The Enduring Narrative of “Socialized” Medicine:

Oppositional Rhetoric and Obama’s Health Care Reform

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Abstract

President Barack Obama and his promises of health care reform were met with strong public support when he took office in January 2009. By the time Congress ultimately passed legislation in March 2010, not only had a majority of citizens turned against health care reform, but many had come to interpret it as inimical to American values. Opponents pejoratively branded the president a “socialist” and his reform as “socialized medicine.” A review of the history of health care reform efforts in the United States over the last eight decades illustrates that this rhetoric and the defining patterns of its proliferation have remained remarkably consistent over time. This three-part analysis illuminates the origins and character of this “socialized medicine” narrative, discusses its resiliency and efficacy as an oppositional political discourse, and examines this narrative’s renewed vigor in the case of Obama’s 2009-2010 reform effort.
Introduction

The 2008 election of President Barack Obama, coming on the heels of a major defeat of the Republican Party in congressional elections just two years prior, signaled the possibility that a significant ideological realignment had taken place in American politics. Historically, when such massive partisan realignments occur, windows of opportunity open for an incoming administration to effect fundamental policy transformations. In an effort to translate the electorate’s apparent leftward shift into policy, Obama supported reform of the ailing American health care system. The President and his promises of reform were met with strong public support when he took office in January 2009, suggesting that decades of Democratic futility in the health care policy arena would finally be brought to an end.

Indeed, after a drawn-out struggle, Congress did ultimately pass legislation in March 2010; but by that time, Obama’s effort had largely lost public support. Not only had a majority of citizens turned against health care reform during this interim period, but many had come to interpret it as inimical to American values. Opponents pejoratively branded the president a “socialist” and his reform as “socialized medicine,” implying it represented a veiled attack on individual freedoms by the federal government. A review of the history of health care reform efforts in the United States illustrates that this sort of oppositional rhetoric is nothing new. In fact, despite the fundamental transformations that have shaped and reshaped the American political landscape since Franklin Roosevelt’s New Deal, the narrative deployed to impede health care reform has remained remarkably consistent over time. This article illuminates the origins and character of this “socialized medicine” narrative, and discusses its resiliency and efficacy as an oppositional political discourse.

My study is guided by an analytical framework, the “logics of critical explanation” (Glynos and Howarth, 2007), which offers conceptual tools to explain, interpret, and assess narratives as forms of social practice. After introducing the central components of the approach, this article examines the intellectual origins and defining characteristics of what I refer to as the “big government” versus “small government” discourse, which provides the framework within which the narrative of “socialized medicine” has developed. This is followed by a discussion of the narrative itself and the oppositional role that it has historically played in debates over health care reform in the United States. The article then examines this narrative’s
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Reemergence and renewed vigor in the case of Obama’s 2009-2010 reform effort. Finally, it makes a case for how the “socialized medicine” narrative should be interpreted and considers its wider significance for contemporary American politics.

The Logics of Critical Explanation: Tools of Narrative Analysis

Narratives matter to the study of politics and policymaking because they are the building blocks of our constructions of political reality. We understand the political world by interpreting particular objects, actions, events, etc., and creating narratives to provide them with meaning. For example, concepts such as “the Obama presidency” or “health care reform” have no essential or inherent fixed meanings; instead, they are defined within particular contexts from particular points of view. Therefore, “health care reform” means a push for social equality to some, an illegitimate attack on personal freedoms to others, a presidential power grab to a third group, and so on. As Michael B. Cornfield explains, “a culturally informed array of word and image choices constitutes the very currency of political influence” (1992, 47). Some narratives shape understandings of public problems and possible policy responses, others fail to gain traction; but it is the competition among them that is the stuff of politics and the policymaking process.

Therefore, narratives deserve close, systematic study. Exploring their development, perpetuation, and impact can provide valuable insights into our understanding of the relationship between ideology, power, and public policy. But how can we make sense of narratives in a systematic manner? To this end, Jason Glynos and David Howarth (2007) offer the “logics of critical explanation.” This analytical approach provides conceptual tools, or “logics,” that “furnish a language with which to characterize and critically explain the existence, maintenance, and transformation” of particular social practices (i.e., patterned ways of thinking and behaving) (Glynos 2008, 4). They do so by offering a means to not only describe the patterns that constitute a practice, such as the development and perpetuation of a narrative, but also “to capture the various conditions that make the practice ‘work’ or ‘tick’” (Glynos and Howarth 2007, 15). In the case of the “socialized medicine” narrative, these logics offer an analytical framework
within which we can identify and explain how it draws on certain rhetoric, how it is transmitted, and how it ideologically “grips” the imaginations of its devotees.

Glynos and Howarth’s approach offers three types of logics—social, political, and fantasmatic—which allow for multi-dimensional analyses of a particular narrative. Social logics provide a tool with which to characterize a narrative by unpacking or disentangling its constitutive “rules.” These rules are not formal, but rather are constructed and defined by the researcher in an effort to “capture the ‘patterning’ of social practices” (Glynos and Howarth 2007, 139-140). In other words, social logics provide an understanding of the how the operations of a particular narrative work, with rules identified by the researcher representing a “mapping out” of these operations (Glynos and Howarth 2007, 136). The notion of social logics provides a systematic means to capture the rhetorical patterns that constitute the “socialized medicine” narrative by raising questions such as: What are the defining characteristics of the narrative that provide it with cohesiveness? Upon what ideas is it grounded and why are these ideas influential? How has this narrative been developed within the framework of these founding ideas? Social logics aid in the elucidation of how narratives frame contrary positions as threats or obstacles, which “sets the terms of debate and the range of possible policy solutions” (Glynos and Howarth 2007, 174). In other words, they provide the means to map out the rules that constitute a particular narrative. In the first section of my analysis below, I draw on the notion of social logics to illuminate the rules underlying the narrative of “socialized medicine,” which can be traced to a broader discourse concerning the power and scope of the federal government.

The second type of logic of critical explanation—political logics—offer “a conceptual grammar with which to account for the dynamics of social change” (Glynos and Howarth 2007, 145). Political logics are concerned with the “institution of the social” (Laclau 2005, 117). That is, these logics underlie the processes by which a particular practices emerge, are contested, and are maintained or transformed. In this case, why has the narrative of “socialized medicine” been thrust into popular American political discourse during certain historical periods and not during others? What sorts of arguments are made in support of this discourse to secure its influence when challenged by alternative narratives? In the second section of this article, I use the notion of political logics as a tool to explore the
dynamics of the “socialized medicine” narrative as a reactive, oppositional response to decades of efforts by Democratic presidents to reform the American health care system.

The notion of fantasmatic logics, the third category in the “logics of critical explanation” approach, takes analysis one step deeper by exploring how certain narratives take hold of individual’s interpretations of political reality and, subsequently, are spread as a social practice. Building upon the analytical insights offered by social and political logics, the logics of fantasy add to accounts of how and why certain narratives are maintained or transformed by focusing on the ideological dimensions of constructed realities. Specifically, logics of fantasy explore “the ways in which subjects are *gripped* by certain ideologies or discourses” (Glynos and Howarth 2007, 5 emphasis added) and consequently become complicit in the reproduction of these social practices through the spreading of narratives.

According to the authors, the attractiveness of this fantasy—that is, its ability to grip an individual—is found in the process by which the narrative “covers-over or conceals the subject’s lack by providing an image of fullness, wholeness, or harmony, on the one hand, while conjuring up threats and obstacles to its realization on the other” (Glynos and Howarth 2007, 130). In other words, the narrative simplifies reality into a struggle between perceived opposites: truth versus falsity, good versus evil, democracy versus socialism, American versus un-American, and so on. As Daniel Bell argues: “ideologists are ‘terrible simplifiers’” (2000, 405). Such a narrative is satisfying and pleasurable for those who embrace it because it is able to portray a reality swept clean of disconcerting ideas, such as contingency, paradox, and complexity. “When successfully installed,” Glynos and Howarth argue, “a fantasmatic narrative hooks the subject—via the enjoyment it procures—to a given practice or order, or a promised future practice or order, thus conferring identity” (2007, 130). It clarifies the world in simplistic terms and provides orientation within it.

Therefore, as an analytical tool, fantasmatic logics are not meant to represent false consciousness or some sort of illusion, but rather are the ideological forces that lead individuals to understand their own narrative of political reality as inherently nonpolitical; i.e., non-contestable. For example, the narrative of “socialized medicine” is not understood by its proponents as a political argument that must compete with alternative interpretations of Obama’s health care reform efforts, but rather as truth. Bell explains: “Ideology makes it unnecessary for people to confront
individual issues on their individual merits. One simply turns to the ideological vending machine, and out comes the prepared formulae” (2000, 405). Consequently, any interpretive challenges that are raised to one’s defining narrative are seen as disorienting and therefore threatening. In the third section of the following analysis, the notion of fantasmatic logics is used to highlight how the “socialized medicine” narrative gripped individuals during the debate over Obama’s health care reform and, consequently, closed the door on reasonable public deliberation and compromise.


The narrative of “socialized medicine” has deep roots in American political culture; roots that extend well beyond the advent of the term. Political history in the United States has long been marked by arguments concerning the power and scope of the federal government vis-à-vis the sacred principle of classical liberalism: individual freedom. The “socialized medicine” narrative draws upon—and is framed by—a more general, deeply-entrenched discourse that caricatures this political history as a dichotomous battle between “big government” and “small government.” Consequently, its effectiveness and resiliency come from planting its oppositional critique securely in this larger discursive frame by rhetorically portraying health care reform as the signature of a federal government bent on taking away liberties to augment its own power.

Analytically, the concept of social logics offers a tool to examine how the narrative of “socialized medicine” operates by exploring the rules of the “big government” versus “small government” discourse that constructs cohesiveness and meaning. In this section, political logics are used to capture and map out the patterns and presentation of the “socialized medicine” narrative by identifying the features of the larger discursive framework within which it is situated and upon which it draws.

A starting place for understanding the “big government” versus “small government” arguments and its defining characteristics can be found in mid-20th century discourse concerning the relationship between
liberalism and the idea of “American exceptionalism.” According to Louis Hartz (1991), the American liberal tradition has been “one of the most powerful absolutisms in the world” since the nation’s founding (58). Citing Hartz’s notion of this so-called “liberal consensus” in the United States, Arthur M. Schlesinger, Jr. (2008) concurs that “all of America is liberalism” (83). However, Schlesinger importantly recognizes that, underneath the surface of this liberal tradition, not all Americans understand liberalism in the same way. While “Americans have united on fundamentals,” he argues, “there still remain sharp and significant differences” regarding what these fundamentals of liberalism mean and how they should be applied (Schlesinger 2008, 85).

Schlesinger understands this split in partisan terms, contrasting “the party of the past and the party of the future” (2008, 88). I argue that a deeper ideological divide in the American liberal tradition lies in dueling perspectives concerning liberalism’s defining value—one perspective that emphasizes the primacy of individual liberty, and an alternative worldview which understands the protection of equality to be liberalism’s central tenet. Both of these views trace their intellectual roots to the Declaration of Independence, the touchstone of American political culture. Drawing on the Enlightenment ideas of John Locke, Thomas Jefferson’s Declaration describes as “self-evident” the “truths” that “all men are created equal” and endowed with “unalienable rights,” among which liberty is included.

In the debates over ratification of the U.S. Constitution that occurred between 1787 and 1789, both Federalists and Anti-Federalists claimed to be speaking as defenders of the Declaration’s principles. The Federalists interpreted its “truths” as justification for a stronger central government to provide the needed stability and security to protect its citizens’ rights; the Anti-Federalist supported a limited government that would respect individual liberty by allowing for a wider distribution of power. The Framers’ interpretations of how the Declaration’s defining principles would best be institutionalized set the terms of a lasting discourse concerning government’s power and scope that continues today.

While the roots of this ideological struggle over the meaning of liberalism can be traced to the American founding, the contemporary discourse that portrays American politics as a dichotomous struggle between “big government” and “small government” was framed by rhetorical opposition to President Franklin D. Roosevelt’s New Deal in the
1930s. Roosevelt’s agenda put into practice the notion of the federal government that functions not only the protector of rights, but of social and economic equality as well. In response to the challenges of the Great Depression, Roosevelt undertook a massive expansion of federal power that built upon the tradition of equality-focused, rather than liberty-focused, liberalism. Dismissing the Republican Party’s claim as the embodiment of the liberal tradition of the Founders, Roosevelt argued that it was the Democratic Party that represented the “truly liberal party in the political life in America” (1941, 81). Drawing on the language of the Declaration of Independence, he explained:

The liberal party is a party which believes that, as new conditions and problems arise beyond the power of men and women to meet as individuals, it becomes the duty of the Government itself to find new remedies with which to meet them. The liberal party insists that the Government has the definite duty to use all its power and resources to meet new social problems with new social controls—to insure to the average person the right to his own economic and political life, liberty, and the pursuit of happiness. (Roosevelt 1941, 82)

By contrast, the “American conservatism” of the modern Republican Party, Roosevelt explained, “believes that there is no necessity for the Government to step in, [and] that, in the long run, individual initiative and private philanthropy can take care of all situations” (1941, 83).

The contemporary analogs of Roosevelt’s political opposition—those who opposed Obama’s effort to expand federal power in the area of health care reform—would not likely disagree with FDR’s blunt characterization of their commitment to individual liberty. Of course, this modern “American conservatism” is not conservatism at all, in its traditional Burkean sense, which is concerned, above all else, with conserving tradition and custom through institutions and prudence. Instead, the current American variation of conservatism is grounded in the classical liberal Lockean tradition of individual liberty and limited government supported by the Jeffersonian Anti-Federalists. In its modern form, it is perhaps best represented in the words of President Ronald Reagan, who famously stated in his First Inaugural Address: “government is not the solution to our problem; government is the problem” (1981). Reagan never
used the term “big government” in his Inaugural Address, but his rhetoric helped solidify a dichotomous interpretation of government as an either/or proposition; an interpretation which occupies a constitutive role in the narrative of “socialized medicine.”

This discursive political tradition, anchored in divergent interpretations of liberalism and their respective interpretations of the federal government’s role, have largely defined the contours of American political culture. In the language of Glynos and Howarth, the ideological struggle portrayed by the dichotomous rhetoric of this “big government” versus “small government” discourse has come to represent the rules according to which American politics is practiced as a public drama. In other words, since the founding of the United States, and particularly since Roosevelt’s New Deal, the framing of political conflicts have largely been patterned according to this over-simplified Manichean struggle. Consequently, an exploration of this discourse can tell us a great deal about the practice of the rhetorical game in contemporary American politics in general, and the dissemination of the “socialized medicine” narrative in particular.

One significant effect of this discourse is that it has stripped the nuance and complexities from important arguments about the efficacy and legitimacy of alternative governing principles. It has also transformed public understanding of the distinctions between the Democratic and Republican parties, as well as the terms “liberalism” and “conservatism,” into gross over-simplifications. This leads to the tendency of elected officials, media, and citizens to falsely portray one’s political opponents in the starkest of ideological terms. While engagement in this rhetorical practice is by no means a limited affair, in the arena of heath care reform it has been used most effectively by oppositional Republicans who have successfully set the terms of the debate. After all, “big government” is reflexively understood as a pejorative term in contemporary American political culture; individuals do not self-define as pro-government, no matter how committed to the principle of government as the champion of social and economic equality they might be. The centrality of individual freedom has taken on almost-mythic quality for many. Consequently, Americans’ fear of “big government” has opened the door to the establishment and promulgation of a second-order myth that equates an active federal government with “socialism.” In the context of American political culture, the public understanding of this term has strayed far from
the textbook definition and has come to connote an anti-American attack on individual freedoms by “big government.” In debates over health care reform, Republicans have repeatedly, and successfully, seized upon this rhetoric. This is demonstrated in the following section using the analytical tool of political logics to explore the contours and dynamics of the “socialized medicine” narrative.

Dynamics of the Narrative – Political Logics: A History of Reaction and Fear-Mongering

In the introduction to his public papers, in which he defined the Democratic Party as the “truly liberal party,” President Roosevelt disputed “bitter accusations and dire predictions” made by opponents of his New Deal, who branded his presidency a “dictatorship” (1941, 85). With the onset of the Cold War, oppositional rhetoric transformed into accusations of socialism. Thus began in earnest the establishment and perpetuation of the narrative of “socialized medicine.” The concept of political logics allows for the illumination of the dynamics of this narrative—that is, the process by which it emerged as a social practice, its transformation and development in reaction to events, and its effective maintenance and reproduction as a form of oppositional rhetoric. This section explores these dynamics by focusing on how the narrative has been thrust into popular American political discourse, and the sorts of arguments that have been made to secure its influence.

The issue of health care reform first became prominent in American politics during the first two decades of the 20th century, alongside other Progressive Era movements to bring about social change through a more active engagement by the federal government. Former President Theodore Roosevelt, running for a third term in office as a candidate for the upstart Progressive Party, made reform a prominent issue in his 1912 campaign. After his defeat, attention on the issue dissipated until its reemergence in the 1930s in the context of Franklin Roosevelt’s New Deal. While some of FDR’s advisors supported the inclusion of universal health care coverage in the 1935 Social Security Act, Roosevelt demurred. For many reform advocates, according to Edward D. Berkowitz, it felt “as if the American
welfare state were a great train that left the station without the car containing one of its major components” (2010, 4). However, at the time, Roosevelt’s social programs had come under withering attacks from opponents, such as the American Liberty League, which branded him a “socialist,” and the American Medical Association (AMA), a powerful trade group of physicians, which raised public fears that reform would mean government control over medical care itself. Consequently, Roosevelt made the strategic decision to drop health care from the bill for fear that its inclusion would have put the passage of the entire Social Security Act at risk.

Roosevelt’s successor, Harry S. Truman, proposed a national health insurance plan in a statement to Congress in November 1945. After this effort was rebuffed, he again made reform a central issue in his successful 1948 campaign, which spurred the introduction of the Wagner-Murray-Dingell bill in the House of Representatives. This proposal represented the first time that reform efforts had progressed so far through the legislative process. Opinion polls at the time indicated that a sizeable majority the American public supported the effort as well. However, according to public policy scholar Theodore Marmor (1994), “this support was neither deep nor informed,” which opened the door to persuasion by hostile rhetoric (195). Truman’s reform effort was met with an intense oppositional campaign by the AMA, which sought to sow suspicion and fear among Americans by drawing on the virulent anti-communist sentiment that pervaded the early years of the Cold War. To defeat the bill, the AMA coined the term “socialized medicine,” branded the reform effort a “Communist plot” (Bizzle et al. 2008), and attacked Truman White House staffers as “followers of the Moscow party line” (Poen 1989, 251). As T.R. Reid (2009) argues, the term “socialized medicine” functioned without nuance; quite simply, it “meant to suggest that anybody advocating universal access to health care must be a communist” (5).

The AMA organized the most expensive public relations campaign in American history up to that point, spending more than $1.5 million to defeat the bill. The organization produced pamphlets provocatively asking Americans: “Would socialized medicine lead to socialization of other phases of life? Lenin thought so. He declared socialized medicine is the keystone to the arch of the socialist state” (Starr 1982, 285). The AMA also disseminated a petition to be signed by citizens and delivered to Congress, which stated that
the medical profession and the sick whom they treat will be
directly under political control... and doctors in America will
come clock watchers and slaves of a system. Now, if ever,
those who believe in American democracy must make their
belief known to their representatives so that the attempt to
enslave medicine as first among the professions, industries, or
trades to be socialized will meet the ignominious defeat it
deserves.¹

This opposition campaign was accompanied by a major spike in the
appearance of the term “socialized medicine” in print news sources, which
thrust it into American public discourse (Nunberg 2008). During his first
failed attempt to bring about reform in 1945, Truman went so far as to
insist: “This is not socialized medicine” (1945). That was not the message
that stuck for Americans, and the reform bill that constituted Truman’s
second reform effort died in congressional committee in 1948. Four years
later the issue was taken off the table as American voters elected a
Republican, Dwight D. Eisenhower, to the White House for the first time
since Herbert Hoover and his party had refused to take strong federal
action in response to the Great Depression two decades before.

Drawing on the Cold War rhetoric that had been so effectively used
by the AMA, Eisenhower engaged an alternative derivation of the general
“socialism” narrative by vowing to turn back the “creeping socialism” of
the New Deal. During a speech to Republican congressional leaders in June
1953, he stated: “I believe that for the past twenty years there has been a
creeping socialism spreading in the United States” (quoted in Donovan
1956, 336). At a press conference six days later, when asked what he had
meant by this comment, he replied that it was a reference to the continued
expansion of the Tennessee Valley Authority (T.V.A.), a federally-owned
corporation created by Roosevelt to assist economic development in a
region of the country that has been especially devastated during the Great
Depression. He clarified “for the thousandth time” that he would not
destroy the T.V.A., but “thought it was socialistic to continue putting
money paid by all the taxpayers into a single region which could then

¹ See “Harry S. Truman and the AMA,” http://www.encyclopedia.com/doc/1G2-
3468301638.html
attract industry away from other areas” (quoted in Donovan 1956, 336). In terms of the lasting effect of this rhetoric, the reasoning behind his use of the term mattered far less than its popularization within the American political lexicon.

While Republican Thomas Dewey is credited with first using the term “creeping socialism” in 1939 (Nunberg 2008), its intellectual roots can be traced to the arguments of Austrian School economist, Friedrich von Hayek. Hayek (2007) warned of America’s “drift” toward state control of the means of production as a consequence of Roosevelt’s New Deal policies. The social welfare state, he claimed, meant the establishment of government control over the economic lives of individuals and, ultimately, the complete loss of political freedom. According to Hayek, “the more the state ‘plans,’ the more difficult planning becomes for the individual” (2007, 114). From this ideological perspective, “creeping socialism” connotes a slide toward “big government,” which in turn connotes ever-increasing attacks on individual freedom.

The legacy of this off-shoot of the oppositional “socialized medicine” narrative spread through American political culture. For example, in his 1955 mission statement for National Review, its founder and editor, William F. Buckley (1995), described the news magazine’s primary purpose with an implicit reference to the creeping socialism of the immediate post-New Deal era. His conservative publication, Buckley stated, “stands athwart history, yelling Stop, at a time when no one is inclined to do so, or to have much patience with those who so urge it” (Buckley 1955). By fusing doctrinaire positions on free-market capitalism and anti-communism, Buckley and his publication were influential factors in the creation of the modern Republican Party. He also developed an accessible intellectual foundation upon which the subsequent half-century of “small government” conservatism has been built; thereby distinctly framing the ideological battleground upon which to rhetorically oppose the implied “big government” inclinations of the Democratic Party.

Ronald Reagan was perhaps the chief benefactor of Buckley’s contribution to the modern conservative movement, both as governor of California between 1967 and 1975, and president from 1981 to 1989. A former Hollywood actor, Reagan first major foray into the health care reform debate occurred in 1961, when he recorded a 10-minute speech, widely distributed as an LP record titled “Ronald Reagan Speaks Out Against Socialized Medicine.” In this recording, he attacked the Kind-
Anderson Medicare bill, introduced in Congress that same year, with the warning: “One of the traditional methods of imposing statism or socialism on a people has been by way of medicine” (1961). Reagan claimed that if the bill passed, “behind it will come other government programs that will invade every area of freedom as we have known it in this country” (1961). Drawing on the logic outlined by Hayek, Reagan argued that such reform would “curtail Americans’ freedom” and that “soon your son won’t decide when he’s in school, where he will go or what he will do for a living. He will wait for the government to tell him” (1961). Reagan concluded with the sort of fear-mongering rhetoric that has defined the “socialized medicine” narrative: “We are going to spend our sunset years telling our children and our children’s children, what it once was like in America when men were free” (1961).

Yet, President Lyndon B. Johnson was able to push Medicare and Medicaid legislation through Congress in 1965. Although these measures did not provide universal health care coverage, as had been sought by Truman, Medicare provided coverage for those over 65 years of age, while Medicaid did the same for those in the lowest income groups, children, and the disabled. But the narrative was perpetuated and Johnson’s Great Society programs were widely panned as “socialism” and “socialized medicine” by opponents, who warned Americans that it would strip them of their freedom (Hacker 2008). By this point, the rhetoric of “socialized medicine,” and the practice of deploying this narrative to counter progressive reform of health care in the United States, had long been institutionalized.

The entrenchment of this narrative is demonstrated by its ability to outlive even the Cold War. Accusations of “socialized medicine” reemerged in reaction to President Bill Clinton’s taking up of health care reform upon entering office in 1993. While the fall of the Berlin Wall in 1989 and dissolution of the Soviet Union in 1991 seemed to remove the threat of the Communist bogeyman that lurked behind the accusation of “socialized medicine,” the narrative continued to effectively stoke fear of “big government” and the threat to individual freedoms that accompanied it. In the case of Clinton’s reform effort, the opposition narrative successfully used the language of “big government” to connote a heartless, bureaucratic system that was created by elites to confuse and manipulate the “average American” and would lead to long waits, rationed care, poor outcomes, and the loss of choice.
By the time Clinton’s “Health Security Act” was presented to the Democratically-led Congress on November 20, 1993, opposition to the bill had already been organized for months. According to Haynes Johnson and David Broder’s extensive recounting of Clinton’s reform effort, Republican leader Newt Gingrich (1996) declared as early as 1991 that the “next great offensive of the Left” would be “socializing health care” (39). Organized opposition emerged in the form of The Project for the Republican Future, organized by William Kristol, a media commentator and former member of Republican presidential administrations and conservative think tanks. Kristol sought to unite congressional Republicans by providing them with “policy memos” that argued for “opposition without apology” and talking points that helped opponents stoke fear among Americans.

Despite the centrist nature of Clinton’s market-based plan, it was “caricatured as a big-government monstrosity anyway” (Hacker 2008). The conservative Heritage Foundation referred to it as an attempt by the Clinton Administration to impose a “top-down, command-and-control system” that would restrict American freedom by establishing a vast bureaucracy “issuing innumerable rules, regulations, guidelines, and standards” (Moffit 1993). According to Newsweek, interest groups spent more than $300 million to oppose health care reform in 1993 and 1994; more than the 1988 and 1992 Democratic and Republican presidential nominees spent in total. And the bulk of this money was spent on what the nonpartisan Media Research Center referred to as “blatantly untrue advertisements designed to scare the public” (Cohn and Clift 1994). Most effective in rallying opposition to the Clinton reform plan were the “Harry and Louise” television advertisements sponsored by Health Insurance Association of America (HIAA). In these ads, a middle-class couple repeatedly expresses exasperation with the complex, bureaucratic nature of the proposed system. But the ultimate message came across in their oft-repeated line, which returned to the rhetorical mantra of individual freedom consumed by the appetite of “big government:” “They choose, we lose.”^2

Clinton’s “Health Security Act” died in the Senate and self-proclaimed “small government” conservatives swept into Congress with

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^2 discussed in Matthew Corrigan, “The Transformation of Going Public: President Clinton, the First Lady, and Health Care Reform” in Political Communication 17(2), 149-168. Also, see Theda Skocpol, Boomerang: Health Care Reform and the Turn Against Government, New York, NY: W.W. Norton & Company.
historic majorities in the 1994 election. Over the next sixteen years, presidential efforts to reform American health care disappeared; but Republicans continued to wield the “socialized medicine” narrative as needed. For example, in October 2007, President George W. Bush vetoed a bipartisan bill to expand the State Children’s Health Insurance Program (SCHIP), which provides matching funds for states to cover uninsured children whose families do not qualify for Medicaid. Speaking to a local Chamber of Commerce group in Pennsylvania, Bush defended his veto by explaining that “what you’re seeing when you expand eligibility for federal programs is the desire by some in Washington, D.C. to federalize health care. I don’t think that’s good for the country.” Then, turning to rhetoric that implicitly draws on the fear of “big government” as a threat to individual freedom, he declared: “I don’t want the federal government making decisions for doctors and customers.”

While Bush’s veto was ultimately overturned by Congress, this case demonstrates to what extent the narrative of “socialized medicine,” with its rhetoric of “big government” and the fear of individual freedom lost, has been adopted as the weapon of choice for opponents of health care reform. From the 1930s to the present, the political logics or dynamics of this narrative have been defined by three basic characteristics. First, its emergence is largely reactionary. Rather than a consistent component of American public discourse, warnings of “socialized medicine” appear when Democratic proponents of reform make headway in the process, and then recess when the “threat” abates. Second, the rhetoric has been used to influence policy debates by frightening, rather than informing, Americans. As Jacob S. Hacker has observed, this trope “gets its punch because it invokes a visceral public fear” (2008). By taking advantage of the “big government” versus “small government” discourse, opponents are able to convince the public that health care reform is the first step by a federal government bent on expanding its own power at the expense of individual liberty, and therefore un-American. And third, the history of the “socialized medicine” narrative illustrates to what extent it has been institutionalized as a social practice and, consequently, has patterned ways of thinking and behaving. This is best demonstrated by the fact that it has

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4 Same press release (2007).
outlasted the Cold War, the context that originally gave it meaning. In the words of David Greenberg (2007), the rhetoric has “transcended the fevered ideological climate that spawned it,” as if the “words retain some talismanic power” (Greenberg 2007). Drawing upon the notion of fantasmatic logics, the following section seeks to explain this “talismanic power” by exploring the ways in which this narrative ideologically gripped many opponents of Obama’s 2009-2010 health care reform effort.

**Ideological “Grip” of the Narrative – Fantasmatic Logics: Rendering the Contestable, Non-Contestable**

“Mr. President, you don’t believe in the Constitution. You believe in socialism.” This statement, one of many criticisms that Republican Congressman Paul Broun (GA-10) wrote on his Twitter feed while Barack Obama delivered his 2011 State of Union Address, illuminates some of the defining characteristics of the “socialized medicine” narrative in contemporary American politics: The rhetoric is particularly stark, personal, without nuance, fear-mongering, and often conspiratorial in its accusations. The following analysis employs the concept of fantasmatic logics to highlight these characteristics by demonstrating how the most recent health care reform effort was rhetorically portrayed by opponents as an ideological rather than political struggle and over-simplistically framed as an incursion on individual liberties by “big government.”

The analytical concept of fantasmatic logics focuses attention on the ways in which narratives take hold of individual’s interpretations of political reality. Therefore, this approach builds upon the insights offered by social and political logics—focused on the structuring, transformation, and maintenance of narratives—by identifying the deep reach of their ideological nature and ability to grip constructed understandings of oneself and the world. At an ideological level, the “socialized medicine” narrative simplifies reality into a struggle between perceived opposites, which falsely sweeps political struggle clean of its inherent complexities. As a result, what is in actuality a policy position—an argument against reforming the American health care system—is recast as a non-contestable moral truth that cannot abide alternative perspectives and, in fact, are threatened by them. This section demonstrates how the ideological grip of
the “socialized medicine” narrative allowed opponents to avoid confronting health care reform as a contestable political and policy issue, thereby rendering reasonable public deliberation and compromise all but impossible.

Barack Obama signed the Patient Protection and Affordable Care Act into law on March 23, 2010. The reform measure established a system in which tax revenues are redistributed as government subsidies to lessen the financial burden for those who cannot afford to purchase insurance. According to the White House, the policy will help cover 32 million individuals (which represents around 65 percent of those currently without coverage) by the time it is fully implemented in 2014, although portions of the law restricting private insurance companies from discriminating based on prior conditions and dropping coverage when one gets sick did take effect in September 2010.5

As one health care policy expert noted, the law was moderate in terms of both means and ends: “Obama… had not tried for revolutionary change; instead he had refashioned the existing elements of the health care system—private health insurance, Medicare, and Medicaid—into a gradually implemented package that would eventually expand coverage and perhaps reduce costs” (Berkowitz 2010, 1). Incrementally, over three years, Americans will be mandated to have health care coverage; but the system it establishes is far from the universal single-payer model that many on the left had advocated for. By contrast, it relies heavily on a market-based model. In particular, without a so-called “public option” that can compete against private insurance companies, it will likely be a great financial boon to the industry. It is a policy that falls far outside the realm of the textbook definition of socialism. Regardless, the policymaking process was marked by the reemergence of the oppositional narrative of “socialized medicine” that had proved so effective in earlier struggles over health care reform.

According to Glynos and Howarth, narratives identified by fantasmatic logics often first “appear at the margins of public-official discourse” (2007, 148) and typically “possess features distributed between public-official and unofficial forms” (2007, 147). This patterning is recognizable in the case of opposition to Obama’s reform efforts. The

narrative first gained traction among Internet bloggers, partisan radio talk-show hosts, and cable news commentators, before migrating into the rhetoric of Republican politicians and being reproduced in the official Congressional Record. As the narrative crossed from unofficial forums on the periphery of American politics into Congress itself, it became a fixture of mainstream news coverage, granting it perceived legitimacy, and further entrenching it in public discourse. This dissemination process—that is, how the narrative “works” or “ticks” as a social practice—suggests how the language of “socialized medicine” may have gained its strong ideological grip on many Americans.

The narrative of “socialized medicine” thrived on the Internet from the moment Obama announced his candidacy in January 2007. For example, a post entitled “The Creeping Socialism of Barack Obama,” written by a blogger self-identified as “whymrhymer,” argues:

> The United States achieved its greatness through the sweat and tears of individuals.... [Obama’s reform proposals] reject individual freedom and Capitalism (individual rights), the two foundations of American life. We are already living in a virtual ‘nanny-state’ and Obama just wants to make it larger and more all-encompassing. [Obama has] too many socialist ideas. (2007)

Following the established discursive pattern, it is individual freedom, not “big government” intervention to secure more equal social and economic conditions, that is defined as “American.” The last two sentences reassert the equation that a more active government represents socialism. In response to a reader’s comment that “Barack is NOT a socialist,” the author offers a personal attack: “Well apparently Kylelee is herself a socialist thinker—so she’s a poor judge of what is and what isn’t socialism.”

Beyond appearing in the posts of anonymous bloggers, at the peripheries of American politics, the personalization of the “socialized medicine” narrative soon became a staple of partisan radio talk-show hosts and cable television commentators, such as Rush Limbaugh, who has been credited with influencing the debate over Clinton’s health care reform effort as well (Barker, 1998). In this most recent case, Limbaugh has clearly

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stated: “The facts are facts. The president is a socialist” (The Rush Limbaugh Show 2010). In the hands of opinion makers such as Limbaugh, the narrative also took a unique linguistic turn by incorporating accusations of “fascism” and “Nazism,” without regard for fundamental distinctions between these ideas and those of socialism. While stopping short of calling the president a Nazi, Limbaugh left little ambiguity in helping his listeners connect the dots. For example, he explained that “Adolf Hitler, like Barack Obama, also ruled by dictate,” and, referencing protestors’ signs portraying Obama with a Hitler mustache, that “as far as this Hitler business, one of the first things that the National Socialist Party did was try to nationalize health care” (The Rush Limbaugh Show 2009). Of course, Limbaugh’s purpose in making such absurd remarks was not to outline a reasoned case that Obama is like Hitler, but rather to use this “outrage talk” to rhetorically generate a visceral, negative response to the president (Sobieraj and Barry 2011). In this sense, the stark differences between the respective definitions of fascism and socialism don’t matter—in the context of the larger narrative they have the same meaning: Obama is un-American. A month later, Limbaugh further developed this rhetorical approach, arguing that members of the conservative opposition “are fighting a fascist, social—whatever you call it—takeover and remaking of the United States. [Obama wants] to tear up the Constitution and rewrite it” (The Rush Limbaugh Show 2009).

Like Limbaugh, Glenn Beck, then a Fox News commentator, also did not shy away from mixing the language of socialism and Nazi fascism in his attacks on Obama. Without regard for their substantial ideological differences, Beck eagerly used Nazism and Marxism interchangeably in a single interview. “I read Mein Kampf,” he told Neil Cavuto. “The Germans...were an awful lot like we are now.” Obama, he continued, “is so clearly” a socialist; “he has surrounded himself with Marxists his whole life... this is who he is” (Your World With Neil Cavuto 2009). Later, drawing on the language of “creeping socialism,” Beck declared that the president “has taken the first step towards socialization—total government control of our health care system” (The Glenn Beck Show 2010) Beck’s television program averaged an estimated 3 million viewers and his syndicated radio show was heard on over 400 stations nationwide. Limbaugh has an estimated 20 million listeners weekly and has mockingly been referred to
by the White House as “the head of the Republican Party.” Consequently, while neither was likely the first to conflate fascism with socialism in their rhetoric, it is not surprising that this “new” narrative was quickly adopted and perpetuated by health care reform opponents at the grass roots level; such as the blogger who, without irony, referred to the “communosocialofascist government takeover of health care.”

Limbaugh and Beck were not alone. Sean Hannity also a commentator on Fox News, stated that that “this administration has pushed the idea of the single biggest power grab and move towards socialism in the history of the country,” in response to which the guests on his show, the Wall Street Journal’s Stephen Hayes and former Fox Business executive Alexis Glick, both adamantly agreed (Hannity 2009). Hannity’s colleague at Fox News, Bill O’Reilly, has repeatedly raised the issue of Obama’s supposed socialism (The O’Reilly Factor 2010). Another former Fox commentator, Michael Savage, opted for a less-subtle message. Referring to those Democrats advocating for reform, he stated: “These are creatures from the black lagoon...They've come up to earth to suffocate us with octopus tentacles and put us into slavery... [Obama] is an extremist, a Marxist....a naked, proud, socialist” (The Savage Nation 2010). The rhetoric is not policy oriented, it is personal.

Also demonstrated in the rhetorical opposition to Obama’s health care reform was the combative either/or understanding of reality, ideologically understood by those it grips as an uncontestable truth. Consequently, alternative arguments are threatening and must be explained away, even if by the most preposterous rationalizations. For example, the late conservative radio talk-show host, Andrew Breitbart explained to the New Yorker that Obama is “a Marxist. His life work, his life experience, his life writings, and now his legislative legacy speak to his ideological point of view.” Extending this paranoia even further he declared that “Obama’s election was the culmination of a plot, set in place in the nineteen-thirties by émigré members of the Frankfurt School, to take over Hollywood, the media, the academy, and the government, with the aim of imposing socialism” (quoted in Mead 2010). Also raising the alarm concerning this plot, columnist Jonah Goldberg’s (2007) argued in his book,
Liberal Fascism: The Secret History of the American Left, From Mussolini to the Politics of Meaning: “Today we still live under the fundamentally fascistic economic system established by Wilson and FDR” (303).

While such rhetoric in the public sphere is not surprising, the shifting of this narrative onto the floors of Congress further contributed to its perceived legitimacy. The decision by many Republicans to adopt this rhetoric appears to have been made as members of Congress returned to their home districts in late summer of 2009, to hold a series of town hall meetings and gauge the attitudes of their constituents. The message that many of them loudly received from their constituents parroted the “socialized medicine” narrative that had been perpetuated on cable television, talk-radio, and the Internet. In one of the most oft-repeated anecdotes of that summer, a representative was told to “keep your government hands off my Medicare” (quoted in Krugman 2009). The congressman’s response that Medicare was indeed a government program fell on deaf ears. This rational response did not square with the man’s ideological fear of “big government.” Katrina vanden Heuvel (2009), editor of the Nation, recognized the familiar pattern in these summer town hall meetings: “The rabid protesters calling President Obama a socialist are representatives of a long national tradition which features an irrational and well-stoked fear of a strong central government” (Heuvel 2009).

Public opinion polls taken in 2009 and 2010 seem to support this anecdotal evidence of a growing fear of socialism among Americans. While these data should not be interpreted as causal evidence, they do offer snapshots suggesting the spreading of the “socialized medicine” narrative. For example, a Pew Report from June 2009 found that only 4 percent of those surveyed were concerned “that Obama’s policies will expand the scope of government or lead to socialism.” Among Republicans, 10 percent cite “concerns relating to the scope of government,” which seems a remarkably small number. By March 2010, a Harris Interactive poll, surveying 2,320 potential voters, indicated that a full two-thirds of self-identified Republicans believed that Obama is a socialist. Tellingly, significant percentages of Republicans polls indicated their beliefs that the president is a Muslim (57%), wants to turn over U.S. sovereignty to a one-world government (51%), resents Americans’ heritage (47%), was not born

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in the United States (45%), is a racist (42%), wants to seize dictatorial powers (41%), is doing many of the things Hitler did (38%). Considerable numbers of respondents also agreed with the statements that “he may be the Anti-Christ” (22%) and that “he wants the terrorists to win” (22%).

These Harris poll findings suggest the deep antipathy that Republicans felt toward Obama in 2010 was largely driven by fear, conspiratorial fantasies, and a conviction that he is fundamentally anti-American. These are signs of wide-spread narratives with substantial ideological grips.

The efficacy of the “socialized medicine” narrative is perhaps best demonstrated by examining its influence on all Americans, rather than just self-identified Republicans. In the March 2010 Harris Interactive Poll, taken just prior to the passage of the health care reform bill, 40 percent of all respondents indicated their belief that Obama is a socialist. This suggests that the narrative was not only embraced by Republicans (67%), but by Independents (42%) and Democrats (14%) as well. In June 2010, the polling research firm Greenberg Quinlan Rosner surveyed 1001 Republicans, Democrats, and Independents, three months after the Obama signed the bill into law. It found that 55 percent of them described Obama as a socialist.

As public attitudes shifted, the rhetoric of congressional Republicans kept pace. Following the model of Kristol’s Project for the Republican Future, the public comments of opposition legislators were guided by a widely-distributed memo entitled “The Language of Healthcare 2009,” produced by Republican political consultant Frank Luntz. In this memo, Luntz offered “10 rules for stopping the ‘Washington Takeover’ of Healthcare,” which included recommendations of “words that work,” based on findings from focus groups and opinion polls. These talking-points drew on the rhetoric of protecting individual freedom from “big government” and the familiar turn to fear mongering. Luntz explained that language should be chosen strategically: “‘Washington Takeover’ beats ‘Washington Control.’ Takeovers are like coups—they both lead to dictators

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10 Published as “‘Wingnuts and President Obama,” from Harris Interactive, at http://www.harrisinteractive.com/vault/Harris_Interactive_Poll_Politics_Wingnuts_2010_03.pdf
and a loss of freedom. What Americans fear most is that Washington politicians will dictate what kind of care they can receive.”

With an eye toward reestablishing majorities in the 2010 congressional elections, Republicans eagerly adopted Luntz’s recommended rhetoric in their public statements. For example, in February 2010, Representative C.W. Bill Young (FL-10) announced he would run for reelection by proclaiming: “I voted against the government takeover of our health programs, and I’m going to do it again” (quoted in Krueger 2010). A month later, the Republican Party of Florida issued a statement referring to health care reform as a “government takeover of nearly 20 percent of our economy.” In December, Congressman-elect Robert Hurt (VA-5) voiced his support “to repeal and defund the government takeover of health care” (Hurt 2010). PolitiFact.com, the Pulitzer Prize-winning fact-check project of the St. Petersburg Times, identified the “government takeover of health care” claim as the “2010 Lie of the Year.” In explaining the reasoning behind this selection, PolitiFact.com explained: “Uttered by dozens of politicians and pundits, it played an important role in shaping public opinion about the health care plan” (Adair and Holan 2010).

However, in comparison to the language that ultimately made its way onto the House floor as the legislative process wore on, Luntz’s “words that work” seem timid. Perhaps following the lead of Limbaugh, Beck, and other conservative pundits, many members of Congress peppered their statements for the Congressional Record with accusations of “socialism” and more. For example, the reform effort was declared to be a “crazy deep-dive into socialism” by John Fleming (LA-4), who tapped into many Americans’ fears by claiming that the new law would lead to “long waiting lines, delayed care, and skyrocketing cancer death rates as in Canada and the UK.” Congressman Louie Gohmert (TX-1) did the same with a stark analogy, warning his fellow Americans:

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14 Available through the House of Representatives Congressional Record, H8423
You want to speed up the demise of a country, then let the government start becoming the player. Now, the Soviet Union was brutal enough and totalitarian enough. They were able to make a socialist form of government last for 70 years… we won’t last that long, not when we’ve moved the government in charge of everything.\textsuperscript{15}

According to Representative Steve King (IA-5), the proposed health care reform effort was

born out of spite and born out of class envy and it’s driven by ideology and it’s driven by the idea of socialized medicine. My answer is fighting off Marxists and socialists that masquerade as liberals and progressives.\textsuperscript{16}

Just prior to the final vote on the bill in the House, Congressman Broun (GA-10) warned:

The American people need to take note, because [Democrats] are going to be voting for the greatest government takeover of our economy ever in the history of this Nation because they have put in place a mechanism to socialize the health care system.\textsuperscript{17}

Confident that the American people would never stand for reform, Congressman Trent Frankz (AZ-2) colorfully proclaimed that,

if left-wing Democrats in this Chamber arrogantly disregard the voice of the American people and shove this socialist obscenity down the people’s throat, the people themselves are going to shove it somewhere else in the next election.\textsuperscript{18}

Frankz was right. When Obama signed the health care reform bill into law in March 2010, 55 percent of Americans surveyed indicated their support

\textsuperscript{15} House of Representatives Congressional Record, H12434
\textsuperscript{16} House of Representatives Congressional Record, H14870
\textsuperscript{17} House of Representatives Congressional Record, H1647
\textsuperscript{18} House of Representatives Congressional Record, H1797
for repealing the new measure. This majority peaked at 61 percent in September 2010 before settling in at 58 percent on Election Day. The Democrats suffered historic losses in Congress, losing six Senate seats and sixty-three seats in the House. These results can of course be traced to a number of causes; of them is arguably the “socialized medicine” narrative and its ideological grip on many Americans. The concluding section of this article turns to an analysis of this case to unpack the notion “socialized medicine” narrative as fantasy and suggest why it matters.

Interpreting the Narrative: Explaining the Fantasy and Why It Matters

The analytical approach offered by Glynos and Howarth’s “logics of critical explanation” allows us to “pin down” the narrative in order to critically explore, interpret, and explain its defining elements, dynamics, and influence. This final section demonstrates that such an analysis opens the door to a number of interesting considerations regarding the larger significance of the “socialized medicine” narrative and the current ideological landscape of American politics. In particular, it focuses on explaining the fantasmatic characteristics of this narrative and their implications.

In the words of Jacob Hacker: “‘Socialized medicine’ is the bogeyman that just won't die” (2008). But why have so many Americans been caught in the grip of this narrative and acting as its unwitting carriers? According to Glynos and Howarth, one of the roles of ideological fantasy is “to conjure up—or at least presuppose—an impossible union between incompatible elements” (2007, 147). In the context of American politics, journalist Michael Kinsley (1995) has referred to this phenomenon as “big babyism.” Kinsey argues that much of the political disaffection in the United States today is the result of “infantile denial.” Individuals, he claims, “make flagrantly incompatible demands—cut my taxes, preserve

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my benefits, balance the budget — then explode in self-righteous outrage when the politicians fail to deliver." And although Kinsley acknowledges that big babyism is enabled by politicians on both sides of the ideological spectrum, he believe that “it is conservatives, more than liberals, who stoke the fires of resentment and encourage vast swaths of the electorate to indulge in fantasies of victimization by others” (1995, xii).

This pathological relationship between the American people and their government is supported by the deep entrenchment of liberty-focused liberalism in American political culture and the subsequent influence of the dichotomous “big government” versus “small government” discourse. But the historical storyline that identifies individualism as the sole root of the nation’s success — that the United States “achieved its greatness through the sweat and tears of individuals,” as the blogger whymrhymer argued — is a fantasy as well.

Another possibility is that Americans have simply lost sight of the central role that government has played American political development. As Brian H. Balogh explains:

“The state has consistently been displaced by individual initiative and market mechanisms in personal and collective memory and, more often than not, scholarly interpretations as well. Forgetting the role of the national government and replacing it with heroic, rugged, or merely opportunistic, individual initiative has punctuated the past two and half centuries of American political development. (2009, 1)

Drawing again on Glynos and Howarth’s notion of fantasmatic logics, this story is powerful because it has been, and continues to be, essential to the construction of a certain sort of American identity. Consequently, it provides an existential grounding in a contingent world and therefore is threatened by alternative interpretations of what “America” and “American” might mean.

Adam Sheingate builds upon Balogh’s argument, claiming that Americans can’t “see the state” because its role in society and the economy has been “hidden” by the complexities of political and social life and, sometimes, even by design to avoid the pejorative brand of “big government.” According to Sheingate:
Over time, suspicions toward concentrations of authority channeled federal power in ways that conceal its origins and source. At the same time, traditions of democratic self-rule conceal the state in a different way, by transforming political authority into a kind of moral authority that justifies robust government. The effects of these developments are evident today among many Americans who see the federal government as a dangerous if distant force (2009, 2).

In the case of Obama’s health care reform efforts, Sheingate argues that it was not the particulars of the policy that opponents disagree with, but what they perceive as “concentrations of authority” (2009, 2).

Interestingly, while a November 2010 poll conducted by the Kaiser Family Foundation found that 41 percent of all respondents held an unfavorable view of health care reform, questions concerning isolated components of the overall plan were met with a different reaction. This survey found strong majorities supported all but one of the law’s major provisions: 78 percent of respondents supported for tax credits for small businesses, 72 percent wanted to close the Medicare “doughnut hole,” 71 percent agreed with subsidy assistance to individuals, 71 percent supported the guaranteed issue requirement, which prohibited insurance companies from denying coverage for personal factors such as pre-existing conditions, and 54 percent indicated the need to raise Medicare payroll taxes for the wealthy. The component that garnered only 27 percent support, tellingly, was the individual mandate, which runs afoul of the principle of individual freedom (“The Public” 2011).

More surprisingly, every core component of the law, save the Medicare tax issue and the individual mandate, received support from a majority of those who said that the entire law should be repealed (“The Public” 2011). These results suggest that issues central to the actual functioning of health care system—who has access to coverage, how it should be paid for, the relative power of private insurers—have largely been obscured by the ideological fantasy of the “socialized medicine” narrative and the tendency to see the oppositional position as a truth to be protected, rather than a policy position to be contested.

As Sheingate explains, many Americans’ “political orientations toward the role of government are just as important, if not more so, than specific policy orientations toward healthcare in shaping public
sentiments.” He argues that opponents have learned by experience that fighting against reform on its policy merits is not be nearly as effective as promulgating “slippery-slope arguments about impending socialism” and “stoking fears about a government ‘takeover’ of health care.” Why? Because such rhetoric more “clearly resonates with an American public skeptical toward federal authority” (Sheingate 2009, 12). It also offers an interpretation of political reality swept clean of contingency, paradox, and complexity. Returning to the claim of Daniel Bell, quoted at the outset of this paper: “Ideology makes it unnecessary for people to confront individual issues on their individual merits” (2000, 405). Unfortunately, as a result, opportunities for reasoned and informed policy deliberation and compromise are discarded as well.

In the late summer of 2009, while Republican members of Congress were getting earfuls from their constituents at town hall meetings around the country, Obama held his own town hall meeting in Grand Junction, Colorado. There, he sought to dismiss the “socialized medicine” narrative by drawing on a false dichotomy of his own: “These struggles always boil down to a contest between hope and fear. That was true in the debate over social security, when F.D.R. was accused of being a socialist. That was true when L.B.J. tried to pass Medicare. And it’s true in this debate today” (Obama 2009). The following February he returned to the topic in a speech to the Business Roundtable, as Congress finally closed in on the successful passage of the health care reform bill. Casting aside accusations that he is a socialist, a fascist, or an extremist, the president warned: “Not only does that kind of rhetoric deny our history, but it prevents us from asking hard questions about the right balance between the private and public sectors. Getting that balance right,” he said, in an attempt to move beyond the dominant discourse in American politics, “has less to do with big government or small government than it does smart government” (Obama 2010).

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