerns more than material things." "What we face," he wrote, "is above all a moral issue; at stake are not just the details of policy, but fundamental principles of social justice and the character of our country."

I've thought about that phrase quite a bit in recent days -- the character of our country. One of the unique and wonderful things about America has always been our self-reliance, our rugged individualism, our fierce defense of freedom and our healthy skepticism of government. And figuring out the appropriate size and role of government has always  
410 been a source of rigorous and, yes, sometimes angry debate. That's our history.

For some of Ted Kennedy's critics, his brand of liberalism represented an affront to American liberty. In their minds, his passion for universal health care was nothing more than a passion for big government.

420 But those of us who knew Teddy and worked with him here -- people of both parties -- know that what drove him was something more. His friend Orrin Hatch -- he knows that. They worked together to provide children with health insurance. His friend John McCain knows that. They worked together on a Patient's Bill of Rights. His friend Chuck Grassley knows that. They worked together to provide health care to children with disabilities.

On issues like these, Ted Kennedy's passion was born not of some rigid ideology, but of his own experience. It was the experience of having two children stricken with cancer. He never forgot the sheer terror and helplessness that any parent feels when a child is badly sick. And he was able to imagine what it must be like for those without insurance, what it would be like to have to say to a wife or a child or an aging parent, there is something that could make you better, but I just can't afford it.

430 That large-heartedness -- that concern and regard for the plight of others -- is not a partisan feeling. It's not a Republican or a Democratic feeling. It, too, is part of the American character -- our ability to stand in other people's shoes; a recognition that we are all in this together, and when fortune turns against one of us, others are there to lend a helping hand; a belief that in this country, hard work and responsibility should be rewarded by some measure of security and fair play; and an acknowledgment that sometimes government has to step in to help deliver on that promise.

440 This has always been the history of our progress. In 1935, when over half of our seniors could not support themselves and millions had seen their savings wiped away, there were those who argued that Social Security would lead to socialism, but the men and women of Congress stood fast, and we are all the better for it. In 1965, when some argued that Medicare represented a government takeover of health care, members of Congress -- Democrats and Republicans -- did not back down. They joined together so that all of us could enter our golden years with some basic peace of mind.

450 You see, our predecessors understood that government could not, and should not, solve every problem. They understood that there are instances when the gains in security from government action are not worth the added constraints on our freedom. But they also understood that the danger of too much government is matched by the perils of too little; that without the leavening hand of wise policy, markets can crash, monopolies can stifle competition, the vulnerable can be exploited. And they knew that when any government measure, no matter how carefully crafted or beneficial, is subject to scorn; when any efforts to help people in need are attacked as un-American; when facts and reason are thrown overboard and only timidity passes for wisdom, and we can no longer even

engage in a civil conversation with each other over the things that truly matter -- that at that point we don't merely lose our capacity to solve big challenges. We lose something essential about ourselves.

460 That was true then. It remains true today. I understand how difficult this health care debate has been. I know that many in this country are deeply skeptical that government is looking out for them. I understand that the politically safe move would be to kick the can further down the road -- to defer reform one more year, or one more election, or one more term.

But that is not what the moment calls for. That's not what we came here to do. We did not come to fear the future. We came here to shape it. I still believe we can act even when it's hard. (Applause.) I still believe -- I still believe that we can act when it's hard. I still believe we can replace acrimony with civility, and gridlock with progress. I still believe  
470 we can do great things, and that here and now we will meet history's test.

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## SCHOLASTIC VITA

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