

VILIFYING OBAMACARE:  
CONSERVATIVE TROPES OF VICTIMAGE IN THE 2009 HEALTH CARE  
DEBATES

BY

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## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	ii
TABLE OF CONTENTS.....	iii
ABSTRACT.....	iv
Chapter 1: Introduction.....	1
Theoretical Framework.....	4
Literature Review.....	8
Chapter 2: Sarah Palin and the “Death Panel” Trope.....	13
Victimhood Rhetoric and Burke.....	15
The Advance Care Planning Consultation Provisison.....	18
Evolution of the “Death Panel”.....	24
The Republican Rhetorical Strategy.....	31
The Impact of the “Death Panel”.....	39
Conclusion.....	41
Chapter 3: FreedomWorks, Americans for Prosperity, and the Victimage Ritual.....	44
The Victimage Ritual: An Introduction.....	46
Freedomworks And American For Prosperity: An Introduction.....	50
Victimage Step One: Vilification Of President Obama And The Reform Movement.....	52
Victimage Step Two: An Ethic to Opposition.....	64
Conclusion.....	67
Chapter 4: The August Town Halls.....	69
The Town Hall: From de Tocqueville to Obama.....	70
August Anger: The Town Halls of Pallone, Green, And Frank.....	72
Conclusion.....	85
Chapter 5: Conclusion.....	86
The Repetition of the Anti-Reform Tropes.....	88
The “Identity of Opposition”.....	90
Final Thoughts.....	93
References.....	96
Curriculum Vitae.....	101

## **ABSTRACT**

This thesis focuses on examining the events during the debate over President Obama's proposed reforms to the American health care system during of the summer of 2009. In particular, I investigate on the rhetorical strategies deployed by various conservative political actors who contributed to the derailment of the health care reform movement. This project applies Burkean theories about identification and vilification to examine the destructive power that conservative tropes and victimhood rhetoric have on the ability to engage in productive discourse in the political sphere. I examine three episodes in the 2009 summer debates to outline the progression of the conservative attack on health care and to illuminate the escalation of the hyperbole intrinsic to their rhetoric. I begin with Sarah Palin's creation of the "death panel" trope, which opened the campaign against the Advance Care Planning Consultation provision of the proposed health reform bill. I next examine the campaign to manufacture dissent led by the prominent conservative groups Americans for Prosperity and FreedomWorks to investigate the rhetorical causes behind the explosive outburst of conservative rage displayed in the August health care town halls, which I discuss on in the final chapter. I conclude with a discussion of what I call the "identity of opposition."

## **Chapter 1: Introduction**

Ladies and gentlemen, we have found something else in the health care bill. Page 425 to page 430. The House version of the health care bill is going to require mandatory counseling for all seniors at a minimum of every five years, ... You know what we ought to do? We ought to put together a single page cut-and-paste fact sheet at [RushLimbaugh.com](http://RushLimbaugh.com) that people could cut and paste and fax to the White House so that Obama will know what is in the bill. I'll bet he doesn't know that there is end-of-life counseling for senior citizens on page 425 to 430. What is this counseling going to be? Why would you need mandatory counseling for all seniors, and who's going to pay for this? ... Kevorkian might want to come back to life and handle this. End-of-life counselors, end-of-life treatment for senior citizens, mandatory.

During his radio broadcast, Rush Limbaugh (2009) attempted to warn his audience about a provision in the proposed Democratic health care reform bill, H.R. 3200, one he argued would threaten the medical fate of the elderly across the United States. The provision on pages 425-430, called the Advance Care Planning Consultation provision, dealt with end-of-life care planning for seniors. According to Limbaugh, this piece in the expansive reform bill would institute mandatory counseling sessions for seniors, to be paid for by taxpayers, resulting in Kevorkian-style state-sponsored euthanasia.

Limbaugh was not alone in the campaign to educate the public about the dangers of the Obama Administration's proposed health care reforms. Numerous public Republican leaders, including Betsy McCaughey and Sarah Palin, and conservative organizations, such as FreedomWorks and Americans for Prosperity (AFP), actively

campaigned against the reform bill. Palin used Facebook to warn the public about the potential for the bill to institute “death panels,” while AFP engaged in a nation-wide bus tour to disseminate information about how Obama’s bill would result in a government takeover of the health care system. Despite differences in medium, all of these distinct actors engaged in a deliberate campaign to vilify the proposed health care reforms and metonymically the Obama Administration as a whole.

In this thesis, I examine the evolution of the conservative attack on the proposed health care reforms during the summer of 2009. The fight over health care reform consumed Congress for over a year, but I chose to focus on the summer events because they constituted some of the most vitriolic and controversial points in the national debate. In particular, the chronological focus of this thesis showcases the escalation of the conservative argument against the health reform bill, which culminates in the now infamously chaotic August town halls.

I argue that the rhetorical strategies deployed by various conservative agents revolve around the use of victimhood rhetoric, to vilify the reform bill and President Obama, in order to stoke the anxiety of the conservative public. I begin with analysis of Sarah Palin’s Facebook note “Statement on the Current Health Care Debate” where she coins the “death panel.” The creation of the “death panel” trope, characterized by hyperbole and victimage, represented the first step in a rhetorical strategy that destroyed any productive dialogue due to a complete lack of identification between conservative and liberal groups. The Republican reliance on divisive hyperbole and victimhood rhetoric divided the public into two entrenched camps that precluded any attempt to find common ground, or a stasis point, because they found the opposing viewpoint repulsive.

The “death panel” functions as a Burkean terministic screen that fundamentally changed national discourse on health care during the summer of 2009, as individuals focused on the specter of a panel of government bureaucrats, obscuring discussions of how best to expand health care coverage for the American public.

The creation of the “death panel” trope laid the groundwork for the Republican linguistic attack on President Obama’s proposed reforms. I argue that the conservative organizations, most notably FreedomWorks and Americans for Prosperity, built upon the themes of opposing “big government,” the necessity of defending the integrity of America, and the specter of state-sponsored euthanasia established in Palin’s Facebook note in their deliberate campaign to build public opposition to the health reforms. I analyze the actions of these conservative groups to examine how their rhetorical tactics escalated the intensity and hyperbole intrinsic to the conservative argument against the health reforms, purposefully positing their audience in the role of the victim. I use the framework of the victimage ritual for investigating the rhetorical tactics utilized by these groups in the time preceding the August town halls, and measure their successful use of vilification in motivating the conservative public to enter the August meetings with an “identity of opposition” by the similarity in theme of argument between the conservative groups and protestors at the town halls and the overwhelming focus of the protestors on derailing the pro-reform movement.

The August town halls showcase the negative impact that victimage tropes had on political discourse on health care. I focus on the town halls of Gene Green, Frank Pallone, and Barney Frank as case studies for investigating the impact of the conservative campaign of victimage. The rhetoric of conservative protestors at the town halls strongly

resembled the arguments put forth by Republican agents like Palin, illustrating the resonance of tropes like the “death panel” and opposition to “big government.” I argue that the use of victimhood rhetoric by conservative leaders like Palin, FreedomWorks’ Dick Armey, and AFP’s Mark Harrison evolved into over-powering tropes that created an “identity of opposition” for the conservative public, based solely on derailing the health care legislation and defeating President Obama. This “identity of opposition” created a situation where intentional incivility became the dominant mode of discussion in the August town halls, hindering the opportunity for productive political dialogue due to a lack of stasis and identification.

## **THEORETICAL FRAMEWORK**

As the base of my rhetorical analysis, I define the “death panel” as a rhetorical trope. The “death panel” constitutes two different yet intrinsically related tropes: hyperbole and metonymy. First, the “death panel” constitutes a classic example of hyperbole in political discourse. The Advance Care Planning Consultation provision that the “death panel” trope refers to does not actually dictate the murder of elderly patients. Rather, Palin and subsequent conservative opponents of health care used the term “death panel” to exaggerate their claims that the health care legislation constituted a gross government intrusion into private decisions about end-of-life care planning. The vision of the callous government bureaucrat deciding your loved ones’ fate created by the “death panel” trope provided the perfect vehicle for Republicans to tap into their audience’s worst fears about the health care legislation, primarily the fear of an intrusive “big government” and the specter of state-sponsored euthanasia. The hyperbolic nature of the phrase emphasized the rhetorical power of their attacks on the legislation. A crucial

theme in the rhetorical strategies deployed in the summer of 2009 revolves around the escalatory nature of their hyperbole. Republican arguments began with Palin's relatively subtle allusions to euthanasia but quickly escalated into explicit references to the "Final Solution" and comparisons of Obama to Stalin. As the hyperbole intrinsic to the Republican argument escalates, so did the intensity of the conservative public's opposition to the health reforms, culminating in the explosive outbursts in the August town halls.

Second, the "death panel" clearly functions as a metonym in the Republican rhetorical attack against health care reform. First, the "death panel" represented the name the GOP created for the Advance Care Planning Consultation provision, enabling them to alter the terms of the political landscape to redefine the debate in their own terms. But the "death panel" trope did not just represent the end-of-life care provision, but rather Obama's proposal for health care reform as a whole. The Republicans created a frightening image of what the world of Obama's reforms embodied, even if the "death panel" actually only referred to one provision of the draft legislation. Second, the "death panel" trope evolved not just to represent the legislation, but a broader critique of the Obama Administration. Republicans invoked the "death panel" to raise connections to fears of incursions into individual autonomy and the threat of the imposition of a "European-style welfare state." I investigate how the associations behind the "death panel" trope became so powerful that it derailed productive dialogue on health policy, promoting misconceptions of the legislation and obscuring the potential benefits of the reforms.

To develop my examination of the health care debates and political discourse more broadly, I build upon two main rhetorical theories. First, I begin with Kenneth Burke's work on identification and persuasion. According to Burke, an "act of persuasion may be for the purpose of causing the audience to identify itself with the speaker's interests; and the speaker draws on identification to establish rapport between himself and his audience" (Burke, 1989, p. 19). The ability to create consubstantiality with an audience represents a prerequisite to effective persuasion and communication in general. I use the health care debates as a contemporary example to showcase the importance of identification facilitating political dialogue between opposing groups in the political sphere. The ideas of building common ground and identifying with the opposition in a political argument underpin both effective communication and deliberative democracy. While I draw on some deliberative democracy theories in my discussion of the town halls (most notably Alexis de Toqueville), I emphasize the necessity of identification for creating consubstantiality. In the polarized atmosphere of the status quo, partisanship and conflict represent inevitable facets of our political system. I distinguish the summer debate over health care from typical political disagreements by illustrating the ways in which conservative victimage tropes created an "identity of opposition" for the conservative public that precluded any opportunity for identification in the August town halls.

I also draw on Burke's work on terministic screens as rhetorical strategies in public discourse. A terministic screen refers to a rhetorical device that intentionally or unintentionally diverts or directs the audience's attention to particular channels or facets of an argument at the expense of others (Burke, 1989, p. 115). The Republicans create the

“death panel” trope in an attempt to obfuscate discussions of the merits of the Democrats’ health care proposals and instead shift the conversation to sensationalist claims of government overreach and violations of individual autonomy. The “death panel” screen further perpetuated conservative misconceptions about the proposed legislation by providing a concrete vision of the health care bill at a time when the public remained deeply uncertain about what the bill actually contained (Kaiser, 2012).

My investigation of the causes behind the breakdown in political discourse during the August town halls requires an investigation of the stasis of definition. Stasis theory helps me in the development of my arguments about the significance of identification for productive political dialogue. Stasis theory represents one of the oldest rhetorical theories, formally introduced as a system by the Greek rhetorician Hermagoras in the second century BCE (Marsh, 2006). The stasis of definition is the second step in Hermagoras’s four staseis, preceded by the stasis of fact and followed by the stasis of quality and then stasis of jurisdiction. The stasis of definition focuses on how people define a particular controversy. In the context of the health care debate, the stasis of definition occurred when the Republicans attempted to redefine what the Democrats called end-of-life care planning as the “death panel.” Political debate does not require that the participants agree on everything, as that would defeat the point of debate itself. Instead it requires the ability of all participants to recognize that despite differences, there exist goals or some issues that opposing members can agree to focus on to facilitate conversation. The health care case study illustrates the dangers of how political discourse breaks down when the divergences in the stasis of definition become too overwhelming.

I complement this investigation of the stasis of definition with an examination of the notion of civility in political discourse. Civil dialogue does not require agreement on everything, rather it recognizes differences and “requires us not to mask our differences but to resolve them respectfully” (Carter, 1998, p. 132). In particular, I examine the detrimental impact that rhetorical strategies based on intentional incivility possess on political discourse. The August town halls showcase the obstacles posed to productive dialogue when incivility becomes the dominant mode of discussion. I hope to illuminate the connections between the importance of stasis of definition and the impact of incivility in political discourse during my discussion of the town halls.

## **LITERATURE REVIEW**

My thesis builds upon the current scholarship dedicated to the 2009 health care debates, with the intent of advancing the importance of identification and emphasizing the dangers of victimage tropes in political discourse. Other scholars have written about Palin’s “death panel” trope. In his book, *Openings*, Michael Hyde devoted an entire chapter to the debate over the “death panel” and the Advance Care Planning Consultation Provision. He focused on how the various rhetorical tactics used during the debates created what he called “openings” or functioned as a “call to conscience” (Hyde, 2012). Aaron Veenstra analyzed Palin’s Facebook post in the context the importance of social media (Veenstra et al., 2010). While I only briefly examine the issue, the selection of Facebook as Palin’s medium for interacting with her audience represents a significant choice and reflects evolutions in how politicians interact with constituents. Brendan Nyhan (2010) focused on the topic of misinformation and examined how the myth of the “death panel” spread throughout the public despite being completely false. Regina

Lawrence performed quantitative studies to examine media treatment of the “death panel” and analyzed how the introduction of the “death panel” trope shifted media coverage from the substance of the health care debates to discussion of the trope itself (Lawrence, 2011). My argument intends to diverge from Hyde’s phenomenological examination, or Nyhan and Lawrence’s more quantitative focus, to illustrate how the health care debates function as an important case study at the cross-section of victimhood rhetoric, political discourse, and deliberative democracy.

A central component of my work revolves around various forms of victimage and vilification rhetoric. Communication scholars provide a solid foundation of literature on this rhetorical strategy in the political context. Vanderford (1989) examined vilification rhetoric in the context of the Pro-Choice movement and explained this rhetorical strategy “discredits adversaries by characterizing them as ungenune and malevolent advocates... vilification delegitimizes them through characterizations of intentions, actions, purposes, and identities” (p. 166). Others scholars, such as Wagner, sought to distinguish vilification from incivility, arguing that the former “activates strong partisan loyalties (“it’s us versus them”) and threat (“the other party is evil and my party must stop them”)” (Wagner et al., 2011). This distinction represents an interesting perspective although ultimately something I disagree with during my treatment of intentional incivility. Multiple scholars examined the case study of President Nixon and the “Silent Majority” in illustrating the impact of victimage rhetoric (Engels, 2010; Hill, 1972) or polarization rhetoric (King & Anderson, 1971). Julie Rovner and Walter Stevens wrote about the effectiveness of polarization in creating an uncritical audience that is cohesive in its opposition to a perceived foe or idea (Rovner, 2009; Stevens, 1961). While there exist a

multitude of variations of names for vilification rhetoric (confrontation, victimage, polarization, etc.), all of these involve intrinsic elements of scapegoating, vilification, and transformation of the public into deeply entrenched camps. I utilize this strong theoretical base as a framework for examining the rhetorical strategies of conservative leaders, like Palin, Arney and others, that utilized victimage rhetoric to tap into the latent fears of the conservative public in order to foster opposition to Obama's proposed health reforms.

My thesis also draws upon a substantial base of existing literature on civility in political discourse. Susan Herbst, in *Rude Democracy*, examined the health care town hall debates in the context of broader debates about incivility in political discourse. In her examination of these meetings she stated:

The use of the label "town meetings" for the health care discussions by legislators themselves, by the president, and by the media presented some baggage: These meetings, at their best, are assumed to be models of rational discourse, or at least some sort of meaningful reciprocal exchange. This assumption was often overturned or rejected in the summer of 2009. (Herbst, 2010, p. 84-85)

Herbst argued that the rampant intentional use of incivility by the GOP caused immense disruptions at these town halls, breaking down any potential for productive discussion on health policy. My work expands upon Herbst's by unpacking the connection between intentional incivility and the rupture in political discourse. She correctly analyzed that disruptions at the town hall had an effect on the broader health care discussion but did not analyze why this rupture happens. My discussion of identification and the stasis of definition in the context of the victimage rhetoric utilized by conservative leaders in the

time preceding the August town halls aims to illuminate the causes of the breakdown in political discourse.

James Andrews, Thomas Benson, and Stephen Carter wrote about the impact of incivility on political discourse, but did not apply it to the health care case study (Andrews, 1969; Benson, 2011; Carter, 1989). Frank Bryan, James Bryce, and Alexis de Toqueville examined about importance of town halls as productive spaces for political discourse in American democracy (Bryan, 2001; Bryce, 1912; de Toqueville, 1862). My work attempts to synthesize the literature on incivility and town halls by applying it to the health care case study in a distinct fashion that advances understanding of the persuasive power of rhetorical strategies based on victimage.

In Chapter 2, I investigate the evolution of the early conservative attack on the Advance Care Planning Consultation provision, Palin's creation of the "death panel" trope and the immediate implications of the use of victimhood rhetoric on the national dialogue on health care. In Chapter 3, I continue my examination of the escalating hyperbole intrinsic to the conservative campaign against Obama's health care reform, focusing on the rhetorical tactics of FreedomWorks and Americans for Prosperity, the two most notable conservative organizations, who manufactured dissent by engaging in a Burkean victimage ritual. This investigation into the victimhood tropes propagated by conservative leaders provides insight into the impetus behind the explosive display of rage at the August town halls. In Chapter 4, I focus on three town halls as case studies for showcasing the destructive impact of victimage tropes on the potential for productive dialogue in historically important spaces for discourse. I conclude in Chapter 5 with a discussion of what I define as the "identity of opposition" born out of the propagation of

victimage tropes and the lessons in the summer events of the health care debate for political discourse more broadly. It is my hope that this thesis will illustrate the persuasive power of victimage tropes and the dangers they can pose to political discourse when they transform the dominant mode of expression into one solely based on an “identity of opposition.”

## **Chapter 2: Sarah Palin and the “Death Panel” Trope**

Chain e-mail: On Page 425 of Obama’s health care bill, the Federal Government will require EVERYONE who is on Social Security to undergo a counseling session every 5 years with the objective being that they will explain to them just how to end their own life earlier. Yes...They are going to push SUICIDE to cut medicare spending!!! (“False euthanasia claims, 2009)

The above e-mail came from the offices of Fact Check, who reported they received deluges of e-mails about H.R. 3200, the House of Representatives health care bill. The provision on page 425, the Advance Care Planning Consultation proposal, became the focus of intense political and public scrutiny in the summer of 2009. While the conservative attack on this provision began early in the summer with Betsy McCaughey, the arguments against the end-of-life care planning proposal catapulted to the forefront of the health care debate when former Vice Presidential candidate Sarah Palin created an alternative name for the Advance Care Planning Consultation proposal.

In a Facebook post on August 7<sup>th</sup>, Palin alleged that the provision created a “death panel” of government bureaucrats with the power to determine whether or not elderly patients would receive health care. This statement represented a landmark event in the yearlong debate over health care because it fundamentally altered the national discourse. The discussions about health care shifted from debates over cost-cutting provisions and how to extend coverage to the greatest number of citizens to whether or not the legislation created a government panel that would deny health care to the most vulnerable. The rhetorical constructions present in Sarah Palin’s Facebook post provide a

unique and important case study for evaluating how politicians tap into the latent fears of their audience to construct victims and enemies in the effort to mobilize the public in opposition to proposed legislation.

I examine the trends of hyperbole and victimization that characterized the arguments utilized by opponents of the Advance Care Planning Consultation provision that culminates in the construction of the “death panel” trope. While the themes emphasizing the dangers of government intervention and the threat of state-sponsored euthanasia were introduced by Betsy McCaughey, I argue that the victimhood rhetoric present in Sarah Palin’s Facebook post, most notably the “death panel,” cast the Advance Care Planning Consultation provision (and metonymically President Obama and the push for health care reform as a whole) as enemies of the elderly and sick as an attempt to rally conservative opposition to defeat the overall legislation. In this chapter, I argue that the “death panel” functioned as a Burkean terministic screen that tapped into broader deep-seated conservative fears about the specter of “Big Government” and state-sponsored euthanasia, positing her audience as the victim of the Obama reform effort, and obfuscating the real purpose of the reform efforts (DoBias, 2011; Rovner, 2009).

In this chapter, I first present the theoretical underpinning for my argument, examining the current scholarship on victimhood rhetoric and Kenneth Burke’s work on scapegoating and terministic screens to investigate historical uses of vilification in the political arena, which provides the backbone for analyzing the enemy constructions in Palin’s work. I then introduce the actual content of the Advance Care Planning Consultation provision and the significance of end-of-life care planning in the broader health care system. This highly technical account of the legislation is important to

establish the actual parameters of the bill, which I then compare to the misrepresentations of the legislation propagated by opponents of the provision. I present the chronology of the controversy, examining the evolution of the conservative attack on the end-of-life care planning provision, beginning with Betsy McCaughey's introduction of the conservative arguments against the provision and analyzing how her rhetorical moves laid the ground work for the construction of a terministic screen based on anti-government sentiment that gained traction only through the introduction of the "death panel". I argue that Sarah Palin's "death panel" provided the ideal vehicle for the terministic screen for the stigmatization of the Advance Care Planning Consultation provision and vilification of the Obama Administration.

### **VICTIMHOOD RHETORIC AND BURKE**

Victimhood rhetoric as a persuasive strategy in political controversies relies on the rhetor constructing a villain that threatens the values and livelihood of his or her audience, who assumes the role of the victim. An intrinsic element of victimhood revolves around the use of vilification to create that common enemy for the audience to unify against. Marsha Vanderford (1989) defines vilification as:

a rhetorical strategy that discredits adversaries by characterizing them as ungenune and malevolent advocates... [and] delegitimizes them through characterizations of intentions, actions, purposes, and identities. (p. 166)

Vilification isolates a specific opponent and emphasizes the threat they pose to the values, safety, and integrity of the audience by attributing only negative characteristics and "diabolical motives" to the proposed enemy (Vanderford, 1989, p. 166-167). The adversary, once identified, functions as a rallying point for a rhetor's audience, a foe that

they must organize themselves in opposition to, to prevent the supposed threat from being actualized. A strict dichotomy between the enemy and the victim emerges because victimhood rhetoric frames the differences between the two groups as fundamentally oppositional – the debate transforms into a battle of good versus evil.

Kenneth Burke writes extensively about vilification rhetoric in his investigation of Adolph Hitler's use of the Jewish people of Germany as a scapegoat. Burke (2006) emphasizes the efficacy of a scapegoat in motivating audiences throughout history:

If a movement must have its Rome, it must also have its devil. For as Russell pointed out years ago, an important ingredient of unity in the Middle Ages (an ingredient that long did its unifying work despite the many factors driving towards disunity) was the symbol of a *common enemy*, the Prince of Evil himself. Men who can unite on nothing else can unite on the basis of a foe shared by all.  
(p. 150)

Thus, the isolation of a scapegoat through the vilification of a proposed enemy spurs the audience to identify with the rhetor, and that identification is based solely on opposition to a common foe. The construction of a common enemy fundamentally changes the nature of political discourse because it precludes an opportunity for identification between the opposing groups, which represents one of the most fundamental prerequisites for productive dialogue.

According to Burke, an “act of persuasion may be for the purpose of causing the audience to identify itself with the speaker's interests; and the speaker draws on identification to establish rapport between himself and his audience” (Burke, 1989, p. 19). Differences between individuals in a discursive space are inevitable, the absence of

difference or controversy would absolve the need for persuasion altogether. But when confronting a political controversy, opposing groups must isolate some common ground, some aspect of the debate in which they identify with the other side in order to begin the process of resolving said controversy. The use of victimhood rhetoric to create stringent dichotomies in an audience complicates the ability to establish any identification between opposing factions.

While the construction of the villain provides the perfect mechanism for facilitating identification between a given speaker and their intended audience (in this instance, Sarah Palin and her conservative audience), it precludes all ability to find common ground with the opposing side. In the context of the health care debate, I analyze the vilification rhetoric in Palin's Facebook note and contend that it posits President Obama and the health care legislation as the enemy of the conservative public thus creating a conservative identity based solely on opposition to the reform movement, effectively destroying all productive discourse on end-of-life care counseling and health care policy more broadly. While Palin's rhetoric builds on the themes established by Betsy McCaughey, I argue that the "death panel" represents the lynchpin in the attempt to crystallize opposition which I will later substantiate with quantitative evidence based on media analysis and public opinion.

The creation of the "death panel" constitutes a quintessential example of a terministic screen. A terministic screen refers to a rhetorical device that intentionally or unintentionally diverts or directs the audience's attention to particular channels or facets of an argument at the expense of others (Burke, 1989, p. 115). The "death panel" provides a version of the health care bill that focuses the attention on the threat of a group

of government bureaucrats with sole control over health care decisions, obscuring the larger content of the bill focused on controlling cost and expanding care. The “death panel” allowed Palin to frame the discussion and shift the focus of health care discourse from publicly popular elements of the legislation to “phantom bureaucrats with the power to euthanize” (Veenstra, 2010). The “death panel” screen reinforced the vilification rhetoric that aimed at constructing Obama and the broader health reform movement as a threat to the conservative public that highly valued personal freedom and individual autonomy in terms of their health care.

The terministic screen created out of the Advance Care Planning Consultation provision relied on serious distortions of the facts about the end-of-life care planning legislation (Rutenberg & Calmes, 2009). In the next section, I outline the parameters of the actual provision and examine the misconceptions prevalent in the Republican criticism. The juxtaposition of the concrete mandates of the bill itself with the Republican distortions provides the context for examining the destructive power of the “death panel” trope itself.

## **THE ADVANCE CARE PLANNING CONSULTATION PROVISION**

### *The Truth and Importance of Section 1233*

Before delving into the core of the controversy over the “death panel” itself, it is necessary to examine the contents of the bill, the importance of end-of-life care planning in the health care system, and the main arguments of the provision’s opponents. Section 1233 of H.R. 3200 (the original draft of the House health care legislation), also known as the Advance Care Planning Consultation provision, focused on the improvement of end-of-life care planning in the American health care system. Improving advance care

planning in the United States represents a crucial goal in health care reform efforts due to the benefits that properly conducted end-of-life care counseling can provide for patients. A study by the Agency for Healthcare Research and Quality found that patients who engaged in end-of-life discussions with their doctors had “felt they had more ability to influence their medical care, believed that their physicians had a better understanding of their wishes, and indicated a greater understanding and comfort level than they had before the discussion” (Tinetti, 2012). End-of-life care planning reduces the overall stress on the families because it eliminates the guesswork of deducing the patient’s wishes in the event that they are no longer able to express their desires. End-of-life care planning, when conducted properly, increases the overall quality of life for all individuals involved.

Improved end-of-life care counseling represents one of the most important mechanisms for battling the explosion of costs that plagues the American health care system. An overwhelming amount of an individual’s overall health care costs occur during the end of life. Quantitative studies in trends in Medicare spending indicate that thirty percent of Medicare expenditures “are attributable to the 5 percent of beneficiaries who die each year” (Barnato et. al., 2004, p. 363). Even more staggering is the fact that one-third of that spending occurs in the last month of life (Kenny, 2012). The majority of this spending relates to highly intensive life-prolonging care and procedures such as the use of ventilators or resuscitation (Kenny, 2012). In many instances these procedures occur as a result of indeterminacy in the wishes of the patient who often cannot communicate their desires in terms of their care at that point in time. Numerous health care officials conclude that “policies that promote increased communication such as direct reimbursement for [end of life] conversations... may be cost-effective ways to

improve care and to reduce some of the rising health care expenditures” (Zhang et al., 2008, p. 488). Thus, improving end-of-life care counseling improves the quality of life and care for elderly patients while also combating one of the biggest threats to the vitality of the health care industry, skyrocketing costs.

The Advance Care Planning Consultation provision aimed to improve end-of-life counseling by amending Section 1861 of the Social Security Act to include an explicit provision about advance care planning – redefining what type of services that fell under Medicare coverage (“False Euthanasia Claims,” 2009). The section defined advance care planning consultation as a consultation between an individual and practitioner, occurring every five years, which included:

(A) An explanation by the practitioner of advance care planning, including key questions and considerations, important steps, and suggested people to talk to.

(B) An explanation by the practitioner of advance directives, including living wills and durable powers of attorney, and their uses.

(C) An explanation by the practitioner of the role and responsibilities of a health care proxy.

(D) The provision by the practitioner of a list of national and State-specific resources to assist consumers and their families with advance care planning, including the national toll-free hotline, the advance care planning clearinghouses, and State legal service organizations (including those funded through the Older Americans Act of 1965).

(E) An explanation by the practitioner of the continuum of end-of-life services and supports available, including palliative care and hospice, and benefits for such services and supports that are available under this title.

(F)(i) Subject to clause (ii), an explanation of orders regarding life sustaining treatment or similar orders, which shall include -

(iii)(I) the reasons why the development of such an order is beneficial to the individual and the individual's family and the reasons why such an order should be updated periodically as the health of the individual changes; [\*415] (II) the information needed for an individual or legal surrogate to make informed decisions regarding the completion of such an order; and

(III) the identification of resources that an individual may use to determine the requirements of the State in which such individual resides so that the treatment wishes of that individual will be carried out if the individual is unable to communicate those wishes, including requirements regarding the designation of a surrogate decisionmaker (also known as a health care proxy) (“H.R.3200,” 2009).

The section further clarified that a “significant change in the health condition of the individual” could result in modifications to the five-year timeline – in short, if a patient’s condition worsened considerably, he or she could receive immediate counsel.

### *Republican Misrepresentations*

The Republican opposition to the Advance Care Planning Consultation provision relied on two major misrepresentations of the legislation. First, McCaughey and Palin held that the provision facilitated a government takeover of health care policy. In reality, the provision represented a relatively minor change in the existing Medicare regulations.

In 1990, Congress passed the Patient Self-Determination Act requiring health care institutions that receive Medicare or Medicaid funding to provide patients with explicit information concerning a patient's ability to accept or refuse treatment, the right to issue "advance directives" pertaining to "life-sustaining therapy," and any of the institution's policies pertaining to the "withholding or withdrawal of life-supportive treatments" (Nuland, 2009). Similarly, the 2008 Medicare Improvements for Patients and Providers Act explicitly included end-of-life care planning in the list of medical care that could be covered as part of Medicare's Initial Preventive Physical Examination (Rovner, 2011). Thus, the Advance Care Planning Consultation provision represented an important but limited alteration to existing policy pertaining to end-of-life care planning, as opposed to a dramatic takeover of the health care system<sup>1</sup>.

Second, adversaries of the health reforms claimed that the Advance Care Planning Consultation provision made Medicare consultations mandatory and argued that doctors could push patients toward a particular outcome, primarily towards denying care. A close reading of the text of the bill reveals that there exists no wording that requires consultations. Bud Hammes, the medical ethics director at Gundersen Lutheran,

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<sup>1</sup> Section 1233 was intended to provide an incentive for doctors to provide the type of care that Medicare already required. By including advance care consultations under Medicare, the provision would "reward end-of-life planning" that reflected the "lived reality of the clinical setting" (Perry, 2010, p. 413). Advance care planning represents one of the most time intensive and personal medical care services that physicians provide. Doctors at Gundersen Lutheran hospital indicated that "those conversations take a lot of time - a good hour, plus follow-up talks to alter directives as medical situations evolve" (Perry, 2010, p. 413). These types of conversations involve intensely complex issues including "(1) a patient's opinion on quality of life vs. length of life; (2) their conception of a 'good' dying experience; (3) religious beliefs; and (4) personal circumstances" and properly dealing with these myriad factors takes time and finesse on the part of the physician (Donley & Danis, 2011). Dr. J. James Rohack, the President of the American Medical Association, maintained that these types of consultations represent the backbone of fully informing patients of their potential options and ensuring that physicians fulfill the wishes of their patients (Perry, 2010, p. 416). Section 1233 clarified the Medicare rules to not just apply to institutions (as required by the PSDA) but to individual doctors and tried to incentivize those doctors to provide superior care to their patients.

explicitly stated that during these consultations doctors are “not trying to talk [patients] into anything” but instead are “trying to understand [a patient’s] values and goals, and tell them what medical science can and can’t do” (Perry, 2010, p. 413). Jon Keyserling, Vice President of public policy at the National Hospice and Palliative Care Organization, said:

Both myself and our outside counsel have reviewed Section 1233 of the House bill, and neither one of us can reach the conclusion that it is a mandatory consultation for Medicare and Medicaid beneficiaries... The opportunity for the consultation is not only voluntary but patient-initiated (“False Euthanasia Claims,” 2009).

Similarly, Jennifer Walter, the Robert Wood Johnson Clinical Scholar at the University of Michigan, and Susan Dorr Goold, a Professor of Internal Medicine and Health Management and Policy at the University of Michigan, examined the debate over the Advance Care Planning Consultation provision and determined that “[t]here was no designation that any particular outcome would be encouraged, and in fact, the provision explicitly stated that patients could elect to receive all possible care” (Walter & Goold, 2010, p. 14). The American Association of Retired Persons concurred in a press release that said the provision “would actually help empower individuals and doctors to make their own choices on end-of-life care” and “provide people with better information on the positives and negatives—both physical and financial—that different treatments can mean for them and their families” (“AARP responds,” 2009). Experts in the field concluded the provision aimed to improve the lives of patients through voluntary consultations with their physicians.

The Advance Care Planning Consultation provision aimed to reduce escalating health care costs by providing improved end-of-life care planning to patients through incentivized but voluntary consultations with physicians. Opponents of the provision, most notably Betsy McCaughey and Sarah Palin, misrepresented the end-of-life care planning reforms as a mandatory federal takeover of the health care system that would ration care and compromise quality. In direct opposition to the facts and expert consensus, these distortions of the Advance Care Planning Consultation provision clearly succeeded as evidence by its ultimate omission from the final legislation. In the next section, I examine the chronology of the conservative opposition to the end-of-life care provision and argue the rhetorical power of victimhood rhetoric and the creation of a conservative identity of opposition facilitated the success of the Republican argument against the Advance Care Planning Consultation provision despite its lack of factual basis.

## **EVOLUTION OF THE “DEATH PANEL”**

The Republican opposition to Section 1233 emerged well before Sarah Palin gave the provision the name of “death panel.” Betsy McCaughey, the former lieutenant governor of New York, spearheaded the conservative attack on this provision in Obama’s health care legislation. McCaughey possessed a history of opposing (and defeating) Democratic efforts at health care reform. In the 1990s, during the Clinton Administration’s health care reform attempts, McCaughey created the claim that Clinton’s health care bill made it illegal to seek insurance outside of government-sponsored programs. The key phrase she coined during that debate was that there was “no exit” from Clinton-style insurance policies (Fallows, 2009). She originated the arguments

against the Advance Care Planning Consultation provision and tracking the progression of the argument from McCaughey to Palin illustrates the escalatory nature of the conservative assault against the provision.

McCaughey taps into her previous discourse on health care with enthymematic references to the shadow of “Big Government” and euthanasia, the first steps toward the construction of a terministic screen that diverts all attention onto the specter of the government panel of bureaucrats. Her first attack on Obama’s reform package occurred during an interview on former Republican Senator Fred Thompson’s radio show on July 16, 2009:

And one of the most shocking things I found in this bill, and there were many, is on Page 425, where the Congress would make it mandatory – absolutely require – that every five years, people in Medicare have a required counseling session that will tell them how to end their life sooner... All to do what’s in society’s best interest... and cut your life short. These are such sacred issues of life and death. Government should have nothing to do with this (“A history of death panels”, 2011).

In one interview McCaughey establishes the line of argument that the provision would force patients into mandatory consultations where doctors dispensed advice for the explicit purpose of convincing the sick and elderly to decline treatment. She emphasizes the intrusion of the government into the personal lives of patients in a manner that compromises their personal autonomy. McCaughey defines end-of-life care planning as a “sacred issue” that represents a deeply personal decision, one that only a patient and their family can and should make. Her statement implies that Section 1233 will warp an

individual's control over his or her own life by increasing government jurisdiction over health care through these mandated sessions. Additionally, McCaughey's emphasis on patients being told "how to end their life sooner" or to "cut their life short" represents an allusion to government-sanctioned euthanasia. Her interpretation of the provision paints a picture of a callous doctor attempting to convince an elderly patient to decline treatment for the sake of saving money. These enthymematic references to government overreach and euthanasia provide direct links into some of the deepest fears of American conservatives. McCaughey's rhetoric lacks the hyperbolic punch that eventually typifies the Republican language on health care but her arguments represent a crucial first step in the construction of the "death panel" terministic screen.

A critical component of the Republican strategy in defeating the Advance Care Planning Consultation provision relied on capitalizing on the public's incomprehension on health care reform. Polls conducted during the summer showed that the public paid close attention to the debates on health care reform but 63 percent of respondents said the issue was hard to understand (Pew, 2009). As explained before, no portion of Section 1233 required mandatory sessions nor would those counseling sessions result in doctors denying patients access to life-saving treatment. The intense focus of the American public on the health care issue, combined with the complexity of the policy and the uncertainty in public comprehensive, amplifies the power of the hyperbole present in McCaughey's arguments. Her intended audience is conservative – choosing to introduce her argument on Thompson's radio show guarantees a conservative audience since Thompson is a former Republican Senator and conservative pundit. These enthymematic allusions succeed because they confirm the conservative audience's pre-existing

suspicions about health care reform. McCaughey strengthens the identification between the audience and herself by constructing an ethos of expertise. She explicitly showcases her “knowledge” of the health reform bill by claiming to have read the entire bill and reinforced this with references to specific pages of the bill. She argues that she read the bill and uncovered this atrocity, thus it is the role of her audience to accept her expert testimony and also oppose the health reform bill.

McCaughey (2009) reinforced these themes in a *New York Post* op-ed on July 17<sup>th</sup>, where she stated:

One troubling provision of the House bill compels seniors to submit to a counseling session every five years ...about alternatives for end-of-life care (House bill, p. 425-430). The sessions cover highly sensitive matters ... This mandate invites abuse, and seniors could easily be pushed to refuse care. Do we really want government involved in such deeply personal issues?

This article reinforced the argument about the so-called mandatory nature of the provision, citing specific pages of the draft legislation to increase the specificity of her claims. Her appeals to specificity and the certainty in her language reinforce her credibility with the audience, and bolster the aura of expertise. She builds upon the theme of government intrusion, asking her conservative audience if they really want government bureaucrats to have a hand in “deeply personal issues” dealt with during end-of-life care. The use of language like “mandate” and “require” reinforces the trope of intrusion intrinsic to her arguments. In just a few public statements, McCaughey laid the groundwork for the conservative attack on the provision.

Despite some attention in conservative circles<sup>2</sup>, the real opposition to the Advance Care Planning Consultation provision failed to capture national attention until Sarah Palin created the “death panel.” In August, Sarah Palin (2009) published the following post on her public Facebook page titled, “Statement on the Current Health Care Debate.”

As more Americans delve into the disturbing details of the nationalized health care plan that the current administration is rushing through Congress, our collective jaw is dropping, and we’re saying not just no, but hell no!

The Democrats promise that a government health care system will reduce the cost of health care, but as the economist Thomas Sowell has pointed out, government health care will not reduce the cost; it will simply refuse to pay the cost. And who will suffer the most when they ration care? The sick, the elderly, and the disabled, of course. The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama’s “death panel” so his bureaucrats can decide, based on a subjective judgment of their “level of productivity in society,” whether they are worthy of health care. Such a system is downright evil.

Health care by definition involves life and death decisions. Human rights and human dignity must be at the center of any health care discussion.

Rep. Michele Bachmann highlighted the Orwellian thinking of the president’s health care advisor, Dr. Ezekiel Emanuel, the brother of the White House chief of staff, in a floor speech to the House of Representatives. I commend her for being

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<sup>2</sup> Political pundits like Sean Hannity and Rush Limbaugh featured the issue in their radio shows, specifically referencing McCaughey’s original argument (“A history of death panels”, 2011).

a voice for the most precious members of our society, our children and our seniors.

We must step up and engage in this most crucial debate. Nationalizing our health care system is a point of no return for government interference in the lives of its citizens. If we go down this path, there will be no turning back. Ronald Reagan once wrote, “Government programs, once launched, never disappear. Actually, a government bureau is the nearest thing to eternal life we’ll ever see on this earth.”

Let’s stop and think and make our voices heard before it’s too late.

This post represented the first time the phrase “death panel” appeared in reference to Section 1233 of the House health care bill. The “death panel” consumed the national dialogue on health care, hijacking a debate that focused on curbing health care costs and extending coverage, and turning it into an overtly politicized firestorm (Perry, 2010, p. 421). A comparison of the percentage of news coverage dedicated to health care during July (when McCaughey led the charge against the Advance Care Planning Consultation provision) and August, when Palin published her post showcases the direct impact of the “death panel.” The Project for Excellence in Journalism (2010) conducted a study of media coverage of health care from Jun 1, 2009 through March 31, 2020 and found that in July 10% of the newshole was dedicated to health care coverage. In August, the coverage of health care doubled to over 20 percent. While Betsy McCaughey can take some credit for laying the groundwork in terms of articulating the themes of government intrusion and the specter of state-sponsored euthanasia, it was Palin’s “death panel” that crystallized these ideas in the media and dramatically escalated the prominence of the attack on the Advance Care Planning Consultation provision.

Public polls taken in the immediate aftermath of the Palin Facebook post illustrate the immediately proliferation of the catchphrase. A Pew study in mid-August showed 86% of the public had heard the allegation that the reform bill included a provision creating “death panels” to preside over end-of-life health care decisions for the seriously ill (Nyhan, 2010). Surveys conducted in mid-August showed that thirty percent of the public believed that death panels were actually included in the proposed health care legislation (Perry, 2010, p. 412). These polls show that the “death panel” trope resonated with a public who found the health care debate very complex and difficult to comprehend, as established before.

The media reaction to the creation of the “death panel” illustrates what I argue became a terministic screen in terms of shaping national political discourse. A study that analyzed over 700 newspaper stories from over 50 prominent newspapers and network news reports examined the degree to which the media focused on the facts of the end-of-life care provision as opposed to the controversy of the “death panel.” The results showed that the media coverage focused almost exclusively on the political controversy of the “death panel” – fewer than five stories out of hundreds actually examined the substance of end-of-life counseling and the complexities of the provision (Lawrence, 2011). The data show the degree to which the “death panel” itself consumed public attention and obscured any discussion of the substance of the policy. It created a “tunnel-vision” type focus that sparked other escalatory language when the media or politicians discussed the “death panel.” Discussions of end-of-life care planning became associated with notions of “pulling the plug on Grandma” and urging elders to “hurry up and die.”

Palin's Facebook post functioned as "rhetorical kerosene" that sparked "a wild fire of political opposition against the health care reform legislation" (Perry, 2010, p. 412). Her efforts to generate widespread opposition to defeat the provision obviously succeeded. While the Affordable Care Act eventually passed both houses of Congress, the legislation that President Obama signed into law omitted any version of the Advance Care Planning Consultation provision. Palin succeeded in transforming the provision into a publically toxic and widely misunderstood issue that made it a political impossibility for Democrats to include it in the final bill. While we know how the story ends, a close reading of Palin's Facebook post remains necessary to understand exactly why her rhetorical attacks turned out to be so successful.

### **THE REPUBLICAN RHETORICAL STRATEGY**

Sarah Palin's "death panel" post focuses on the creation of a dichotomy between President Obama, Democrats, and those who support the health care reform legislation, and the conservative public, her intended audience. The "death panel" facilitates this dichotomy as a terministic screen that focuses the conservative public on the dangers of the proposed health care reforms latent in the Advance Care Planning Consultation provision. The hyperbolic language in Palin's post constructs President Obama as the enemy of the conservative public, facilitating the creation of an identity of opposition where conservatives define themselves solely in terms of opposition to Obama and the health care reform movement. I isolate three main themes in the Facebook post that underpin the creation of "Obama the Enemy" and the identity of opposition: first, an enthymematic attack on President Obama's ethos based on accusations of "rushing the job," second, the invocation of the specter of "Big Government" as Palin argues that the

end-of-life care planning actually results in care rationing and cost escalation, and third, the introduction of the “death panel” itself and the allusion to state-sponsored euthanasia as an anticipated outcome of the proposed reforms. I argue that Palin utilizes these three arguments to vilify the broader health reform effort to convince her audience to respond to her call to action to derail the proposed bill.

*“Rushing the Job” – The Power of the Enthymeme*

The first theme in the Facebook note revolves around the enthymematic insinuation that President Obama and the liberal reformers are obscuring the true dangers of the health care bill, because, as Palin declares, “the current administration is rushing through Congress.” Palin writes the post from a position of urgency: Americans are just beginning to read the bill but they must hurry to “make [their] voices heard before it’s too late.” The allegation that Democrats attempted to shove through legislation, without properly educating the public about the specifics of the bill, represents a direct attack on the ethos of pro-reform politicians. The enthymematic insinuation that Obama is purposefully trying to “rush the job” implies that the reason Democrats are hurrying the process results from a desire to hide something in the bill that the public would oppose. While she never explicitly claims that the Democrats attempted to purposely hide elements of the bill from the public, Palin clearly implies the unstated premise that the Obama Administration is attempting to shield the unsavory parts of the legislation from public scrutiny. If Obama and the Democrats had nothing to hide in the health care bill, then why would they try to ram the bill through Congress before the public and the Republican opposition has the time to fully examine the bill?

This enthymematic approach succeeds because Palin speaks to an ideologically conservative audience. For enthymematic persuasion to succeed, the intended audience “must assume the... premise. If the audience does not assume that premise, they will reject the argument as incoherent” (Gill & Whedbee, 1997, p. 171). In choosing Facebook as the venue for her political attacks, Palin is targeting like-minded conservative individuals who specifically chose to “Like” her page and follow her posts. The ideological cohesion between Palin and her audience makes her unstated assumption to distrust the Obama Administration more likely to be accepted.

At its core, Palin’s enthymematic line of argument about “rushing the job” functioned as an attack on the ethos of the health care reform proponents. Ethos represents one of the most important elements in a speaker’s quest to persuade an audience because rhetoric operates in the area of the uncertain. When an audience makes a decision between two competing viewpoints or arguments, an essential part of that decision relies on not just the reasoning for a viewpoint but also if the speaker providing that view appears trustworthy. This opening statement lays the groundwork for allowing Palin to identify with her audience by implicitly undercutting the “trustworthiness” of Obama and the pro-reform advocates, building on distrust inherent in the conservative public. Sarah Palin gives her audience more concrete reasons to distrust the Obama Administration, and the reform movement as a whole, when she taps into the conservative public’s fears about government intrusion.

### *The Specter of “Big Government”*

Palin builds upon the enemy vs. victim dichotomy by contextualizing the Advance Care Planning Consultation provision as a “government health care system.” A

running theme in her post focuses on asserting that the proposed health care reform legislation would result in a government takeover of the American health care system. Her argument contends that Obama's bill would result in the rationing of care in the vein of "socialized health care." The specter of government intrusion into personal issues of autonomy, like control over health care decisions, represents one of the biggest fears of the conservative wing of the American public (Watson, 2010, p. 1323). Quantitative studies conducted on the role of the government in the health care industry reveal that the public harbors serious fears that government encroachment will compromise "the cost of care, the quality of treatment, and the freedom of choice available to them (Jacobs, 1993, p. 635).<sup>3</sup> The main frame of these concerns revolves around questions of government incompetence, a frame conservatives repeatedly use in their opposition to expansion of the government's role in social welfare. John Rother, executive vice president of policy, strategy, and international affairs at the American Association of Retired Persons, said the American public wants to believe they maintain control over their own health care decisions and that quest for control represented one of the cornerstones in the conservative backlash to the end-of-life care provision. He put it simply, saying, "It's really about control... that's what 'death panels' played into... who do you trust here?" (DoBias, 2011). The invocation of the trope of government overreach builds on the theme of distrust established by the allegations of the Obama Administration "rushing the bill" through Congress.

Palin makes the government vs. American public division explicit by stating, "Nationalizing our health care system is a point of no return for government interference

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<sup>3</sup> Jacobs specifically cites surveys that showed strong reservations about a "government-run national health insurance plan" conducted by Cindy-Jajich-Toh and Burns Roper and also the Roper Center.

in the lives of its citizens.” By Palin’s accord, a vote for the health care bill represents a vote for creating a slippery slope of government intrusion into every aspect of the everyday American’s life. She expands the danger of the health care legislation from simply pertaining to end-of-life care planning to the basic right to autonomy of every citizen because “[i]f we go down this path, there will be no turning back.” Her audience must oppose the “death panel” in order to protect themselves and their families from the “Orwellian thinking” of the Obama Administration. The metonymic nature of the “death panel” allows the Republicans to create a frightening image of what the world of Obama’s reforms embodied, even if the “death panel” actually only referred to one provision of the draft legislation. The maximal nature of the trope requires the audience to pick a side, good or evil. There exists no middle ground for Palin in regard to the position one should take vis-à-vis the health care legislation: either you are for “Big Government” or you are for individual rights and personal autonomy.

A common trope in the anti-government intervention argument revolves around the equating of American health reform efforts to the imposition of socialism in the United States. Jonathan Oberlander, a political scientist at the University of North Carolina at Chapel Hill, argued that the practice of tying American health reform efforts to international threats represents a time-tested strategy of reform opponents. This strategy first emerged in 1915 when opponents argued “national health insurance was a plot by the German emperor to take over the United States” (Rovner, 2009). A similar argument emerged during the health care reform attempt of the 1940s except the threat became the Red army marching through the streets of the U.S. because national health care represented “the first step towards communism” (Rovner, 2009). This argument

resonates with the conservative audience because it posits health care reform as a violation of our very “Americanness.” Palin clearly deploys this trope when she refers to “the American [she] know[s] and love[s]” as one that would never allow the creation of Obama’s “death panels.” She invokes the image of America as under attack by a system that she terms “downright evil,” thus elevating the importance of the fight against the health care reforms, framing it not just as an intrusion into individual autonomy but as a violation of the image of America as a whole.

What makes this line of argumentation particularly effective in maximizing the fears of the conservative audience is how it taps into the dominant conservative discourse about the un-Americanness of President Obama. A Pew Research Center poll in 2008 found that less than half of Americans correctly identified President Obama as a Christian with 13 percent responding that he is a Muslim (Kristof, 2008). The widespread conservative campaign that demanded President Obama to produce his birth certificate is representative of the broader effort to “otherize” Obama. Perhaps this religious prejudice represents the conservative proxy for racial prejudice that they cannot publically express but the consistent conservative questioning of Obama’s background represents an intentional campaign to de-Americanize him (Kristof, 2008). The conservative fear of the “Otherized Obama” plays directly into the conservative arguments about the “socialist takeover” of the health care industry. Palin’s use of the image of “her America” and identifying the health care reform effort as patently un-American amplifies the conservative fears about President Obama. Palin completes the rhetorical construction of “Obama the Enemy” and the demonization of the health reform movement as a whole with the introduction of the threat of state-sponsored euthanasia.

*Obama the Euthanizer*

The construction of “Obama the Enemy” culminates in the assertion that the health care legislation he supports will result in passing the cost of health care onto the most vulnerable groups in the American population: “the sick, the elderly, and the disabled, of course.” Palin asserts that the Advance Care Planning Consultation provision actually represents a “death panel” that coldly calculates the economic worth of your elderly parents or your “baby with Downs Syndrome” to decide whether or not they will receive care. This assertion functions as an allusion to government-sponsored euthanasia and a deliberate attempt to utilize emotionally charged rhetoric in order to persuade her audience. The use of inflammatory rhetoric and playing on public fears of euthanasia to distort health issues represents a time-tested strategy.<sup>4</sup>

Palin’s Facebook post does not promote deliberation about the proposed health care legislation nor does it inform the public about the medical issues intrinsic to the debate. Palin’s language instead provokes resentment toward President Obama and the reform movement, rhetorical moves similar to those used by President Nixon when he spoke about the “Silent Majority.” In his analysis on Nixon’s use of the politics of resentment, Engels defines this strategy as an attempt to “coerce publics and manufacture consent by manipulating the vitriolic emotions that often accompany the feeling that one is a victim” (Engels, 2010, p. 304). By playing on the fears of government intrusion, state-sponsored euthanasia, and the discrimination of the infirm inherent in the American

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<sup>4</sup> One need only look as far back into American political history as the Terri Schiavo controversy to find echoes of the vitriolic rhetoric used by Palin in the construction of the “death panel.” Much akin to how a policy incentive for doctors to spend more time counseling their patients morphed into a panel of government officials telling your grandmother to “hurry up and die,” the decision to end Schiavo’s life support was depicted as first-degree murder and starvation (Perry, 2010, p. 419).

public, Palin's post incites an emotional and hostile reaction from her audience. She bases her arguments not on sound reasoning or logic (as it has been explained that *no* aspect of the bill actually constituted a "death panel") but rather on the emotional anxiety of her audience. This state of hostility that Palin encourages her audience to enter represents an example of what Nietzsche calls *ressentiment*. While in this state of *ressentiment*, the public is encouraged to adopt a mode of "reaction instead of rumination" because "*ressentiment* encourages people to immediately react to stimuli" (Engels, 2010, p. 309). *Ressentiment* transforms the public from a logical, reasoned group of individuals into a resentful, angry mob that uniformly accepts Palin's assertions as fact without first critically analyzing their validity.

Using rhetoric to incite reaction rather than contemplation represents a fundamental element in the success of Palin's post in vilifying Obama and health care reform. No aspect of the Advance Care Planning Consultation provision is mandatory or forces a patient into a particular decision or constitutes a government take over. I argue that Palin utilizes deep-seated historical conservative fears of euthanasia and the shadow of "Big Government" in an attempt to provoke an immediate and irrational response from Palin's audience. Her strategy succeeds because it rests on inflaming the public into a reactionary mob that jumps to oppose the legislation before thinking through exactly why they oppose it. Palin creates identification between herself and the audience based wholly on opposition to the Obama Administration. The creation of an identity of opposition precludes any potential for rationally evaluating the relative merits or flaws in the health reform legislation because to acknowledge any positive aspect of the reform legislation would require identification with the people Palin casts as "death panel" proponents. The

success of Palin's strategy is illustrated by the lasting impact that the "death panel" trope continues to have on national discussions of end-of-life care planning.

### **THE IMPACT OF THE "DEATH PANEL"**

Palin's rhetorical attack on the Advance Care Planning Consultation provision succeeded: all references to end-of-life care planning were removed from the draft health care legislation by mid-October (Perry, 2010). In just over two months, the stigma created by the "death panel" overwhelmed all attempts to clarify the actual intent of the provision resulting in its ultimate demise. The associations to state-sponsored euthanasia and government intrusion into the deeply personal issue of end-of-life care planning tapped into entrenched public fears that trumped any evidence-based rebuttal. Even though Obama eventually signed the Affordable Care Act into law, the stigma surrounding end-of-life care planning continues to affect health care policies today.

Despite being over three years old, the "death panel" continues to pervade the public perceptions of health care reform and end-of-life care planning. A comparison of polls taken in September, 2009 and March 2012 that investigated the public's perception of the health care reform bill and the validity of the "death panel" claims showcases the lasting impact of the trope. A CNN poll taken in September of 2009 asked "If Obama's plan became law, do you think senior citizens or seriously-ill patients would die because government panels would prevent them from getting the medical treatment they needed?" (Nyhan, 2010). Over 40% of respondents believed that the government could and would indeed withhold medical treatment (Nyhan, 2010). While not a majority, the fact that over a third of the American population bought into the misinformation perpetuated by the "death panel" trope displays the power of the Republican strategy. The poll also

revealed the depth of public incomprehension about the health reform bill. When asked how much respondents knew about the details of the health reform bill, 37% said they knew “only some” details while 20% said they did not know much at all (Nyhan, 2010). Well over half of the public possessed a meager understanding of the health reform bill, an issue of such overwhelming importance to all Americans.

The polling data from March, 2012 illustrates that the level of incomprehension and misinformation that pervades the national discourse on health care remains strikingly high. A Kaiser Family Foundation poll conducted in March of 2012 investigated the trends in public opinions and perceptions of the Affordable Care Act. When presented with a list of different health care provisions that were \*not\* included in the ACA, over half responded that they believed the law did “allow a government panel to make decisions about end-of-life care for people on Medicare” or that they were not sure whether it did or not (Kaiser, 2012, p. 7). These results show that public misperceptions of the end-of-life care debate in regards to the Affordable Care Act remained roughly equivalent to the 2010 levels. Similarly, six out of ten respondents said they did not possess enough information about the health reform bill to understand its impact (Kaiser, 2012, p. 6). The degree of uncertainty surrounding American perceptions of the Affordable Care Act and end-of-life care showcases the enduring and destructive impact of the “death panel.”

The stigma surrounding end-of-life care planning created by the “death panel” continues to impede attempts to improve the health care process. In 2010, the Obama administration attempted to modify Medicare regulations pertaining to coverage for a new annual wellness visit to include voluntary advance care planning as a part of

preventive services (Tinetti, 2012). The proposed regulation would function in the same manner as the Advance Care Planning Consultation provision, by paying doctors to provide counseling to patients on end-of-life care, including but not limited to advance directives about life-sustaining treatment (Mataconis, 2010). Proponents of the regulation explicitly refrained from publicly supporting the Administration's decision for fear of prompting a resurrection of the "death panel" backlash. Democratic Representative Earl Blumenauer sent an e-mail to other supporters of the regulation cautioning them to not broadcast the decision claiming that "the longer this goes unnoticed, the better our chances of keeping it" (Pear, 2010). Once the media caught wind of the story, the "death panel" rallying cry immediately resurfaced resulting in immediate revisions of the regulation to delete all references to end-of-life care planning just days after the initial regulation went into effect (Pear, 2011). This episode showcases the depth and endurance of the stigma surrounding end-of-life care created by the "death panel." Despite lacking any factual basis and being over three years old, the "death panel" trope continues to derail attempts to better the American health care system, which illustrates the importance of recognizing the power of victimhood rhetoric in political discourse.

## **CONCLUSION**

The "death panel" continues to impact the national dialogue on health reform. While the Advance Care Planning Consultation provision ended up on the floor of the House of Representatives in October of 2010, conservative opponents of the Affordable Care Act continue to utilize the specter of the government panel of bureaucrats in their arguments against the Obama Administration. Sarah Palin continues to defend the existence of the "death panel" and uses the trope to attack the Affordable Care Act.

During the 2012 presidential debates, Mitt Romney made six distinct references to an “unelected board, appointed board, who are going to decide what kind of treatment you ought to have” when debating President Obama about health care (Vieback, 2012). His arguments focused not on end-of-life care planning but rather the Independent Payment Advisory Board. While never using the phrase “death panel,” Romney invokes the allusions to “Big Government,” violations of individual autonomy, and rationing of care that are intrinsically linked to the “death panel” trope. Thus, in modern discourse, the “death panel” trope takes on new life, as Republicans reappropriate it to different portions of the health care debate. The continued relevance of the “death panel,” despite its age, showcases the importance of investigating the rhetorical strategies that built the “death panel” trope and continue to resonate with the public today.

I argue that Palin’s introduction of the “death panel” serves as a terministic screen to divert the public’s attention onto the hypothetical dangers of an intrusive government panel that would hijack the health care system, compromise individual autonomy and impair care quality, obscuring the real purpose of both the Advance Care Planning Consultation provision and the reform bill as a whole. The victimhood rhetoric present in Palin’s post casts President Obama and the reform movement as a whole as a threat to the American public, bent on enacting a government takeover of the health care sector that would base health care decisions on an individual’s economic worth. While Betsy McCaughey began the campaign against the Advance Care Planning Consultation provision, it is the hyperbolic language of the “death panel” that played into the public’s deeply entrenched fears of state-sponsored euthanasia and government violations of individual autonomy, transforming the health care debate from a discussion of expanding

coverage and reducing cost to vitriolic accusations of grandma-killing. The rhetorical strategies of Sarah Palin encourages the conservative public define their identity as one of opposition to President Obama and the health care reform movement. The “death panel” represents just the first step in the cultivation of the conservative identity of opposition that eventually precluded any opportunity for productive discourse on health care. In the next chapter I build upon this examination of victimhood rhetoric and oppositional identity by expanding the investigation to conservative groups who engaged in an active campaign to encourage vocal dissent and opposition in the August town halls. The “death panel” introduces the language of hyperbole and victimhood that continued to escalate as the summer of 2009 progressed, into the violent outburst that characterized the August town hall meetings.

### **Chapter 3: FreedomWorks, Americans for Prosperity, and the Victimage Ritual**

I don't have the answers for how to fix the broken pieces of our health care system, but I know darn well if we let the government bring in socialized medicine, it will destroy this thing faster than the twin towers came down.

(Johnson, 2009)

An audience member at moderate Republican Mike Castle's town hall meeting during the summer of 2009 drew a dramatic picture by equating President Obama's proposed health care reform legislation to one of the worst acts of terrorism ever committed on American soil. The hyperbolic nature of that particular audience member's statement exemplified the overall theme of not just Representative Castle's town hall meeting, but the broader trends of incivility that characterized the August town hall meetings that year.

Conservative protestors poured into town halls across the nation to violently oppose the health care reforms with slogans like "Obama Lies, Grandma Dies" and "Just say no!" Meetings designed to facilitate discussion between politicians and their constituents about the substance of the proposed health care policy changes devolved into shouting matches between conservatives and liberals.

These chaotic town halls occurred not as the result of a grassroots backlash, but rather as a result of a concentrated campaign by conservative organizations to rally opposition to the health care reform bill and the Obama Administration more broadly. Two of the most influential conservative groups that focused on rallying the conservative public by stoking their fears about the proposed health care reform were FreedomWorks and Americans for Prosperity. These organizations focused on motivating their

conservative audience to attend these town halls not to express their criticisms of the bill in order to improve the health care legislation, but rather to criticize with the intent of shutting the conversation down entirely. Political pundits, other conservative organizations and individuals joined in the effort to artificially manufacture the August outburst by tapping into the fears of the conservative audience, deliberately provoking a vitriolic response.

This chapter investigates the actions of FreedomWorks and Americans for Prosperity in the lead up to the August town halls to investigate the reasons why the August meetings turned out to be explosive outbursts of conservative rage, rather than productive spaces for rational discourse on the proposed health care reforms. I argue that the rhetorical strategies utilized by these two conservative groups in the weeks and months leading up to the health care town halls relied predominantly on the use of victimage rhetoric to inflame the anxiety of the conservative public. FreedomWorks and Americans for Prosperity complete the two steps of the victimage ritual by first systematically constructing the Obama Administration and the broader health reform movement as the enemy; and second by constituting an ethic of action, imploring the conservative audience to storm the town halls to prevent the constructed dangers posed by the vilified health reforms. I argue the conservative groups used victimage rhetoric to elevate the hypothetical perils, which hindered the possibility for the August town halls to function as productive spaces for political discourse.

I introduce the victimage ritual as conceptualized by Kenneth Burke, and investigate the ways in which the case study presented in this chapter complicates the traditional assumptions of the victimage ritual. I then briefly outline of the subjects of this

chapter, FreedomWorks and American for Prosperity, to establish their importance as case studies for the health care discourse during the summer of 2009. This provides the necessary context for investigating the actions of these two groups in the framework of the victimage ritual. First, I examine the methodical construction of the Obama Administration as the villain or enemy of the public through the manipulation of conservative fears of government overreach and state sponsored euthanasia; and second, I investigate the creation of an ethic of action to motivate the conservative audience to rise up and fight back against Obama's health care reforms. While I do not discuss the town halls until the next chapter, this investigation represents a crucial examination of the rhetorical causes behind the explosive conservative backlash in August 2009.

### **THE VICTIMAGE RITUAL: AN INTRODUCTION**

The victimage ritual represents a two-step process utilized by a social group or movement to motivate an audience, identified as receptive to their message, to take action against a perceived or actual threat to the collective's wellbeing or value system. The ritual is comprised of two distinct steps: first, vilifying a prospective foe or enemy, and second, establishing a call to action and providing a mechanism for individuals to actively oppose or defeat the hypothetical enemy. The use of victimage rituals in political discourse is well documented in the current scholarship. Jeremy Engels (2010) examines the theories of Kenneth Burke and Friedrich Nietzsche in the context of the victimage ritual in his analysis of President Nixon's campaign strategies. In his broader discussion of the victimage ritual, Engels lists Sarah Palin's discussion of the "death panel," and Representative Joe Wilson's "You lie!" outburst during a presidential address to Congress as modern examples of victimage. Michael Blain writes extensively about the

victimage ritual in social movements including the antinuclear movement and the anti-gay campaigns. I utilize the victimage ritual as a framework for investigating the actions of Americans for Prosperity and FreedomWorks to analyze why their efforts to mobilize conservative backlash at the August town halls were so successful.

The first step of the ritual, vilification, focuses on illustrating and maximizing the threat posed by a hypothetical or actual enemy to collective interest. Attempts to vilify an opponent often utilize the image of the innocent victim, such as children, to establish “the ‘truth’ of an opponent’s villainy” (Blain, 2005, p. 34). This theme occurs repeatedly in the rhetorical efforts of FreedomWorks and Americans for Prosperity as they attempt to vilify the proposed health reforms. Blain uses the example of the antinuclear activists of the 1980s who utilized the image of children dying of leukemia from radiation exposure and constructed the Department of Energy as the villain who deliberately attempted to cover up its wrong doings (Blain, 1994, p. 821). The vilification portion of the ritual requires the opponent be cast as “a violator of the ideals of the social order” (Blain, 2005, p 34). In the instance of the health care debate, these ideals revolve around the notions of individual liberty and patriotism. A key aspect of the vilification step revolves around the use of hyperbolic language to transform a proposed foe into an evil, immoral other that creates group solidarity through opposition to the adversary, an example of Burkean congregation through segregation (Blain, 1994, p. 820). This emphasis on hyperbole to dramatize the “evilness” of the proposed foe is a dominant element of the conservative groups approach to vilifying the Obama Administration.

Vilification of a proposed foe represents a prerequisite to motivating an audience to action because speakers “must get us to boo the villain before it can get us to applaud

the hero's struggle to defeat the villain" (Blain, 1994, p. 820). The first step, vilification of the enemy, is characterized by the motive to "destroy the destroyer" (Blain, 2009, p. 159). Intrinsic to this step is the notion of identification between a speaker and the audience because it "has the power to motivate people to support or oppose politicians or programs, participate in movements, and fight and die in wars" (Blain, 2005, p. 33). A speaker must establish identification with his or her audience in order to effectively motivate them to action and to oppose the hypothetical villain. Burkean notions of identification represent a core element of the victimage ritual, Blain argues that "the ultimate moment of identification is victimage," because it involves "the personification and ritual destruction of those powers that threaten the survival of a community" (Blain, 2005, p. 33). A core part of my examination of the health care debates revolves around the importance of identification in political discourse, as I argue that the rhetorical tactics utilized by various conservative agents created an "identity of opposition" for the right-wing audience that manifested itself in the explosive outburst of conservative anger at the August town halls. While their anger at the proposed health care reforms resulted from the ideological views about the role of government and fiscal issues, the complete breakdown of political discourse that I investigate in the following chapter is a direct result of the conservative's "identity of opposition" which precluded any attempt to converse with their liberal counterparts.

After successfully vilifying one's opponent, the next step in the victimage ritual requires the speaker to "constitute an ethic of political action – argue for solutions in an activating way, including the heroization of activists as moral agents" (Blain, 2005, p. 34). The victimage ritual transcends victimhood rhetoric by imploring the targeted

audience to take action, to do something “to oppose and defeat the adversary” (Blain, 1994, p. 823). Blain examines the efforts of the Cumbrians Opposed to a Radioactive Environment, a Greenpeace affiliate group that attempted to mobilize local opposition to Britain’s Sellafield nuclear reprocessing facility (Blain, 1994, p. 824). The identification between a rhetor and his or her audience provides the impetus to action required to fulfill the victimage ritual. Blain argues that actors in political movements use victimage rhetoric “to mobilize people to fight and defeat their adversaries... It functions to incite those who identify with it to engage in political acts of scapegoating” (Blain, 2009, p. 158). I argue that Americans for Prosperity and FreedomWorks utilize the August town halls as the mechanism for motivating their audience to action. After thoroughly demonizing the proposed health care reforms, and by proxy the entire Obama Administration, and stoking the fears of the conservative public, AFP and FreedomWorks direct the conservative public towards the town halls as an outlet for their anxiety, which culminated in the now infamous tumultuous town meetings.

Traditionally, the main motivation for the victimage ritual is attributed to guilt. Burke argued that the victimage ritual provided a mechanism for society or a social group to exorcise their guilt about a violation of the hierarchical order that structures society. In *Permanence and Change*, he outlined the importance of the concept of guilt: “it would seem to follow that the “guilt” intrinsic to hierarchal order (the only kind of “organizational” order we have ever known) calls correspondingly for “redemption” through victimage” (Burke, 1954, p. 284). Society must find some solution for the guilt caused by interruption of the hierarchy, the victimage ritual provides such an outlet by isolating a scapegoat onto which individuals can displace that guilt. For Burke, the

victimage ritual is curative; the scapegoat provides “purification by disassociation” (Burke, 1973 p. 202). In contrast to Burke’s curative view of the victimage ritual, Nietzsche views the ritual as intrinsically guilty, resulting in resentment or a politics of resentment that redirects “feelings of resentment at someone or something that is said to be the cause of suffering” but “does nothing to remove the cause of suffering” (Engels, 2010, p. 311-312). While recognizing the importance of Burke’s work on the importance of guilt to the victimage ritual, guilt provides an unsatisfactory explanation for the motivation of Americans for Prosperity and FreedomWorks in their campaign against Obama’s proposed health care reforms. My interpretation of guilt requires the individuals enacting the victimage ritual to feel that the disruption of the societal hierarchy is their fault, at least to some degree. The two groups definitely view the proposed reforms as a violation of their social order and hierarchy, but they view the Obama Administration as the guilty party, rather than themselves. The conservative backlash rests on the overwhelming ideological commitment of the radical conservative public to the tenets of limited government and fiscal conservatism, which provides an alternate explanation for the motivation behind the conservative’s enactment of the victimage ritual in the summer of 2009.

## **FREEDOMWORKS AND AMERICAN FOR PROSPERITY: AN INTRODUCTION**

The actions of FreedomWorks and Americans for Prosperity (AFP) are important for several reasons. First, these two groups represent two of the largest and most influential conservative activist groups in the political sphere. Dick Armey, the former Republican House Majority leader who became a famous lobbyist upon leaving the government, heads FreedomWorks (Shakir, et.al., 2009). David Koch, the notoriously

conservative owner of Koch Industries, one of the largest privately owned companies in the United States, helped found AFP in 2003 along with AFP President, Tim Phillips (Buchwalter & Gloudeman, 2009). The involvement of such high-profile conservative activists makes the actions of FreedomWorks and Americans for Prosperity uniquely important because the media (and consequently the public) affords them inherently more attention.

Second, both groups possess a history of not only opposing the Obama Administration but specifically engineering grassroots protests, similar to their actions in the summer of 2009 on health care. FreedomWorks actively worked to engineer and propagate the “tea party” protests against government spending in the early portion of the Obama Administration (Buchwalter and Gloudeman, 2009). The group “distributed organizational tips and talking points” and organized protests – tactics they explicitly reuse during their movement against Obama’s proposed health care reforms (Buchwalter and Gloudeman, 2009). Americans for Prosperity’s Phillips also possesses a history of manufacturing public opposition, including efforts to mobilize anti-gambling evangelicals to oppose casinos in the late 1990s (Buchwalter and Gloudeman, 2009). AFP has also actively organized opposition to proposed climate legislation involving a “cap and trade” emissions scheme since President Obama entered into office (Buchwalter and Gloudeman, 2009).

Finally, due to their size and public profile, there exists a substantial record of the actions of FreedomWorks and Americans for Prosperity during the summer of 2009, particularly May through August. While FreedomWorks and Americans for Prosperity are not the only conservative organizations that attempted to mobilize the conservative

public, other groups lacked the clout or notoriety to gain as much attention. Other notable conservative attempts to stir conservative protest include the website Operation Embarrass Your Congressman, which has since been taken offline, the Coalition to Protect Patients' Rights, and 60 Plus. While these other groups made similar arguments against Obama's health care proposals, they lacked the publicized, national impact associated with the machinations of FreedomWorks and Americans for Prosperity.

In the next section, I analyze the actions of FreedomWorks and Americans for Prosperity and argue that their rhetorical strategies relied on the successful utilization of the victimage ritual, thus stoking the anxiety of the conservative public through escalating hyperbole that crippled the August town halls as spaces for reasoned political dialogue on health care.

### **VICTIMAGE STEP ONE: VILIFICATION OF PRESIDENT OBAMA AND THE REFORM MOVEMENT**

The vilification of the health care reform movement and the creation of "Obama the Enemy" as a scapegoat for the anxiety of the conservative public relied upon FreedomWorks and Americans for Prosperity manipulating the fundamental fears latent in their audience. The three main themes these groups revolved around the fear of government intrusion, the necessity of defending the integrity of America, and the specter of state-sponsored euthanasia, similar to the arguments in Sarah Palin's "death panels" Facebook note discussed in the previous chapter. FreedomWorks and Americans for Prosperity build on the themes introduced by Palin but add urgency to the debate by depicting the debate in inherently more hyperbolic terms. The trend of escalating hyperbole as a dominant trope in the conservative discussion of the proposed health care

reforms directly contributed to the visceral nature of the conservative backlash in the August town halls.

### *The Threat of Government Overreach*

As mentioned in the previous chapter, conservatives remain deeply skeptical of federal efforts to reform the health care system. Part of this skepticism can be attributed to the Republican conviction that federal involvement will make things worse.

Antigovernment sentiment runs deeply throughout the history of American political culture, a streak that remains suspicious of centralized authority and confident in the importance of individual responsibility (Oberlander, 2003). This ingrained skepticism empirically provides ideological health care opponents with substantial leverage to cast reform efforts as hostile government takeovers, as is seen in the actions of FreedomWorks and Americans for Prosperity in the summer of 2009.

FreedomWorks explicitly invokes the image of an intrusive government takeover of the health care system in their steps toward the vilification of President Obama's health care reform efforts. On June 26, 2009 FreedomWorks released its "Health Care Action Kit" which educates the public on the dangers posed to them by the Obama Administration's efforts to "socialize" the American health care system. Dick Armey, the Chairman of FreedomWorks, wrote a letter to introduce the Action kit where he makes hyperbolic claims of the impending battle over health care:

The battle against a government takeover of the health care system has begun in Congress. Not content with expanding federal power in the financial sector, the auto industry, the banking and energy industries, liberals in Congress have their sights set on a government-run health care system that would cost taxpayers

trillions of dollars in new taxes. The case against government-run health care is strong: such a system would lead to infinite demand on the system, which would lead to rationing of care and long waiting lines. Government bureaucrats would decide who gets treated and who has to suffer the consequences of not getting the care they need... This takeover of the health care system would be costly in terms of our money, our freedom and even our lives. (Armey, 2009)

Armey deploys a series of arguments in a single paragraph with the purpose of stoking the deep-seated anxiety of his audience. First, he frames the issue of government overreach not as a singular incident restricted to health care, but rather as an overarching characteristic of the Obama Administration. He maximizes the threat of government meddling by listing a series of industries that the government already interferes in and implies that Obama's thirst for intrusion is insatiable. This framing of government intervention showcases the hyperbole as a dominant trope in the conservative discourse on health care. In order to construct a sufficiently menacing villain, Armey posits the proposed health reforms as yet another step toward the never-ending expansion of federal power and intrusion into the basic freedoms of the conservative public by the Obama Administration.

Robert Ivie's work on the images of savagery in his examination of President Lyndon Johnson's justification for intervention into Vietnam provides a useful framework for viewing the "big government" trope, despite focusing on foreign instead of domestic policy. Ivie (1980) investigates the Johnson's use of the victimage ritual to legitimate the "just war" by demonizing North Viet-Nam as aggressors and savages who engaged in an "unprovoked, communist-inspired attack on the free world" (p. 279). Ivie

isolates several “topoi of savagery” that are based on binary oppositions, including “Irrational vs. Rational,” “Aggression vs. Defense,” and most importantly “Force vs. Freedom.” President Johnson sought to establish South Vietnam and the American intervention as the advocates of freedom and North Vietnam as the aggressors and proponents of force. Johnson (1965) illustrated this theme by declaring:

[W]e insist and we will always insist that the people of South Viet-Nam shall have the right of choice, the right to shape their own destiny in free elections... and they shall not have any government imposed upon them by force and terror so long as we can prevent it.

Ivie argues that Johnson uses the “Force vs. Freedom” trope to construct the image of North Vietnam as a “coercive antagonist” that attempted to limit the freedoms and choice of the people of South Vietnam. The “Force vs. Freedom” trope, despite initially referring to foreign policy, re-emerges in Arney’s arguments about “big government” in the context of domestic health care policy. Arney portrays the proposed health reforms and the Obama Administration as a whole as the coercive antagonist bent on limiting the freedom and choice of the American public in terms of their health care. Arney’s language closely resembles Johnson’s declarations about freeing South Viet-Nam from having “any government imposed upon them by force” when he claims that the government “takeover of the health care system” would infringe on the American public’s freedom and potentially even their lives. The central question in both of these situations revolves around who is the victim of violence. For Johnson, the American public and South Vietnam was the victim of North Vietnam communist-driven violence. For Arney, the American public again resumes the role of the victim but the violence in

this instance is government intrusions into basic liberties and freedoms. The “Force vs. Freedom” trope reinforces the “us versus them” mentality that helps to create identification between Arney and the conservative audience, based entirely on opposition to the Obama Administration and the health reform movement.

Second, Arney taps into a specific conservative fear by claiming that the proposed reforms would result in the rationing of care and severely restrict an individual’s choice in treatment and control over their own health care options. The threat of rationed care resonates with Arney’s conservative audience because it feeds the line of argument introduced by Palin’s “death panel” that government involvement will necessarily result in worse care and in many cases the denial of any treatment at all. The idea of being taxed more for inferior and restricted care runs counter to the canons of individual autonomy and choice that constitute the core of conservative ideology. Arney’s discourse is characterized by hyperbole but his message remains credible because he grounds his argument in specific examples. By referencing the numerous other industries the government has intervened in and isolating specific impacts to rationed care, such as long waiting lines and allusions to the previously established “death panel” of government bureaucrats, Arney shrouds his maximal language in a cloak of specificity that amplifies his credibility.

Americans for Prosperity also utilizes the “big government” trope in their “Hands off my Health Care” bus tour during the summer of 2009. The “Hands off my Health Care” bus tour represents a quintessential example of a victimage-based “education campaign.” Social movements and activists who engage in victimage rituals often utilize public appeals and “education campaigns” to “get those they address to identify with the

opponent's acts of violation" (Blain, 1994, p. 820). Disseminating information and engaging in these persuasive campaigns allow those activists to control the direction of the narrative on a given policy issue. The ability to control the public narrative on health care is particularly salient given the relatively high level of public incomprehension about health care policy. The American public lacks a thorough understanding of the highly technical and complex nature of health care policy, which allows groups like Americans for Prosperity to fill in the gaps in public knowledge with their perspective. AFP used personal narratives to give a face to the victim of rationed care and the intrusions of "big government" to amplify the persuasive power of their message.

During a tour stop in Colorado Springs, Jeff Crank, the State Director of Colorado for AFP, spoke about the plight of his son Joel who suffers from juvenile diabetes. Crank argues that the reforms proposed by Obama would prevent him from choosing his own type of health care by imposing a national rationed-plan, stressing the invasive nature of a government-administered system (Palevsky, 2009). Crank explicitly links Joel's survival to the necessity of Crank's ability to choose his own health care and "wondered aloud what Joel's fate would be if the bill passes" (Palevsky, 2009). The use of innocent victims like children represents a time-tested strategy in victimage rhetoric. The invocation of guiltless and vulnerable individuals, like a child suffering from diabetes, helps reinforce the "truth" of the intrinsic evil of the proposed enemy. In this instance, Crank utilizes the image of his son to personalize the impact of Obama's health reforms and to make his overall cause more sympathetic. Crank strengthens the identification between AFP and the conservative public because amid all the complexity of health care policy, everyone can agree on the necessity of protecting America's youth.

The next speaker, Dale Auer, a retired veteran of the Air Force, tells the story of his battle with colorectal cancer, claiming that through his own private insurance he received life-saving medicine and care that “TriCare, his secondary insurance and part of Medicaid, would not cover as the treatment was too expensive and too risky” (Palevsky, 2009). Auer’s role as an Air Force veteran resonates with the conservative audience who place a premium on patriotism and typically the protection of American armed forces. He represents a different approach to “putting a face” on the victim of Obama’s health reforms that specifically appeals to core conservative values, as opposed to the more general image of the sick child. The use of narratives of the vulnerable helps ground the hyperbole of the conservative groups in reality to amplify the tangible dangers posed by the proposed reforms. The trope of “big government,” as utilized by FreedomWorks and Americans for Prosperity, demonizes the Obama Administration and helps to reinforce the second overarching theme in the conservative groups’ rhetoric, which revolves around questions of patriotism and the core of “America.”

### *Defending America from Reform*

A common trope in the historical use of victimage rhetoric in political communication involves the notion of patriotism and defending one’s country from foreign invasion. Blain’s examination of the Provisional Irish Republican Army’s efforts to unite Ireland in the 1970s provides one salient example. PIRA discourse relied heavily on the patriotism narrative, claiming that it was “the duty of every patriotic person to support or participate in the struggle for Irish freedom” (Blain, 1994, p. 826). President Johnson invoked the image of America as an ideograph for freedom when he depicted the war with North Vietnam as “a struggle between the ‘force of independence’ and

‘Communist domination’” (Ivie, 1980, p. 285-286). While these examples revolve around the use of victimage rituals in foreign policy, I argue that Americans for Prosperity and FreedomWorks utilize similar rhetorical tactics and adapt the patriotism/America trope to the health care debate in order to exaggerate the threat posed by the Obama Administration.

Palin introduced the idea that Obama’s health reform bill violates the very core of “America,” an argument extended and intensified by FreedomWorks and Americas for Prosperity in their construction of Obama as a villain. The practice of using demagoguery and xenophobia to derail health reform dates back to the 1920s, when reform proposals were labeled as “Made in Germany,” “Bolshevik,” and “un-American” (Oberlander, 2012). Armeý picks up the mantle of defending America from foreign encroachment in his closing statements:

Help us build opposition to the takeover of our health care system, and send shock waves back to Washington with a message that we refuse to become a European-style welfare state. July 4th is a time to remember who we are as a people, and what makes us special: our freedom. Let’s re-dedicate ourselves to that principle and work together to defend our freedom this July 4th by derailing the plan to give the federal government more power over our health care. (Armeý, 2009)

Armeý casts the Obama reforms as the imposition of a “European-style welfare state,” which is an allusion to the “single payer” approach that is common in many European countries. A single payer approach would institute a government-run system, however, that is not the type of system advocated by HR 3200. The proposed House legislation did not include a single payer system, instead opting for a “public option” – a government-

run health insurance plan (similar to the already-existing Medicare) that would compete against insurance policies offered by private companies in a new Health Insurance Exchange the bill designed (Shaw, 2009). While at its core the public option is controlled by the government, no one could be forced to enroll in the public option instead of a private insurance policy. The lack of factual basis is irrelevant for Arney's purposes though, because the invocation of the European welfare state taps into the historical fear of communism in American health care debates. The fear of foreign influence in health care policy empirically succeeded as a strategy for derailing reform efforts, and Arney utilizes it to stoke the concern of the conservative public who is already anxious about the "foreignness" of President Obama, as examined in the previous chapter.

Arney reinforces the necessity of opposing reform to protect America in his invocation of the image of the Fourth of July. In this letter, the Fourth of July functions as an ideograph, meant to signify the values of freedom, liberty, and the essence of "America" (McGee, 1980). The use of the Fourth of July represents the ultimate appeal to patriotism as it represents the "birthday" of American independence from tyrannical government. The application to the health care debate reinforces the "big government" trope, as Arney calls on his audience to "work together to defend freedom" by derailing health care reform that would allow the government to usurp power from the American people. Much like the Founding Fathers were working to defend the American people from the injustices of the British government, Arney appeals to conservatives to defend the American values of freedom and liberty from the intrusions of the Obama Administration into their health care. He utilizes the reference to the birthday of America to imply enthymematically that opposition to the health care reform effort is the duty of

all true blue-blooded Americans, and that abdication of this responsibility makes you de facto un-American. This argument taps into the broader conservative skepticism of the “Americanness” of President Obama and makes his “foreignness” explicit. To support the proposed health reforms, and thus President Obama, is to sacrifice your status as a patriotic American. Arney makes the “identity of opposition” explicit by invoking the Fourth of July as a rallying cry for derailing health care reform. There is no room for negotiation or discourse with health reform proponents or the Obama Administration – the defense of America requires unequivocal opposition to the health care reform.

American for Prosperity also perpetuated the argument that preserving America required opposing health reform. At a rally in North Carolina, Dallas Woodhouse, the Director of AFP’s Foundation for Philanthropy, railed against Obama’s reform package, claiming it comprised a socialist takeover of the health care system and showcased the “government first” mentality of the Obama Administration. During a speech he declared, “It’s a government first mentality that sacrifices not just our freedoms but our lives, it has no place in the United States of America!” (“Groups rally,” 2009). While lacking the visual imagery of the Independence Day utilized by Arney, Woodhouse invokes the full name of the country to emphasize the violations the Obama Administration seeks to impose on the American population. The “government first” mentality espoused by Obama violates the backbone of American virtues of freedom and individuality, according to Woodhouse. The image of America provides a uniquely persuasive rallying point for the conservative audience and represents an integral facet of the conservative groups’ attempts to construct Obama and the reform movement as an enemy of the American population.

### *Reform Becomes Euthanasia*

The third main theme in the conservative vilification of President Obama revolves around linking the threat of state-sponsored euthanasia to the proposed reform bill.

AFP's bus tour ferried conservatives from one state to another to inform the public about the dangers of Obama's health reform. At a rally in Pueblo, Colorado, Mark Harrison, an AFP organizer, delivered a speech that made the link between Obama's reform efforts and state-sponsored euthanasia explicit.

But if this new Obamacare program comes to fruition, when you reach 65, and every 5 years thereafter, you're gonna have to have a counseling session with some federal airhead...

Part of this process is called end of life counseling and part of the end of life counseling can be an end of life order. Let me repeat that, part of this end of life counseling on line 429 of H.R. 3200 deals with an end of life order.

What does that mean? End of life. Another word for that is death. Order. What's another word for that? A sentence...

I recall Stalin in 1920 issued about 20 million end of life orders for his fellow Russians. Pol Pot did it during the Vietnam War. He issued about two million end of life orders. It's being done in Africa today. Mugabe is doing it every day.

Adolph Hitler issued 6 million end of life orders. He called his program the "Final Solution".

I kinda wonder what we're gonna call ours. I can't believe that we're here in this gathering tonight talking about ending people's lives. Not in my country. Nobody has the right to do that. If for no other reason HR 3200 has to be stopped for that

because I don't know of anybody in this country, particularly in this administration, that's qualified to play God, unless maybe it's Joe Biden. (SEIU, 2009)

Harrison eliminates all subtlety in his critique of the Obama reform effort, escalating the hyperbole used by Obama's opponents to describe the health bill and the President. He expands the critique of government intervention from just restricting an individual's freedom of choice in regards to health care, casting the Advance Care Planning Consultation provision as an "end-of-life order." His use of synonyms to transform end-of-life care planning into a death sentence exemplifies the type of hyperbole that characterized the rhetoric used by FreedomWorks and Americans for Prosperity in their effort to demonize the reform movement. Harrison elevates the danger posed by President Obama, equating him to Stalin, Pol Pot, Mugabe, and Hitler – some of the worst dictators in the last century. His argument functions as the perfect terministic screen – no one can focus on cost controls, expanded coverage or any of the positive benefits of health care reform when the reformers want to enact their own version of the Final Solution.

The hyperbolic nature of the euthanasia argument posits the debate in absolutist terms – this debate is a fight between good and evil. Harrison's discourse bleeds into the dominant conservative rhetoric on abortion, an issue for which there is no debate if you are a conservative because "you can't compromise with people who mean to slaughter your children" (Thompson, 2012). The creation of "Obama the Enemy" and the vilification of the health care reform effort culminate in the juxtaposition of Obama's health reform efforts with Stalin's gulags and Hitler's concentration camps. At its core,

Harrison's euthanasia arguments function as the most explicitly evil form of government intervention, but both themes of argument focus on stoking anxiety of the conservative public over the dangers posed by the reform effort. FreedomWorks and Americans for Prosperity must create a villain out of the health reform movement that sufficiently threatens their audience in order to convince the conservative public to take action. The second step of the ritual, the cultivation of the ethic of action, occurs when both FreedomWorks and Americans for Prosperity direct their fellow conservatives to voice their anger into the outlet of the August town halls.

### **VICTIMAGE STEP TWO: A CALL TO OPPOSITION**

FreedomWorks and Americans for Prosperity both focused the moral outrage of their conservative audience onto the town halls, with the explicit purpose of shutting down political discourse and defeating the health care reform effort. In his letter, Dick Armey sounds the call to conservatives to descend on the town halls in order to de-rail the reform effort.

[I]t is imperative that we band together to pressure our elected officials to convince them to vote against a government-run health care scheme... This coming week Congress will be in recess... This is a golden opportunity to talk to them about why government-run health care is such a bad ide... Please download our Health Care Action Kit and print out copies for you and your friends. Each kit contains talking points... and handouts to share with friends that will equip you to make an impact on this important debate... We don't have much time to waste, since the president wants to have a bill on his desk within a matter of weeks!

Please use this Action Kit and bring copies with you to town hall meetings.

(Arme y, 2009)

The call to action is not a choice, but an imperative for the conservative audience. This choice of language echoes the hyperbole of the vilification arguments, emphasizing the absolute necessity of a consolidated, unified front against Obama's reforms. Despite articulating the town halls as a unique opportunity to "talk" to elected officials, the overwhelming focus of Arme y's letter concentrates on the centrality of "derailing the plan." Arme y never discusses potential alternatives to Obama's reform method, or amendments that could improve the bill. To urge discussion of the relative merits and demerits of the health reform bill would constitute a concession to the liberals and Obama, an admission that some portion of the bill might be advantageous to the public. Such a concession would undermine the effort to construct "Obama the Enemy," because the creation of a scapegoat requires the subject represent a completely malevolent figure, since the purpose of vilification focuses on engendering the audience to "destroy the destroyer" (Blain, 2009, p. 159). Effective vilification goads the audience "into fighting and defeating an opponent" which "rhetorically constitute[s] [the audience] as moral agents who must confront evil" (Blain, 2005, p. 34). The indictment of the proposed opponent must be absolute in order to create an ethic of political action. Arme y's rhetoric reflects the imperative of constructing Obama as an evil villain, and results in the creation of an ethic of action that focuses on the expression of ideological opposition at the town halls, which precludes reasoned discussion of the proposed reforms.

FreedomWorks use of the "Action Kit" as a tool to educate the public and prompt them to action represents a classic move in the history of victimage in political discourse.

“Recruitment pamphlets” provide a successful mechanism for propagating a movement’s arguments and typically involves “direct appeals to the reader’s conscience, care, and concern about some issue” (Blain, 1994, p. 824). Historical examples include pamphlets used by the Cumbrians Opposed to a Radioactive Environment (CORE), a Greenpeace affiliate who sought to organize local resistance to Britain’s Sellafield nuclear reprocessing facility (Blain, 1994, p. 824). FreedomWorks and the environmental group similarly attempt to instill an ethic of political activism to combat a proposed foe; in the instance of FreedomWorks the foe is President Obama, for CORE, it is the nuclear power industry. Both utilize public anxiety to urge action to remedy perceived wrongs.

AFP’s Harrison urges his audience to voice their anger about the proposed health care reforms to their elected officials, particularly at the town hall meetings.

And if you find all this stuff as repugnant as I do you need to take it to the next step. You need to notify your congressman... How do you do that? You can call em. You can write em. You can email em. Or you can go to their office and put the fear of God in them.

And if you’re fortunate enough to be able to come to one of their so called town hall meetings... If you get a chance you need to ask them... questions... if you approve of line 429 we’re gonna vote you out because you got no business being in Congress. If you don’t approve, you have to vote against this bill. There is no either or option – it is yes or no. You are for us or you are against us. (SEIU, 2009)

Harrison explicitly frames the proposed dialogue at the town halls as a forced choice for the politicians – either join the opposition or face expulsion. This presumes that the

audience's decision about the reform bill has already been made. Harrison's identification with the audience builds an ethic of action predicated solely on opposition. They unite with each other on the basis of opposing Obama in contrast to coalescing as a group with an alternative solution. The only feasible option for the conservative public is one of devout opposition that must be voiced in the most stringent of terms. Harrison urges his audience to enter the town halls not with an agenda of dialogue but rather one of overwhelming hostility.

Both groups target the August town halls as a forum for the outlet of conservative anger about the proposed health care reforms. The process of vilifying the health care reforms and the Obama Administration purposefully stoked the fire of conservative anxiety to create an "identity of opposition" that guaranteed the breakdown of discourse in the August town halls. The victimage rhetoric espoused by FreedomWorks and Americans for Prosperity does not resemble the 'curative' ritual as envisioned by Burke. Their performance more closely resembles the Nietzschean conception of the ritual, which focuses on antagonizing resentment and focusing it on a perceived foe, in this instance President Obama and the pro-reformers, to achieve the conservative groups political prerogative of derailing reform. In the next chapter, I examine the effectiveness of the use of the victimage ritual in the complete obliteration of productive political discourse in the August town halls.

## **CONCLUSION**

The outburst of conservative anger in the August health care town halls occurred as a result of a concentrated campaign by rightwing conservative groups to manufacture dissent by purposefully stoking the anxiety of the conservative public. While many

groups participated in the crusade against President Obama's health care reform efforts, I focus on the rhetoric of Americans for Prosperity and FreedomWorks because they are the largest of the conservative activist groups, possess significant histories as opposition movements, and provided the best literature base for investigation. The two groups utilize victimhood rhetoric in an attempt to motivate their audience to act out and oppose the health reforms, performing a modern-day version of the Burkean victimage ritual. AFP and FreedomWorks complete the first step of the ritual in their systematic demonization of the proposed health care reforms and the Obama Administration as a whole. Dick Armey, Mark Harrison, and others utilize the trope of "big government," the necessity of defending America from foreign encroachment, and the specter of state-sponsored euthanasia to tap into central concerns of the conservative public in their vilification of Obama and health care reform. The use of the Fourth of July ideograph and the "Force vs. Freedom" trope allow the conservatives to assume the moral high ground, casting Obama as an inherently dangerous "Other" that must be opposed.

AFP and FreedomWorks utilize the August town halls as the outlet for the completion of the second step of the ritual, which requires the establishment of an ethic of action to fight the proposed foe. Through recruitment pamphlets, education campaigns, and public appeals, the two groups direct their angry and mobilized audience to the town meetings as the ideal venue voice their opposition and derail reform. In the next chapter, I address the success of the rhetorical strategies of AFP and FreedomWorks and illustrate the power of the victimage ritual in political discourse.

## **Chapter 4: The August Town Halls**

During Representative Dave Loebsack's (D-IA) sixteen scheduled town hall meetings in Iowa's 2nd Congressional District, his largest and most raucous stop was the first in Cedar Rapids, where more than five hundred people crammed into an auditorium. Even before Loebsack entered the room, Emma Nemecek, a Mount Vernon Republican who launched two prior unsuccessful campaigns for the Iowa House, drew applause and boos as she paraded with a sign that read, "Obama Lies, Grandma Dies. (Gitterman & Scott, 2011, p. 555)

The excerpt from Representative Loebsack's raucous town hall showcases the vitriol that characterized many of the town hall meetings conducted in August of 2009. President Obama had encouraged legislators to use the August recess to meet with their constituents to promote productive national dialogue on the proposed health care reforms and educate the public on an extraordinarily complex but vital issue. Instead of functioning as constructive discursive spaces for debate and discussion about health care, the August town halls turned into a circus-like display of conservative rage centered on accusations of a government takeover and "death panels" that threatened the sick and elderly. The raucous protesting in the August meetings reflected the main arguments perpetuated by reform opponents like Palin, Americans for Prosperity, and FreedomWorks and illustrated the effectiveness of the anti-reform movement to inflame the anxiety and anger in the conservative public.

In this chapter, I examine a series of town halls to demonstrate how the conservative use of victimhood rhetoric developed into over-powering tropes that destroyed the potential for productive public discourse on health care. The events of the

town halls illustrate the resonance of the “death panel” trope and the broader anti-big government themes in the conservative public, as well as how those tropes created an “identity of opposition” that precluded the ability to engage in dialogue. The rhetorical strategies of reform opponents like Sarah Palin, Americans for Prosperity, and FreedomWorks created a situation where incivility became the dominant mode of expression, which caused liberal and conservative groups to entrench into deeply divided ideological camps. I examine the concept of the town hall, both its historical foundations and the original intended purpose of the August meetings, to establish their importance as discursive spaces for the effective enactment of deliberative democracy. I use the town hall meetings of Gene Green, Frank Pallone, and Barney Frank as case studies to investigate the different destructive manifestations of the conservative tropes that overpowered the health care debate.

### **THE TOWN HALL: FROM DE TOCQUEVILLE TO OBAMA**

The town hall meeting represents one of the most storied and romanticized aspects of American democracy. Countless scholars have lauded the democratic potential of the town hall and its capacity to enrich our democratic tradition and the citizenry. Alexis de Tocqueville, in his seminal work *Democracy in America*, declared that “Town meetings are to liberty what primary schools are to science; they bring it within the people’s reach, they teach men how to use and enjoy it” (de Tocqueville, 1862, p. 76). James Bryce called the town hall both a source and school of democracy that represented an incredibly important educative realm for its citizens (Bryce, 1912, p. 61). Historically, the town hall embodies the oldest and most storied traditions in American democracy. While not the first President to do so, Obama decided to utilize the town hall format to

harness the power of American democracy and the support of the public to create momentum for his legislative push to reform the health care system.

Early in the summer of 2009, Obama established an “August deadline” for passing health care legislation in both houses of Congress. By late July, this deadline appeared increasingly unfeasible as fights with conservative Democrats called the “Blue Dogs” and stalemates with conservatives over cost provisions proved more of a battle than initially expected by the Obama Administration (Cornwell & Dixon, 2009). Despite relentless discussions with leaders of both parties, the odds of seeing legislation before August continued to dwindle as the summer progressed (Herbst, 2010, p. 83). The official abandonment of the August deadline occurred when then Senate Majority Whip Dick Durbin declared the timeline “unworkable in the Senate” (Brown & O’Connor, 2009). In an attempt to capitalize on the moment, Obama decided to utilize the traditional August recess of both houses of Congress to create a national dialogue on the substance of the proposed health care reforms (Herbst, 2010, p. 83). The White House pressured Democrats to use the time during the August recess to hold town hall meetings in their home-states to clarify the legislation and sell the reforms to constituents (Hechtkopf, 2009). Obama saw this time in the political calendar and the format of the town hall as an ideal opportunity to bring the issues to the public and theoretically create a grass-roots level base of support for reform. Obama’s attempt to utilize the town halls as a forum for facilitating his reform efforts makes political sense given his history as a community organizer and his frequent use of public appeals to generate support for his legislative agenda.

This town hall-focused strategy had the potential to succeed as a vehicle for engaging the citizenry on the substance of the health care reforms. Traditionally, politicians utilize the town hall meeting to bring the issues to their constituents and hear their voices. They represented a unique opportunity for citizens to influence political discourse and public policy due the unique access to politicians that the town hall provided. Town halls represented unique spheres of political discourse because of the unspoken assumption that if a constituent attended a town hall, then the issue at hand represented one of immense importance to that citizen (Herbst, 2010, p. 84). An individual usually attends a town hall when motivated by the issue that comprises the focal point of that meeting. Embedded in these assumptions was the idea that town halls represented models of “rational discourse” where opposing viewpoints engaged each other in a “meaningful reciprocal exchange” (Herbst, 2010, p. 84-85). John Fiske reinforced these assumptions when he called the town-meeting “the most complete democracy in the world” and in regards to its educatory capacity declared that “In the kind of discussions which it provides, in the necessity of facing argument with argument and of keeping one’s temper under control, the town-meeting is the best training school in existence” (Bryan, 2004, p. 27-28). However, despite all of their untapped potential, the town halls of August 2009 represented scenes of frenzied shouting and the breakdown of political dialogue.

### **AUGUST ANGER: THE TOWN HALLS OF PALLONE, GREEN, AND FRANK**

The health care town hall meetings of 2009 provide a modern example of the destructive manifestations of conservative tropes in political discourse. Three town hall meetings in particular showcase the manner in which incivility made productive dialogue

on health care reform impossible: Representative Frank Pallone's town hall in New Jersey; Representative Gene Green's meeting in Texas; and Representative Barney Frank's assembly in Massachusetts. While many town halls devolved into frenzied shouting matches, these three town halls provide particularly relevant case studies because each illustrates a different problem in political discourse when incivility becomes the dominant mode of expression. This selection provides a diverse representation of the August town halls because it contains moderately geographically distinct states, empirically conservative and liberal states, and both well-known politicians and relatively unknown representatives. This diversity is important because it shows that the conservative backlash did not focus on famous politicians or occur only in historically conservative sections of the country, but instead represented a nationwide phenomenon.

*Representative Pallone: Misidentification, Patriotism, and "Big Government"*

Representative Pallone's town hall erupted into circus-like antics almost immediately. Any opportunity for meaningful discussion of the substance of the proposed health care legislation disappeared with the incessant jeering and heckling from conservative audience members who opposed the bill (Donahue, 2009). The fervor of the conservative opponents in the audience became so great that it actually resulted in them booing anyone who asked a question, including people who were asking questions that criticized Pallone's support of the health care legislation. At one point, a woman asking a question opened her comment by quoting Margaret Mead and the point of her statement focused on challenging Pallone and opposing the bill, only to be drowned out by a chorus of shouts and jeers from other audience members (Donahue, 2009). The conservative protestors failed to recognize an ally in the fight against the health reforms and heckled

her as vociferously as they jeered constituents who attempted to voice support for the legislation. This represents a failure in the communication process when individuals fail to identify fellow allies. Conservative opponents became so focused on unilateral opposition to Pallone and the health care bill that they refused to listen to the substance of any participant at the town hall, even when an individual, like the woman quoting Mead, attempted to express opposition to the bill. The categorical emphasis placed on disrupting the meeting, as displayed by the heckling of *all* participants including fellow opponents of the bill, illustrates the degree to which incivility in discourse can become so overwhelming that it precludes any rational deliberation or any productive exchange of information.

Pallone's experience demonstrates the necessity of identification between opposing groups for productive communication to occur. Identification in political discourse represents the process of recognizing that there exists some common ground between competing stances that provides the starting point for communication. The process of identification "confronts the implications of division" – if we were not separated from one another there would be no need for identification (Burke, 1989, p. 182). In the instance of Pallone's town hall, conservative participants became so isolated in their ideological arguments that they failed to identify even with fellow protestors. The conservative protestors' overwhelming necessity to express unilateral opposition to their Representative as a mechanism for derailing reform eliminated any point of stasis from which to begin dialogue.

Brian Donahue (2009), a reporter who attended Pallone's meeting, underscored the impact of the protestors on the town hall:

There was no debate going on, there was no discussion, there was no listening...

A lot of people have criticized the press for not trying to cut through the myths and lies and just report the facts on this bill. But really, there's almost no point in facts anymore, no one is listening to facts.

This lack of identification between liberal and conservative citizens at Pallone's town hall and the elimination of any point of stasis arose as a result of the strategy of intentional incivility. Pallone's town hall experience indicates that incivility became more than a rhetorical strategy: it became the only mode of discussion available. When conservative protestors exclusively shout at anyone who spoke at the meeting, it reflects a lack of "rhetorical skills to reason together... because [individuals] share no common starting point" (Carter, 1998, p. 51). Pallone's meeting showcases the implications of the efforts of Americans for Prosperity and FreedomWorks, who pushed a mode of engagement that focused only on opposition. The intentional strategy of incivility fostered tunnel vision in the conservative public and that caused them to identify so strongly with the mode of opposition that it prevented the protestors at Pallone's meeting from distinguishing between fellow protestors and their Democratic foes. Pallone's town hall underscores the dangers that strategies of intentional incivility pose to political discourse when participants overidentify with the call to oppose.

In addition to booing any and all participants at the meeting, conservative audience members engaged in protest that exemplified the appeals to patriotism and defending America propagated by Palin, Armev, Harrison and others in the run up to the August town halls. Thomas Brennan (2009), a resident of Pallone's district, wrote a letter

to the local newspaper Asbury Park Press detailing the destructive tactics of the protestors at the meeting:

It became clear that the folks who opposed the congressman's health care bill somehow considered themselves more patriotic than those supporting it. They asked loaded questions and jeered when they didn't agree with his answers, basically calling Pallone a liar.

The protestors cloaked themselves in patriotism by attempting to drown out Pallone's attempts to answer questions by loudly singing "God Bless America." Brennan makes the astute observation that the protestors utilized the patriotic songs in an effort to "[paint] anyone who disagreed with them as unpatriotic." This use of patriotism by the protestors at Pallone's meeting proves the effectiveness of appeals by conservative agents (like Palin, Arney, and others) to their audience to defend America from the hypothetical violations of the proposed health care reforms. The protestors heed Arney's call to "defend [their] freedom this July 4th by derailing the plan to give the federal government more power over our health care" in their musical defiance. The use of patriotism fits well within the framework of victimage rhetoric because the protestors justify their incivility by assuming the position of defending America from harm, a goal that outweighs any potential injustice created by their abrasive tactics. An intrinsic element of victimage is that the victim, in this case, the conservative protestor, inherently believes that his or her tactics to defeat the enemy are justified because of the grievous harm their foe intends to enact. The use of "God Bless America" to derail productive discourse gives the protestors the moral high ground in their own eyes because they act, not for themselves, but for the good of the country.

The specter of “big government” played an enormous role during Pallone’s town hall meeting. One audience member, Michael Craig, held a sign “Obamacare may kill my daughter,” as his four-year-old child, Shannyn, sat beside him in a wheelchair (Reiss, 2009). In a heated speech where Craig railed against the proposed reforms he declared “I read the first 500 pages of the (proposed) law... I do not want a government bureaucrat dictating to me what the best procedures for my daughter” (Reiss, 2009). His objection echoes the language of Palin’s Facebook note when she declares that her “baby with Down Syndrome” should not have to stand in front of “Obama’s “death panel”” of government bureaucrats. Palin’s Facebook note created the template for Craig’s protest, as both of them posit their impaired children as the victim of Obama’s legislation to establish the villainy of the proposed reforms. The similarity in their arguments showcases the widespread impact of Palin’s Facebook post and the resonance of the anti-“big government” trope within conservative circles. The rhetorical assault on the health care reform turns the idea of the “government bureaucrat” into an intrinsically negative concept, associated with the sacrifice of vulnerable individuals like Trig Palin, Shannyn Craig, and Dale Auer, the retired veteran with cancer.

The “Force vs. Freedom” trope emerges in Pallone’s town hall as Craig’s arguments center on the defense of his child against the forceful imposition of whatever standard of health care a government bureaucrat would dictate in the world of Obama’s reforms. The conservative trope is explicit in another protestor’s sign that said, “We the people want freedom, not force” (“Unhealthy debate,” 2009). The exact correlation in language indicates the persuasive impact of the “Force vs. Freedom” rhetoric utilized by FreedomWorks and Americans for Prosperity in their campaign to manufacture dissent in

the lead up to the town halls. The resemblance between the language of the Republican leaders and the protestors at Pallone's town hall reveals that the anger showcased at the town halls was directly influenced, if not caused by, the victimhood rhetoric of Palin, Arney, and the others discussed in this thesis.

### *Representative Green: A Town Hall of Misinformation*

Representative Green's town hall in Texas provides two salient examples of how the misperceptions of the proposed health care legislation promoted by the conservative anti-reform leaders permeated the conservative public. The first fight occurred over whether or not the health reform bill would institute a socialized version of government-run health care. A man in the audience, who self identifies as a conservative in the midst of a tirade against Green, turned to the rest of the town hall attendees and asked, "How many people, by a show of hands, oppose any form of socialized or government-run health care?" (Jennings, 2009a). The crowd immediately erupted into shouts and jeers as the majority of the audience raised their hands, which prompted the conservative man to threaten Green by declaring "These are the people who put you in office sir and we can take you out." Green attempted to prove the inconsistency in the man's argument by asking the audience "Let me ask you, how many of you have Medicare?" Nearly half of the audience raised their hands, the same individuals who had just declared their opposition to government-run health care.

The fact that so many conservatives at Green's meeting failed to recognize the inconsistency between their adamant opposition to government involvement in the health care system and their enrollment in Medicare showcases the power of the victimage rhetoric in terms of altering truth in the political sphere. Medicare is a government-run

health care plan designated for senior citizens but this truth is overpowered by the all-consuming nature of the “big government” trope. The conservative trope becomes detached from the actual definition of the health care bill and Medicare, functioning as a terministic screen that focuses all attention on the hypothetical dangers of government intrusion, obscuring all facts that might contradict the anti-big government argument.

Green failed to use the opportunity to explain the tension between opposing government-run health care and supporting Medicare, and allowed the attention of the meeting to swiftly turn to another angry constituent. Another conservative audience member posed the question “So can you tell me where in the constitution does it state that it’s mandated that the government is obligated to provide universal health care?” (Shakir, 2009). This sparked mass applause from the audience, drowning out Green’s attempt to explain that no portion of the health care legislation actually provides universal health care. The boisterous and downright rude behavior of conservative audience members compounded the problem of deep-seated misperceptions about the legislation because there existed no opportunity to correct flawed information. Instead of listening to Green’s replies, audience members would boo and shout over his responses, effectively preventing anyone from engaging in dialogue. Civil political dialogue does not require consensus for the effective dissemination of valid information. By nature, democratic deliberation requires disagreement but a fundamental aspect of that deliberation is a dedication to reciprocity – a willingness to allow both sides of an issue to be heard. Green’s town hall illustrates how dominant modes of incivility violate the necessary precondition of reciprocity and how that furthers the spread of misinformation.

The second controversy that reflected a severe misunderstanding of the proposed reform bill occurred when Green tried to explain how the Advance Care Planning Consultation provision functioned. While holding a printed copy of the enormous draft legislation in his hands, Green attempted to clarify that the bill functioned on a “permissive basis,” countering the narrative that the counseling sessions were mandatory and explained that as a result of the provision, “a doctor will get reimbursed by Medicare if they counsel you and your family” (Jennings, 2009b). A male audience member repeatedly interrupted Green’s explanation asking, “Why do we even need that?” and yelling, “Get the government out of my life! I don’t need Big Brother telling me what to do” (Jennings, 2009b). The man’s rage over the Advance Care Planning Consultation provision demonstrates the persuasive power of the “death panel” trope. While he fails to use the specific phrase, the man’s fears of Big Brother and government overreach echo the misperceptions of the Advance Care Planning Consultation provision that the “death panel” trope forwards. The persuasive power of the “death panel” trope in directing individuals to focus on the specter of government overreach obscures the reality that the end-of-life counseling provision provides voluntary, not mandatory, sessions and does not constitute a government take-over of the health care industry. The man’s demand to “get the government out of [his] life” mirrors the arguments forwarded by Palin, Arney, and others that center on the fear of violations of individual liberty posed by the health care bill, even though those fears are not based on fact.

The fight peaked when in the middle of Green's attempts to explain the insurance mandate,<sup>5</sup> the same man yelled, "Yeah, you take away my rights to decide what I think is best for me, Big Brother! Commie!" (Jennings, 2009b). The claim that the insurance mandate restricts individual autonomy over health care choices echoes the themes of the "death panel" trope, despite representing a separate piece of the health care bill. The trope transforms the fundamental misperception espoused by Palin and others that the Advance Care Planning Consultation provision represents a mandatory government take-over that will result in rationed care into an overarching facet of the overall bill. The reappropriation of the rhetoric of the "death panel" trope to completely distinct portions of the health bill, like the insurance mandate, showcases the effectiveness of the victimage rhetoric of Arney and Palin. The "death panel" terministic screen diverts attention to the specter of "big government" and effectively creates a new definition for the entire reform bill, as opposed to just the Advance Care Planning Consultation provision. These scenes from Green's town hall showcase the degree to which the "death panel" trope perpetuated misperceptions of the health reform bill and how modes of discussion dominated by incivility frustrate efforts to combat those misunderstandings.

*Representative Frank: Escalating Hyperbole*

Representative Frank's town hall showcases the trend of escalating hyperbole that characterized conservative rhetoric on health care during the summer debates. His meeting mirrored others in terms of incessant shouting, jeering, and heckling from conservative audience members. A particularly heated moment occurred when a woman,

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<sup>5</sup> The insurance mandate (also known as the individual mandate) in the Affordable Care Act is a provision that requires all individuals to buy health insurance, or if they choose to not purchase insurance, individuals are subject to a tax, dependent on their income (Turner, 2012).

holding a picture of President Obama defaced to resemble Adolf Hitler, questioned Frank about the Medicare provisions:

[T]hey say we need to limit Medicare expenditures... in order to reduce the deficit, that's origin of this policy. This is the T-4 policy of the Hitler policy in 1939 when he said certain lives are not worth living. Certain people we should not spend the money to keep them alive. My question to you is why do you continue to support a Nazi policy as Obama has expressly supported this policy – why are you supporting it? (fivestarmichael, 2009)

Her rhetoric mirrors the dramatic hyperbole of Mark Harrison's speech during the Americans for Prosperity bus tour. The comparison of President Obama to one of the worst dictators to ever exist illustrates the degree to which Harrison and others vilify the Obama Administration during their enactment of the victimage ritual. In theory, the President of the United States represents an office that demands a base level of respect, as the democratically elected leader of the country. Equating the President's policy to expand health care coverage to the Nazi eugenics policy while holding a picture of Obama defaced to resemble Hitler violates the boundaries of civil and reasoned discourse and the integrity of the office of the Presidency. The woman's hyperbolic claims showcase the worst manifestations of the conservative "identity of opposition" fostered by the victimage rhetoric of Harrison and other conservative leaders. When Harrison compares Obama to Stalin and Mugabe and establishes that the President represents a foreign enemy who must be opposed, it opens the doors for other individuals to mirror that rhetoric, further contributing to the widening gulf in identification between conservatives and liberals on health care.

The female constituent's rhetoric strongly reflects the theme of defending America from health reform as forwarded by Palin, Armev, and others. Her inquiry into why Frank would support the importation of Nazi policy into the American health care system echoes Armev's call to prevent the imposition of a "European-style welfare state" in the United States. The woman posits the fight against Obama's proposed reforms not just as a struggle against incursions into personal liberty, but implicitly as essential to preventing the establishment of the Third Reich in the United States. Her strategy of elevating the necessity of opposing reform to the level of defending America from Nazi influence engages in the same type of escalatory hyperbole that conservative leaders like Armev used to vilify the Obama Administration. Frank's town hall and the constituent's question provide a modern day example of the historically significant of the "foreign encroachment" trope in health care discourse.

After the cheering and shouting subsides after the woman poses her question, Frank responds with matching vitriol:

When you ask me that question, I'm going to revert to my ethnic heritage and ask you a question: On what planet do you spend most of your time? ...As you stand there with a picture of the president defaced to look like Hitler and compare the effort to increase health care to the Nazis. My answer to you is, as I said before, it is a tribute to the First Amendment that this kind of vile contemptible nonsense is so freely propagated. M'am trying to have a conversation with you would be like trying to argue with a dining room table. I have no interest in it. (fivestarmichael, 2009)

Frank's response displays the destructive rhetorical byproducts of the intentional incivility propagated by conservative protestors: argument escalation and the elimination of stasis in political debate. Frank's response, while not as offensive, embodies the metaphor of "fighting fire with fire," as he engages in relatively reciprocal tactics of intentional incivility and hyperbole. First, intentional use of incivility, to some degree, aims to provoke the other side into reacting with an equal level of vitriol. Incivility in deliberation results in escalation of tensions because if an individual wants to win a debate "[he or she] must not be civil, especially if the other side will not be civil in return" (Carter, 1998, p. 125). Even though Frank is criticizing the woman's blatant disrespect, his rhetorical question hardly constitutes a civil reply. Incivility violates the fundamentally reciprocal nature of communication. In this instance, the uncivil woman does not seek a real answer to her question. Her inflammatory rhetoric seeks to make her point, that Obama and all those who support the health care legislation are fundamentally evil, in the most spectacular fashion possible. Her non-falsifiable claims about Obama's health care policy mirroring Nazi policy cannot be rationally refuted because they are so outrageous. Frank's response illustrates the escalatory nature of the arguments that characterized town hall debates across the country.

Second, Frank's comparison of the conservative protestor to a dining room table illustrates one of the most important implications of the conservative rhetorical strategy: overpowering incivility removes any point of stasis between opposing groups making deliberation impossible. When one side of a deliberation operates in a manner that is so ideologically oppositional and downright rude, it precludes any ability to isolate common ground from which to begin productive dialogue. Civil dialogue does not require

agreement on everything, rather it recognizes differences and “requires us not to mask our differences but to resolve them respectfully” (Carter, 1998, p. 132). When the woman labels Obama, and by association Frank, a Nazi, she engages in a deliberate strategy of demonization of the opposition to justify her incivility. Her rhetoric echoes the work of Palin, FreedomWorks, and Americans for Prosperity who laid the groundwork for this type of scapegoating. This type of rhetoric precludes any opening for establishing common ground to begin an argument. Without any sort of stasis between liberals and conservatives during the town halls, the shouting matches became just as productive as a discussion with a dining room table.

## **CONCLUSION**

I was gonna come here and give you a really hard time tonight, but this gentleman who has been screaming behind my head for the last hour has done more than I could ever do. This is a free country but I think there is a certain degree of respect required. (1stvideo, 2009)

This quote comes from a man who attended Representative Green’s town hall meeting. This man waited for a significant period of time to air his grievances with Green’s support for the Obama Administration while other audience members screamed and jeered at Green’s attempts to answer questions. When finally given a turn to speak, the man criticized the other protestors for being so overwhelmingly rude and for disrupting all attempts at productive discussion. This man’s frustration exemplifies the problems created when incivility becomes the dominant mode of expression. Not only are proponents of the health care bill like Pallone and Green unable to explain their position, but members of the public who wish to express their concerns with the bill and their

representative in a rational and diplomatic manner lose their voice in the chaos of hyperbole.

Disagreement and even *some* degree of incivility represent inescapable and even necessary components of American democracy. Partisanship, particularly in the current polarized state of the U.S. political sphere, will inevitably arise. This investigation of the August health care town halls, however, illustrates the dangers to political discourse when the tropes of victimage result in modes of incivility becoming so dominant it shuts down all other avenues of discussion. When one side of our two party system focuses on the demonization of the opposing side, it removes any point of stasis between conservatives and liberals making even minimally productive dialogue impossible. The “death panel” trope and the victimage rhetoric propagated by the conservative groups in the time leading up to the August town halls polarized the health care debate, resulting in both sides retreating further into their ideological camps. Tackling issues as important as health care reform represents a moment in political discourse when identification between conservatives and liberals is the most vital because of the high stakes of reform. The theory behind the necessity of stasis for dialogue represents one of the most basic yet important teachings of rhetoric. The August town halls should remind us of the importance of the fundamentals of communication. The most elementary lessons might be the easiest to learn, but as the town halls show, they can also be the easiest to forget.

## **Chapter 5: Conclusion**

In this thesis, I examined the tumultuous events of the health care debates during the summer of 2009 as a case study for investigating the problems that victimage tropes create for effective political discourse. I have argued that the victimhood rhetoric espoused by conservative leaders stoked the latent fears of the conservative public by focusing on hyperbolic claims of “big government” intrusions into individual liberty and the degradation of the integrity of America. In Chapter 2, I examined the controversy surrounding the Advance Care Planning Consultation provision, juxtaposing the mandates of the bill as explained by health care experts with the version of the bill forwarded by first Betsy McCaughey and later Sarah Palin. The creation of the “death panel trope” created a terministic screen that focused attention on the exaggerated claims of a government takeover of health care and the specter of state-sanctioned euthanasia, which obscured the benign voluntary nature of the provision.

The vilification of the health reform legislation and the Obama Administration escalated with the actions of the prominent conservative organizations, FreedomWorks and Americans for Prosperity, the focus of Chapter 3. I examined the rhetorical strategies of the two groups as a modern day performance of a victimage ritual, which first categorically vilified Obama and the health reform movement; and then directed the anxiety of the conservative public into a call to action, aimed at the disruption of the August Town Halls. The anti-reform themes established by the “death panel” trope, centered on the dangers of “big government,” the necessity of defending America from the perils of the reform bill, and the potential for the bill to sanction euthanasia, re-

emerged in the rhetorical actions of FreedomWorks and Americans for Prosperity. This chapter focused on examining the rhetorical causes behind the outburst of conservative rage that occurred in the August town halls.

In Chapter 4, I argued that the August town halls showcased the detrimental effect of victimage tropes on the potential for productive political discourse. While President Obama intended to use the August meetings as spaces for politicians to interact with their constituents and explain the mandates of the complex legislation, many of the town halls turned into forums for the violent expression of conservative opposition. I examined the events of Representatives Frank Pallone, Gene Green, and Barney Frank's town halls as case studies for the ways in which the rhetorical strategies of Palin, FreedomWorks, and Americans for Prosperity influenced the arguments employed during the debates and damaged the opportunities for political discourse. Conservative protestors adopted an "identity of opposition" as their discursive position in the town halls, echoing the anti-reform tropes perpetuated by Palin, Arney, and the other conservative leaders. This examination of the evolution of the conservative attack on the health reform bill and the Obama Administration revealed two important theoretical implications, the repetition of the tropes intrinsic to anti-reform arguments and the creation of dangerous "identities of opposition," that I believe demonstrate the contribution of this work to the current scholarship.

## **THE REPETITION OF THE ANTI-REFORM TROPES**

One of the most interesting themes that arose during my analysis of the health care debate revolved around the overwhelming repetition of the anti-reform tropes in the rhetoric of health care reform opponents. The use of the specter of government intrusion

as a potential hazard of health care reform dates back to the 1920s and has re-emerged during every major attempt at national reform since. The call to oppose reform in order to defend the integrity of “America” and thwart foreign encroachment has similar historical roots, with opponents in 1915 claiming that reform would result in a German takeover (Rovner, 2009). Even the hyperbole that characterizes the rhetoric of Palin and the others is not new. Reform opponents empirically make sweeping claims, like in the 1940s when House Republicans equated national health insurance with dictatorship, claiming “[t]he brand name of dictatorship makes no difference – Communism, Fascism, Nazism, Socialism – all are alike in that they enforce a system of State Medicine” (Quaagno, 2005, p. 31). The persistent effectiveness of the anti-reform tropes throughout the history of health care reform showcases the ideological importance of these themes to the conservative public. The similarity in Harrison’s claims that Obama’s reforms constitute a modern-day “Final Solution” to Republican claims of Nazism in health reform in 1947 indicates the importance of the integrity of “America” to conservative audiences. The consistent emphasis on the dangers of “big government” succeed as a method for spurring opposition to reform because of the significance assigned to individual autonomy and limited government by the conservative public.

The lack of evolution in the anti-reform tropes presents a troubling perspective into the political discourse surrounding American health care system. Deliberative democracy and the formulation of effective public policy require the evaluation and debate of multiple perspectives and arguments. In the instance of health care, reform opponents consistently rely on the themes of opposing “big government” and the exaggerated dangers of state-sponsored euthanasia to defeat legislative attempts at

improving the health care system. Overreliance on these tropes has resulted in a strategy that depends on fear mongering and hyperbolic claims that contain very little factual basis in order to stoke public concerns. This strategy capitalizes on the public's relatively high level of incomprehension in regard to health policy, allowing opponents to provide a vilified version of reform. The emphasis on hyperbolized victimage tropes, rather than anti-reform arguments based on fact, further complicates the public's understanding of an already complex issue. While misinformation in politics hardly represents a new phenomenon, engaging in this propagation of misperceptions on an issue of paramount importance like health care, represents a grave disservice to the American public.

The relatively static nature of anti-reform arguments directly counters the value of deliberation and debate. If one side of an argument remains stalwart in their convictions, refusing to alter their opinion based on new information or changing societal conditions, it becomes impossible to engage in thoughtful discussion about how best to improve public policy. Deliberation requires reciprocal levels of consideration and openness to persuasion from both sides. The unwavering adherence to the same anti-reform tropes by opponents of health care overhauls violates the necessity of reciprocity by demonstrating their refusal to consider new perspectives. The overwhelming reliance on static and hyperbolic anti-reform tropes by conservative opponents of health care reform risks turning national debate into a practice that Barney Frank would describe as, 'productive as arguing with a dining room table'.

## **THE "IDENTITY OF OPPOSITION"**

A main contribution of this thesis to the current scholarship on victimage and political discourse is what I call the "identity of opposition" that was created for the

conservative public by the victimhood tropes perpetuated by the Republican leaders. Palin's "death panel," Arney's "Health Care Action Kit," and Harrison's speech all posit their audience as the victims of President Obama's health care bill that they purport will degrade the American health care system, restrict their freedom and individual autonomy, and potentially even cost Americans their lives. All of the artifacts examined in this thesis represent different steps in a campaign to vilify the Obama Administration, constructing Obama as "the Enemy" that the conservative public must oppose in order to protect their livelihoods. I define the "identity of opposition" as the discursive position of approaching a controversy with one's mind already decided, foreclosed to the potential for persuasion, and constituted in terms of categorical opposition to the other side. In the instance of health care, the conservative protestors embody the "identity of opposition" that created the victimage tropes forwarded by Palin and others, by entering the town halls with the sole purpose of disrupting the meeting, and expressing their overwhelming hostility to the proposed reform.

The maximal nature of the "identity of opposition" created a rhetorical situation where the health care debate existed in exclusively black and white terms. An individual could either be for or against health care reform – there existed no room for discussion about middle ground proposals or amendments to improve the function of the bill. In adopting the "identity of opposition," the conservative public must categorically reject President Obama and the health care bill because no American in good conscience could support Obama's government panel of bureaucrats. This "identity of opposition" completely obscured the original intent of the Advance Care Planning Consultation provision, which focused on improving doctor-patient communication on end-of-life care

issues. The “identity of opposition” foreclosed the possibility of discussing these types of potential benefits related to the health care reform movement. Additionally it compromised health policy as a whole when these “identities of opposition” become dominant in public discourse, as shown through the continued stigmatization of end-of-life care planning discussed in Chapter 2. The victimage tropes based on fears of “big government” and euthanasia become overpowering, constituting a mode of expression based on incivility and hostility.

This “identity of opposition” manifested itself in the chaotic display of conservative rage in the August town halls as discussed in Chapter 4. Conservative protestors that shouted down an audience member who tried to express her opposition to Pallone, the man at Green’s meeting who yelled “Get the government out of my life,” the female constituent who asked Frank why he supported Obama’s Nazi policy: all of these individuals perform discursive acts born out of their “identity of opposition.” The “identity of opposition” created a mode of expression so unilaterally focused on interrupting the meeting that it became impossible for the conservative protestors at Pallone’s meeting to recognize a fellow ally in the campaign against reform. It created a strategy of intentional incivility that allowed protestors to justify defacing a picture of the President to look like Hitler because the dangers his reforms pose to American society outweighed the breach in the normal bounds of civility and the respect owed to the office of the Presidency.

The conservative public’s adoption of the “identity of opposition” fundamentally harmed the potential productivity of the August town halls as spaces for political discourse. Instead of functioning as opportunities for politicians to interact with their

constituents and laboratories for debating ideas about how to improve the proposed legislation, the town halls became spaces for the enactment of the “identity of opposition” as conservatives utilized the meetings as venues for expressing their categorical hostility. “Identities of opposition” in political discourse represent serious obstructions to the fundamental goals of deliberative democracy. When one side of our political spectrum bases its identity solely in terms of opposing the goals of the other side, it short-circuits the ability of our political system to function. The near constant gridlock displayed by the US Congress reflects the national-level implications of the “identity of opposition.” When the goal of defeating an opponent becomes a politician’s overriding priority, it precludes the opportunity for compromise or even deliberation in some cases, hamstringing the legislative productivity of the American political system. Even if partisanship and an “identity of opposition” is inevitable to some degree, a recalibration of the necessity of identification and stasis in political debate is necessary to re-establish functional political discourse.

## **FINAL THOUGHTS**

The historic importance of the passage of the Affordable Care Act, despite all of the controversy surrounding the “death panel” and the August town halls, might overwhelm the significance of the “death panel” trope for some. However, to argue that the passage of the reform bill means that the events of the summer of 2009 ultimately had no real impact on the health care debates represents an incredibly shortsighted view of the overall struggle to pass health care and the bill itself.

First, the creation of the “death panel” trope and the August town halls functioned as fundamental interruptions in the passage of the final version of the Affordable Care

Act. The data on the impact of the “death panel” trope on news coverage and public opinion on the health care bill presented in Chapter 2 illustrates this disruption. The “death panel” shifted the focus of news coverage from discussions of the “public option” and substantive coverage of the health care debate to discussions of Palin’s sensationalized claims. The August town halls similarly consumed the news cycle with reports of shouting matches and mob scenes, diverting attention from national discussion of the actual merits of the legislation. Obama intended to use the town halls as forums for garnering support for the legislation. Instead they turned into a controversial display of conservative opposition that President Obama and other reform supporters had to overcome in terms of selling the legislation. Even though neither of these interruptions ultimately derailed the legislation, they clearly functioned as severe delays on the legislative process and at the very least derailed momentum for the bill. While it is impossible to prove causation, it is reasonable to suggest that without the “death panel” controversy or the outburst of the August town halls that the path to passing the Affordable Care Act would have become substantially easier for President Obama.

Second, and more importantly, the omission of the Advance Care Planning Consultation provision and the continued stigma surrounding end-of-life care planning illustrates the impact of the controversies studied in this thesis. While President Obama signed the Affordable Care Act into law in May, 2010, reform proponents dropped the Advance Care Planning Consultation provision from the draft legislation in October, 2009 (Perry, 2010). The controversy surrounding the provision created by the “death panel” trope became too overwhelming for reform proponents to counteract. The omission of the end-of-life care planning provision showcases the success of the

rhetorical strategies of Palin in vilifying that portion of the reform legislation, even if her efforts to derail the entire bill failed. Additionally, the data on public incomprehension of the health care bill introduced in Chapter 2 illustrates the lasting impact of the misperceptions propagated by conservative opponents like Palin, Armev, and the others. While multiple factors contribute to public misunderstandings pertaining to health care policy, the repetition of anti-reform tropes based on fundamental misperceptions of health care reform contributes to the misinformed nature of the American public.

In this thesis, I utilized the health care case study to showcase the influence of victimhood tropes in political discourse and the destructive power they possess in terms of misleading the public and perpetuating misinformation. This thesis should not be interpreted as an opportunity to bash conservatives or as a wholesale rejection of victimhood rhetoric. Liberals are just as guilty of utilizing victimhood rhetoric to score political points, as is shown through the theme of blaming the economic problems facing America on former President George W. Bush that characterized President Obama's first term. Victimhood rhetoric represents an inevitable strategy in a political system comprised of two competing parties, who are necessarily locked into a binary of opposition. Instead, I strive to use this particular case study to distill broader lessons about the importance of identification and the necessity of stasis of definition in political debates. While the "death panel" might have "killed" deliberation at the August town halls, my hope is that this thesis illustrated the overarching rhetorical strategies that must be avoided in order to prevent the death of political discourse more broadly.

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### EDUCATION

- M.A.** Wake Forest University, Winston-Salem, NC May 2013  
Communication, Emphasis in Rhetorical Studies  
Thesis Advisor: Alessandra Beasley von Burg, PhD
- B.A.** Michigan State University, East Lansing, MI May 2011  
Major in International Relations

### EMPLOYMENT

- Graduate Assistant Debate Coach**, Wake Forest University 2011-2013
- Debate Institute Instructor**, Michigan State, Georgetown University 2004-2013
- Assistant Debate Coach**, Pace Academy, Atlanta, GA 2008-present
- Assistant Debate Coach**, Michigan State 2009-2011
- Information Desk Attendant**, Dartmouth College Summer 2007

### HONORS & AWARDS

- National Debate Tournament** 2010  
Coached at Michigan State University who won the 2010 National Debate Tournament.