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Kairotic strategema: A rhetorical investigation of Barack Obama's 2009 health care address

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KAIROTIC STRATEGEMA: A RHETORICAL INVESTIGATION OF
BARACK OBAMA'S 2009 HEALTH CARE ADDRESS

by

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Bachelor of Arts
University of San Francisco
2007

A thesis submitted in partial fulfillment
of the requirements for the

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THE GRADUATE COLLEGE

We recommend the thesis prepared under our supervision by

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ABSTRACT

***Kairotic Strategema: A Rhetorical Investigation of Barack Obama's 2009
Health Care Address***

by

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This thesis examines President Barack Obama's address given on September 9, 2009 entitled "Remarks by the President to a Joint Session of Congress on Health Care." In order to address various situational and contextual elements such as legislative ambiguity, national expense, bureaucratic intrusion, abortion, euthanasia and illegal immigration, President Obama opportunely enters the conversation at a particular time so as to benefit his agenda of passing health care reform. Revolving around the notion of *kairotic strategema*, which includes the understating of deliberative address as well as the possession of *kairos* and *phronesis*, I assert that this aids President Obama in being able to strategically deliver a crucial address while influencing both the American public and Congress first toward acceptance and then toward the passing of health care reform.

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CHAPTER 1

INTRODUCTION

In 1912 the United States was first introduced to Theodore Roosevelt's plan for universal health insurance. This progressive thought promised that the "hazards of sickness, accident, invalidism, involuntary unemployment, and old age should be provided through insurance...under one administrative body [the government] in the interest of the people as a whole."¹ This modern approach was one of the first recorded actions taken by a presidential candidate that addressed the issue of health care and what would be later known as health care reform. Though Roosevelt lost the presidential race to Woodrow Wilson, his pioneering thought of universal health care has not been forgotten. Throughout American history Presidents, presidential candidates and various government officials have proposed and lobbied for health care reform.²

Though numerous presidents and government officials have launched various forms of universal health care initiatives, most have never been fully realized. The Kaiser Family Foundation states, "...major health reforms have been enacted in the past fifty years that have proved broadly popular and effective in improving access to health care for millions through Medicare, Medicaid and the Children's Health Insurance Program."³ Various programs have positively affected areas of health care but overall reform efforts have fallen short of the universal and/or national health care standard. The Foundation continues, "historians debate many reasons as to why National health insurance proposals have failed, including the complexity of issues, ideological differences, the lobbying strength of special interest groups, a weakened Presidency, and the decentralization of Congressional power."⁴ The political and social reasons as to why universal health care

reform has failed in the past are numerous. One significant piece of rhetoric involved with the current reform effort is President Barack Obama's speech, entitled "Remarks by the President to a joint session of Congress on health care" delivered on September 9, 2009.⁵

Examining such a significant piece of presidential rhetoric is important not only because of the stylistic tools used to influence public opinion but also because of the abstract rhetorical devices of *kairos* and *phronesis*. Exploring these particular rhetorical stratagems that will enable a clearer understanding of how exactly President Obama is able to act within this specific situation at a particular time to invite the American public and Congress to participate in the process of health care reform. Overall, as will be detailed in the concluding chapter, despite the artistic and aesthetic significance of Obama's speech he ultimately proves ineffective in producing the public and Congressional unity he sought due to oppositional pathetic appeals.

Context

Jonathan Oberlander explained during the 2008 Obama-Biden campaign that, "in the face of escalating costs, uneven quality of care, and the growth of the uninsured population, there is broad agreement that the U.S. health care system requires reform,"⁶ and the American Medical Student Association added, "while this problem was formerly a problem confined to low-income Americans, more and more middle-class citizens are becoming directly affected by the problem [with] rising health care costs [and] fewer employers [being] able to provide their workers with health insurance."⁷ Because this matter continues to be an issue with the American public, a number of government officials have tried to offer their solutions for health care reform.

Historically, President Clinton introduced one of the most recognizable past health care reform efforts in 1993-1994. He appointed a task force, headed by his wife, Hillary Rodham Clinton, and according to Robert Blendon, Mollyann Brodie and John Benson the President directed the taskforce to “formulate a proposal to reform the healthcare delivery system of the USA by establishing a national system of mandatory and comprehensive health insurance.”⁸ But as history indicates, the Clinton administration was unsuccessful in convincing congress of their health care plan. Blendon, Brodie and Benson explain that, “...the Clinton administration’s failed effort resulted from many factors, including the strong opposition of interest groups, the ideological composition of Congress, opposition by important segments of the media, the timing of the proposal, and the nature of public opinion.”⁹ The lessons of Clinton’s failure were not lost on Obama. As Huma Khan of ABC News suggests, “the [Obama] administration has also learned some lessons from past mistakes [Clinton era] and is hoping the course they will chart on health care will be different.”¹⁰

2008 Campaign

According to *USA Today*, soon after entering the 2008 presidential race, Obama asserted that “the time has come for universal health care in America,” adding that he was “absolutely determined that by the end of the first term of the next president, we should have universal health care in this country.”¹¹ Obama’s firm belief that reform was necessary was predicated on three factors: health care costs were rising; millions of Americans were uninsured because of rising costs; and there was underinvestment in prevention and public health. The Obama-Biden plan revolved around one idea, to provide affordable accessible health care to all citizens.¹² Further, Obama’s health care

proposal, as the Commonwealth Fund reported, “aims to cover everyone, implement national rules regarding insurance companies, expand employer roles, expand Medicaid, lessen health care costs, improve quality and efficiency of health care and decrease the number of citizens uninsured.”¹³ This public option revolves around allowing citizens to choose whether or not they would like the public or private health care insurance option. Oberlander summarized the proposal: “[t]he core of the Obama plan is a requirement that employers either offer their workers insurance or pay a tax to help finance coverage for the uninsured...The Obama plan would also create two new options for obtaining health insurance: a new government health plan (similar to Medicare) and a national health insurance exchange...that would offer a choice of private insurance options.”¹⁴ Oberlander continues, “rather than deciding whether public or private insurance is a better model, the plan would allow people to choose between them.”¹⁵

Introduction of the Bill

On July 14, 2009, nine months after President Obama’s presidential inauguration, Congress, with Obama’s mission in mind, introduced H.R. 3200, America’s Affordable Health Choices Act of 2009, which acts as the first *major* health care reform bill introduced into the House of Representatives for the 111th Congress.¹⁶ This Bill encompasses six areas, which include: coverage and choice; affordability; shared responsibility; controlling costs; prevention and wellness; and workforce investments.¹⁷ As summarized by the House Committee on Energy and Commerce,

- I. Coverage and choice includes: a health insurance exchange, a public health insurance option, guaranteed coverage and insurance market reforms, and essential benefits;

- II. Affordability: sliding scale affordability credits, caps annual out-of-pocket spending, increased competition, expands and improves Medicaid and Medicare;
- III. Shared responsibility includes: assistance for small employers and individual, employer and government responsibility;
- IV. Controlling costs: modernization and improvement of medicare, innovation and delivery reform through public option, improving payment accuracy, preventing waste and fraud, and simplifying administrative details;
- V. Prevention and wellness: expansion of health centers and community based programs as well as strengthening public health departments;
- VI. Workforce investments: expanding military and workforce benefits as well as providing incentives for the educationally inclined pertaining to the medical field.¹⁸

In addition to these six areas concerning the needed improvement of the U.S. health care system are sub-areas which address issues such as immigration, hospice care and pregnancy measures. These sub areas are the primary issues that have fueled contentious debates since the introduction of the bill. One of the reasons why these issues have not been alleviated within the public is due to the bill's verbiage. According to James Walsh of *Newsmax*, "a reading of H.R. 3200 finds it to be a voluminous and sloppy piece of legislation. Ambiguous and intentionally confusing language leave its thousands of sections open to interpretation."¹⁹ Sections once regarded as immigration, hospice care and pregnancy measures have now morphed into issues concerning illegal immigration,

euthanasia and abortion. The bill's contradictory and imprecise wording of all statements surrounding these issues generated public confusion and left the public asking pertinent questions. Or as Dr. Sanjay Gupta explains, "I've read through this Bill [and] there are a lot of things in the Bill that I think are confusing, still, to people: will there be federal subsidies for abortion? What will happen with illegal immigrants? What about the end of life care? And what is the government's role [in the health care system] going to be in this eventually, as things play out?"²⁰ All of the questions concerning illegal immigration, end of life care, abortion, government take over and government spending feared within the bill are just some of the arguments that fueled the debate regarding health care reform.

Controversy Ensues

The summer of 2009 was filled with a series of heated debates between proponents and opponents of the legislation. Summer town hall meetings intended to be an opportunity for public discussion regarding health care reform instead turned into a summer of discontent. Liz Colville explains, "for many Americans this summer's [2009] town hall meetings on President Barack Obama's proposed health care overhaul have been an opportunity to confront political leaders with probing and detailed questions about the President's plan...questions about everything from assisted suicide to coverage for illegal immigrants."²¹ But tempers and preconceived ideas regarding the bill had a significant negative influence on the debate. Town hall meetings became so raucous that they quickly moved beyond the realm of public discussion and into violent circumstances. Riots, chants, screaming, scuffles and numerous assaults leading to arrests are just some of the altercations involved within the various town hall meetings.²²

Proponents vehemently supporting the health care plan had to contend with the disconcerting sentiment growing among the opposition. The ambiguity and confusion surrounding the introduction of the bill had the opposition questioning the bill and its contents. Term references changed, as immigration became an issue about illegal immigration; end of life and hospice care transformed into euthanasia, while pregnancy care became abortion. In an effort to deflate oppositional arguments proponents acted swiftly and voiced their opinion. In regard to illegal immigration proponents referred right back to the initial statement of the bill, that no illegal immigrants would be allowed affordability credits. President Obama addressed this issue directly during one radio broadcast in stating, “none of the bills that have been voted on in Congress, and none of the proposals coming out of the White House, propose giving coverage to illegal immigrants—none of them.”²³ Though opponents continued to find support for why this wasn’t the case supporters held firm and continued to rely on the President’s word and the bill itself.

Next, the opposition claimed that the bill would institutionalize euthanasia and this characterized much of the debate. In addressing section 1233, which was the section most debated with regard to euthanasia, proponents re-explained, as best they could, the purpose of this section and its intentions. As explained by Jon Keyserling, vice president of public policy at the National Hospice and Palliative Care Organization, “...the intent of the provision [Section 1233] is to have patients be provided an opportunity to discuss with their own health care professional...what their treatment wishes might be as they approach end of life,” reinforcing that treatment options such as these are treatment-neutral.²⁴ President Obama echoed Keyserling in explaining, “the intent here is simply to

make sure that you've got more information, and that Medicare will pay for it."²⁵ In stressing choice and access to informed health care, no matter the end of life decision, the President aims to thwart purported misinterpretations. In dealing with end of life issues and concerns the White House has since maintained that "this is a myth that has unfortunately been spread far and wide by defenders of the status quo [and] there is no such [death] panel in any of the bills considered in Congress, period."²⁶ Thirdly, in dealing with government-funded abortions President Obama maintained that this is "not true" a "fabrication" and is being spread by "people who are bearing false witness."²⁷ Though the President maintains his statement his opponents believe that he is misrepresenting the issue, essentially stating that though the bill doesn't require federal funding for such procedures it could allow a new "public" option that would cover publically funded abortions.²⁸ Though supporters of health care reform fiercely campaigned with the president, opponents on the other hand had their own growing concerns within the debate.

First, opponents consistently expressed concern over the cost of the proposed reform. In response, President Obama stated early that the plan "[wouldn't] add a dime to the deficit and requires additional cuts if savings are not met."²⁹ But opponents were far from convinced. According to Congressman Bob Goodlatte, the "Democrat's [health care] plan will increase the cost of health care for you and your family..."³⁰ Further Congressional Budget Office Director Douglas Elmendorf added, "...the plans [of the health care bill] released by the House and Senate would keep costs rising at an unsustainable pace, fueling criticism from Republicans and some conservative Democrats that the overhaul will bankrupt the country."³¹ Jennifer Haberkorn and S.A. Miller of the

Washington Times also suggested that the health care bill “would not lower skyrocketing costs [but instead] drive up government spending, undermining one of President Obama’s chief arguments for the overhaul.”³² The belief that health care reform would carry with it an increase in medical spending and add to the national deficit is one aspect that began to fuel oppositional concerns.

Another argument that intensified concern over the health care plan lay in the fear of government take-over. Opponents claimed that a government bureaucrat would be assigned to assess and possibly diagnosis a patient’s conditions, thereby limiting doctor-patient interaction. This expansion of the federal government is explained by HSLDA as a, “bill [that] would create a ‘health benefits advisory committee’ appointed by the President...[and] would recommend benefit standards to the Secretary of Health and Human Services,”³³ meaning, according to HSLDA, that unelected government bureaucrats would dictate health benefits, regarding any aspect of medical services, including abortion, end of life care, etc.³⁴ Interference and/or subsequent government control of any facets of an individual’s medical requirements added to oppositional concerns.

The last three oppositional issues, based in morality or ethics concerned illegal immigration, euthanasia and abortion. First, Steven Dubord of the *New American* asserts, “[though proponents state the contrary] immigrant analysts say that current proposals don’t provide any mechanism to prevent illegal’s from participating.” Dubord continues, “it is possible that taxpayers could get stuck supporting illegal immigrants who join the public insurance plan because their employers [don’t] provide coverage.”³⁵

Second, euthanasia once again became a major issue due to H.R. 3200, Section 1233 which provides for hospice care. As Fox News explains, “the provision [section 1233], tucked deep within the House bill, would provide Medicare coverage for an end-of-life consultation every five years, and more frequently if a person is suffering a life-threatening disease.” This, as Fox News continues, “spark[s] fear among some of the legislation’s critics and leading others to believe that the White House is looking to save money by pressuring insurers to provide less coverage to seniors.”³⁶ If these “death panels”³⁷ were to be passed, House minority leader John Boehner, believes that, “this provision may start us down a treacherous path toward government-encouraged euthanasia if enacted into law.”³⁸

The last concern was disagreement over whether or not the bill allowed for federally funded abortions. Historically, as *Time Magazine* explains, “since 1976, Congress has mandated...that no federal funds will be used for abortion...” But *Time* continues that though this has been the case historically, definition of terms may come into play in stating that the bill “does find a way for the federal government to expand the coverage of abortion services through a government-run program—the so called public option—without spending what it defines as federal dollars on abortion.”³⁹ These arguments, based in morality and ethics in addition to the general confusion regarding the bill are just some of the initial situational and contextual elements that contributed to Obama’s need to speak.

Lastly and in addition to all previously mentioned oppositional concerns the biggest oppositional argument was that the bill was simply too ambiguous. The President himself, according to CBS news, “blamed himself for leaving ‘too much ambiguity out

there' on his health care plan."⁴⁰ This ambiguity allowed "'opponents of reform to come in and to fill up the airwaves with a lot of nonsense' ... includ[ing] the 'ridiculous idea that we were setting up death panels' or providing health insurance to illegal immigrants."⁴¹ Republican Brian Higgins asserts that, "clarity is what [Obama] needs in order to cut through the confusion that has been generated over the bill that is being considered in Congress."⁴² Further, Greta Van Susteren of Fox News on her show *On the Record*, stated,

[The] newest CBS news poll says only 31% of American people have a clear understanding of the health care reform being proposed by the Democrats. 67% say that the reform ideas are confusing... the numbers [are not what are] deplorable [but] that it hasn't been adequately communicated [and] we don't have a clear understanding...that's what I think is unfair [to the American people].⁴³

CBS News concurs in that, "...most Americans found healthcare proposals discussed in Congress confusing and thought Obama had not clearly explained his plans to overhaul the system, his top legislative priority."⁴⁴ General confusion about what the health care bill contained powered the opposition's arguments regarding euthanasia, illegal immigration and abortion.

General confusion and misunderstandings with the bill, overall attitude toward the bureaucracy, and dwindling polls are just a few general concerns that emerged during the summer of 2009. Brooks Jackson, a veteran journalist of Fact Check explains, "the more complicated an issue is, the more easily one can twist and distort the facts about it, and health care is as complicated as they come." Jackson continues, "a lot of the misstatements have stuck with the public...we're talking about one sixth of the economy

and one bill more than 1,000 pages long, so it definitely lends itself to distortion and fear-mongering.”⁴⁵ Public reaction was anything but calm. John Dickerson of *Slate.com* explains, “the conversation in the country sounds pretty ugly. It's distorted and full of misinformation as partisans from both sides try to whip up their troops. Town halls have turned into shouting matches, and they're likely to get worse as groups from the left prepare to shout down the shouting groups from the right.”⁴⁶ Proponents argue for increased security, lower cost and minimal coverage. Opponents on the other hand argue over feared euthanasia mandates, governmental control/take-over and the removal of all private insurance. Half way between both sides rests the issue of the national deficit and how this plan is going to contribute to it. According to “a recent Quinnipiac University poll, voters did not believe, by a margin of 72 percent to 21 percent, that Obama would keep his promise to overhaul the health care system without adding to the deficit.”⁴⁷ With on-going debates and failing public support, President Obama decided to address the “‘blizzard of charges and counter-charges,’ out of which, he said, ‘confusion has reigned.’”⁴⁸

Importance of Obama’s Speech

As the summer of 2009 drew to a close, proponents of the bill grew impatient with the administration. Constantly members of the public asked, “where is Obama?” By not addressing the public and not answering questions the President risked losing his campaign for health care reform. Gerald Seib of the *Wall Street Journal* explains that the time has come to, “lay out exactly what Mr. Obama now wants in an overhaul package, and start selling and defending that.”⁴⁹ In order to avoid past failures, such as the Clinton campaign, the appropriate Congressional committees must finish drafting the bill before

Obama can begin to defend it. But, as Seib suggests, this, "...historical reason for avoiding the presentation of a specific bill"⁵⁰ has allowed catastrophic downsides. Seib continues that in the "absence of an actual Obama health plan hasn't stopped Republicans from attacking as if there was one anyway and convincing Americans they are opposed to it."⁵¹ Thus, Obama needed to articulate a specific plan to answer opponents' attacks. This need to speak at the beginning of September before the last congressional committee had drafted their version of the bill in order to regain a meaningful health care conversation begins to hint at the *kairotic* significance of such situation. Senator Tom Daschle explains further that, "there's a consensus both inside and outside the administration that Obama has to take control of this conversation...the president's going to have to stay connected. He must communicate. He can't afford to lose one day."⁵²

In an effort to regain control and refute the opposition, after months of speculation and a summer fueled with disputes, President Obama finally chose to give a presidential address to Congress and the American public in September of 2009. This speech, according to the *Washington Post*, was "designed to clear the air by sweeping aside misconceptions...reassuring senior citizens about the future of Medicare and insisting that the alternative to reform was a steady deterioration in the coverage Americans enjoy."⁵³ . Further, Anne Komblut, Ceci Connolly and Shailgh Murray of the *Washington Post* explain with regard to the speech that, "the White house is attempting to take control of the health-care debate after watching from the sidelines as various Democratic proposals were assailed in town hall meetings during Congress's summer recess."⁵⁴ Senator Charles Schumer of New York adds, "clearly, over the August break

we lost some momentum...[this speech] shows the President is in this fight for keeps; he's not backing off. He's doing just the right thing to take the momentum back.”⁵⁵

Rationale

The problem of ambiguity, which led to the oppositional arguments of uncertainty, instability, economics, bureaucracy, abortion, euthanasia, etc. were the concerns President Obama had to address. The timing of his address was important. It was this particular timing aspect that is of rhetorical interest, as the *kairotic* element of his address helped in his overall presidential objectives of educating an American public and trying to unify a divided Congress. Further, the specific timing of his speech serves as a central aspect to his overall agenda in passing the health care bill. Or as Connolly and Shear of the *Washington Post* explain, “Obama delivered the speech at a critical moment in his presidency, as he seeks to simultaneously rally allies and rebut an onslaught of attacks that have taken their toll on his push for reform and his popularity.”⁵⁶ Without the specific timing of his speech, Obama risked losing his top legislative priority—the health care bill.

The overall aim of this thesis is to analyze the summer 2009 health care context as well as the Obama health care speech itself and draw conclusions that will affirm that *kairotic strategema* was useful in order to achieve his objective of trying to gain support for health care reform. I will demonstrate that through the use of *kairotic strategema* President Obama was able to rhetorically influence the American audience and Congress for the purposes of health care reform. Without this precept, Obama would have found it difficult if not impossible to acknowledge/understand this particular moment, its significance and its effect on his health care agenda. But with this rhetorical possession

of *kairotic strategema* he then was able to act and positively try to influence the American public and Congress toward accepting reform. It is my contention that through the use of *kairotic strategema*, which includes deliberative address, *phronesis* and *kairos* President Obama strategically chooses to deliver a crucial address to both the American public and Congress for the purposes of trying to pass his health care proposal.

Method of Study

The precepts that will guide my theoretical approach revolve around the notion of *kairotic strategema*. In other words, President Obama's timing was strategic in order to calm various situational and contextual constraints so as to aid in his overall objectives.

Deliberative Address

Deliberative rhetoric, as defined by Aristotle, is political oratory that “urges the audience to do or not do something...regarding the future...[and] aims at establishing the expediency [or harmfulness] of a proposed course of action...on the grounds that it [proposed course] will do good [or bad].”⁵⁷ More specifically, these political speeches commonly urge the audience to accept or reject a proposed policy on the grounds it will do good or harm.⁵⁸ Gideon Burton further explains deliberative oratory in that, “this sort of oratory was oriented towards policy and thus considered the future whether given laws would benefit or harm society.”⁵⁹ President Obama's speech qualifies as a deliberative address as he urges Congress while considering the American public to pass this health care bill for the future benefit of this country. Two concepts related to deliberative rhetoric will be important for this analysis. They are *phronesis* and *kairos*.

Phronesis

Phronesis commonly refers to practical wisdom or the general intelligent awareness one possesses. Jane Noel explains, “the phrase ‘practical wisdom’ points to the nature of *phronesis* as an intellectual virtue, as a state of a person that confers the intellectual ability to act wisely and appropriately within a practical situation.”⁶⁰ Lois Self further adds, “*phronesis* is a virtue ‘concerned with action,’ with ‘doing’.”⁶¹ In his *Nicomachean Ethics*, Aristotle writes, “practical wisdom, then, must be reasoned and true state of capacity to act with regard to human goods...we credit a person with having practical wisdom when he is ‘able to deliberate well about what is good and expedient for himself, not in some particular respect...but about what sorts of things conduce to the good life in general.’”⁶² Self summarizes this statement in stating, “in a sense, the man of practical wisdom bridges the gap between ‘making’ and ‘doing’ since his deliberations directly instruct, even ‘command’ action.”⁶³ *Phronesis*’ importance then can contribute to an increased understanding of the conceptualization and implementation of differing rhetorical strategies.

From a rhetorical standpoint, according to John Murphy *phronesis* may be further understood as “...the ability to know what arguments might be called for in a particular time and place and to make those choices skillfully.”⁶⁴ Murphy further explains that when the faculty of *phronesis* is utilized in a speech “...[it] becomes an embodied political judgment; substantive arguments and stylistic elements come together in an organic act that invites participation.”⁶⁵ Ideally then the audience “judges with the speaker and considers the ends and actions that might...‘achieve good for the citizenry and the state.’”⁶⁶

Thus the *phronesis* aspect becomes crucial within Obama's speech as, I argue, he strategically chooses the arguments to be discussed, motivated by the various situational and contextual elements, for the purposes of achieving his objectives. In other words, in utilizing *phronesis* Obama combines the deliberative and stylistic elements of his speech for the purposes of motivating Congress and the American public to adopt health care reform for the future benefit of this country.

Rhetorical Timing

Rhetorical timing as suggested by Bruce Gronbeck consists of four aspects: timeless messages, rhetorical significance, tenacity and effect.⁶⁷ Two of those elements are particularly relevant to this proposal. The second feature, rhetorical significance, determines whether or not a message (speech) is rhetorically significant based on its appropriate timing. Gronbeck asserts that "for timing itself to have rhetorical significance, it must be *controlled by the rhetor or represent a cultural tradition* demanding a particular message at a particular time, and account at least for message reception, i.e., the alteration of concepts, attitudes, values, and/or behaviors."⁶⁸ Though message reception concerns effect and cannot be adequately measured at this point the control aspect is still relevant. What makes the timing of a speech rhetorically significant is that it must be controlled by the rhetor and concerns a particular message at a certain time.

The third aspect concerning timing deals with the rhetor's ability to measure the situations saliency and is closely related to *phronesis*. Or as Gronbeck states,

A situation's saliency is something which must be measured by a rhetor; a message will be fitting (i.e. timed properly) only if, through past experience,

advice, or some idiosyncratic sensitivities, a rhetor understands that a situation needs a response *now* rather than *then*, with *this* message rather than *that* message, by *himself* rather than *someone else*.⁶⁹

Thus Gronbeck maintains overall that, “our sense of ‘rhetorical timing,’ is a product of the interaction among other communication variables. ‘Proper’ rhetorical timing requires that strategic decisions be made with each variable and if proper consideration is had, *kairos* (rhetorical timing) will produce the right message at the right time and place. Indeed, *kairos* may be one of the most significant characteristics of effective rhetorical discourse.”⁷⁰ According to Daniel Gillis, “the opportune moment must be chosen for a particular treatment of a theme, the appropriate arguments for each of the historical events must be marshaled, and the actual arrangement of the words must be skillful. The object of all these elements forming good oratory is not the facile deception of the audience.”⁷¹ When used properly, *kairos* has tremendous rhetorical significance. As Jeff Bass explains with regard to criticism, “...the complexity of the situation and the lack of definite audience expectations make timing a viable tool for the rhetorical critic.”⁷²

Organization of Study

This chapter serves as the rationale for the exploration of health care reform and the rhetorical critique of President Obama’s health care address. Chapter two will fully explain the context of the speech. It will explore the proposal and the reaction within the American public concerning the health care debate. Various situational and contextual elements, such as expense, government take-over, ethics and ambiguity, as well as their arguments will be explored in an effort to understand how these elements contribute to the overall context of the health care debate. Exploring how ambiguity, expense,

government take-over, and ethical arguments arose will aid in understanding the primary context Obama steps into. Chapter three will function as the exploration of the development of the nature and functions of deliberative rhetoric. Also, *phronesis* and *kairos* will be further explained so as to aid in the understanding of Obama's chosen rhetorical tactics, which are aimed at alleviating the arguments associated with government take-over, expense, etc. Chapter four will present an analysis of the health care address in an effort to see how specifically rhetorical timing (*kairos*) and *phronesis* function rhetorically. Chapter five will demonstrate the rhetorical influences of deliberative address, *phronesis* and *kairos*. Ultimately, through the uses of differing rhetorical and stylistic devices, President Obama is able to address health care concerns and alleviate arguments within the American public while attempting to unite a divided Congress.

Notes

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CHAPTER 2

THE U.S. HEALTH CARE REFORM ENVIRONMENT

To realize what motivated President Obama to address Congress and the American public an examination of the context he stepped into is required. Karlyn Kohrs Campbell and Thomas Burkholder explain context in that it “includes the cultural milieu and the climate of opinion in which a rhetorical act appears.”¹ Thus, in order to ascertain and subsequently interpret Obama’s speech, a thorough analysis of “the context in which the act occurred, including the particular events that motivated the rhetor to engage in rhetorical action and also the particular occasion...”² is needed. Various extrinsic elements or “sources of resistance” contained in the context and the occasion may act as potential barriers or limitations that have the potential to prevent rhetorical success.³ Thus these various extrinsic elements can quite possibly form a powerful opposition and may ultimately inhibit President Obama from reaching his end goal of health care reform.

This chapter will serve as a historical-cultural examination of the reform environment within the United States health care system. First, a historical inspection of past reform efforts by government officials will aid in seeing the importance, desired need and continued striving for health care reform. Second, moving ahead in time, the 2008 Obama-Biden campaign along with the introduction of the health care bill will be explored. Lastly, the public controversy that ensued as a result of the introduction of the bill will be explicated so as to illuminate the various extrinsic elements that set-up the context in which Obama spoke.

History of Reform

According to Dr. T Falk, “one of the greatest hazards of modern industrial life...is in the inability of persons in the lower and middle income brackets to meet economic crises brought on by illness.”⁴ As explained by Beatrix Hoffman, “early in the 20th century, industrial America faced the ‘problem of sickness’: when working people missed work owing to ill health, they also lost their wages. This loss of income, even more than the cost of medical care, made sickness a major cause of poverty.”⁵ Thus, the belief that “no country could be strong whose people were sick and poor” initially motivated and drove the 1912 presidential campaign of Theodore Roosevelt.⁶ Roosevelt’s presidential campaign included a plank for compulsory health insurance,⁷ but he ultimately lost the election to Woodrow Wilson who opposed compulsory health insurance and the plan died.

In 1934, President Franklin D. Roosevelt proposed a form of national health insurance to be included within the New Deal proposal but government officials never considered the plan seriously,⁸ perhaps because of the American Medical Association’s opposition. The AMA strongly opposed such a health plan as believing it would increase bureaucracy, limit physician freedom and interfere with the doctor-patient relationship. Fearing attacks or retaliation from the AMA, Roosevelt dropped the health insurance coverage from the New Deal.⁹ Nearly a decade later in 1943, in an effort to revive health care reform once more, John Dingell Sr. introduced the first Bill that stressed single-payer health care with universal coverage,¹⁰ but this too was defeated.

In 1945 and 1948 President Harry Truman called twice for an overhaul of the American health care system. First, Truman’s plan aimed to “transform medical care

from the category of a comparative luxury to that of a national resource, available to all the people on a basis of quality.”¹¹ In a statement pleading with Congress for passage Truman stated, “we can have more hospitals, more doctors, more dentists, more medical specialists of all kinds. We can provide better health care for all the people of our land. I heartily commend this report to every citizen who looks forward to these goals.”¹² His first suggestion for overhaul was geared toward stressing the advantages of the proposed health insurance program over the programs that were currently in place.¹³ In doing so Truman hoped to win favor toward national health insurance. The attempt was unsuccessful again due to strong opposition from the AMA. As Cabell Phillips explained, “fighting with all its vigor and manpower it can assemble is the potent American Medical Association...recently promulgated a national health program of its own”¹⁴ which was sure to conflict with Truman’s proposal. Thus the AMA once more formed strong opposition toward proposed health reform and stopped Truman’s first attempt from succeeding. Truman tried again in 1948 but his second attempt was stopped due to the pressing concerns of the Korean War.¹⁵

In 1971, Senator Edward Kennedy, proposed the “Health Security Act” which would be a universal single-payer health care reform plan, but this ultimately failed due to strong support for President Nixon’s suggestion for a combination of minimal and private insurance options. In 1976, President Jimmy Carter petitioned for the first comprehensive national health insurance plan, which included universal and mandatory coverage, but a recession made economic recovery a priority, and Carter’s plan also failed.¹⁶

In 1993 President Bill Clinton began his reform efforts based on the idea of “managed competition” with regard to universal coverage. This meant that private insurers would compete in a tightly regulated market.¹⁷ Further, Lewis E. Hill and Robert F. McComb suggest that, “[the] national system of healthcare insurance [proposed by the Clinton administration] would have eliminated the barriers which limit access to health care for millions of Americans, making high-quality health care available to all citizens and legal residents of the USA.”¹⁸ Huma Khan of ABC News adds, “the idea of universal coverage was the focal point of the Clinton plan [as] it made insurance mandatory for all Americans.”¹⁹ Thus, the proposed plan would have “enhanced the security of the American people by extending universal coverage in a environment that improves quality and controls rising costs...”²⁰ Overall the Clinton plan was “envisioned as a synthesis of liberal ends (universal coverage) and conservative means (managed competition among private insurers) that could break through the stalemate on health care reform and attract majority support in Congress.”²¹ But as history tells us, the Clinton plan failed and though no single cause for that failure can be identified, elitism, zealotness, and obliviousness²² were factors.

Obama-Biden Proposal for Health Care Reform

Shifting ahead in time, Barack Obama began his 2008 presidential campaign with one agenda in mind—change. “I’m asking you to believe,” Obama said, “not just in my ability to bring about real change in Washington...I’m asking you to believe in yours.”²³ Though the presidential campaign featured a variety of issues stemming from economics, education, and energy concerns, it was the issue of health care that became a priority with the Obama administration. Obama stresses that,

We must fix a broken health care system to do what's right for America and renew our economy—individuals and businesses can no longer afford the crippling cost of health coverage, and millions of Americans have no coverage at all. Health insurance must work for people and businesses, not just insurance and drug companies.²⁴

Emphasizing the need for change in Washington regarding a number of issues in combination with record high voter turnout allowed for Obama to become the 44th President of the United States. The *New York Times* adds, “in his campaign, Mr. Obama offered some fairly ambitious promises, including tax cuts for most Americans, a withdrawal of American troops from Iraq and an expansion of health care coverage,” and with the American public voting him into office this shows their willingness to embrace change.²⁵

Upon entering office the Obama-Biden health care plan aimed to “provide affordable, accessible health care to all.”²⁶ They sought to do this by strengthening employer based-coverage, making insurance companies accountable while ensuring patient choice of doctor and care without government interference. Obama and Biden highlighted that under their plan nothing would change except costs would lower, people without insurance would have an affordable option and if you liked your current insurance you could keep it.²⁷ The health care proposal is further explained as follows,

The Obama-Biden plan will improve efficiency and lower costs in the health care system by: (1) adopting state-of-the-art health information technology systems; (2) ensuring that patients receive and providers deliver the best possible care, including prevention and chronic disease management services; (3) reforming our

market structure to increase competition; and offering federal reinsurance to employers to help to ensure that unexpected or catastrophic illnesses do not make health insurance unaffordable or out of reach for businesses and their employees.²⁸

On July 14, 2009, Congress, with Obama's mission in mind, introduced the bill H.R. 3200, America's Affordable Health Choices Act into the House of Representatives for the 111th Congress.²⁹ The bill sought reform that would "extend coverage to more than 30 million Americans, provide security and stability to those who have health insurance, and shift power from insurance companies to consumers."³⁰ H.R. 3200 broadly encompassed six areas including but not limited to: coverage and choice, affordability, shared responsibility, controlling costs, prevention and wellness, and workforce investments all aiming to build on a system that works while fixing the parts that were broken. In addition to these six areas the bill also addressed particular sub-areas of the health care system primarily dealing in issues pertaining to hospice care, pregnancy measures and immigrant coverage.

First, hospice care allowed for "consultation between the individual and a practitioner describer in paragraph (2) regarding advance care planning...an explanation by the practitioner of the continuum of end-of-life services available...[and] the use of artificially administered nutrition and hydration..."³¹ This service, as described by the bill was intended to fully inform the patient of all options when involved in an end-of-life scenario and to make sure this consultation was covered under the new proposed health insurance. Second, pregnancy measures included coverage for hospitalization, professional services, prescription drugs, rehabilitation services, and maternity care.

Third, immigration medical coverage was addressed in section 246, which simply states, “no federal payment [affordability credits] for undocumented aliens.”³²

Though these proposed changes to health care are not meant to be an exhaustive list of all covered items it is these specific particularities that will become of great public interest upon introduction of the bill. Upon the bill’s proposal to Congress, American citizens quickly became involved and subsequently perturbed by the media’s interpretation of the bill. That is, due to the bill being over a 1,000 pages, political leaders themselves found it difficult to read such a document, therefore making it likely that most citizens did not read it in its entirety. Therefore, this bill swiftly became the focal point of an obstreperous debate.

The Clamorous Nature of the Health Care Debate

Soon after the introduction of the health care bill both citizens and the media began to pour over the 1,000-page document in an effort to try to understand how the reform effort was going to function. Naturally, with any proposal, there will be two sides, but in this instance, the battle over Obama’s health care proposal quickly spread from the aisles of Congress to across the country. Various senators, during their August 2009 recess, traveled to their home districts to begin to educate and listen to citizens concerns within the forum of town hall meetings.³³ These meetings intended to be a forum for rational public discussion instead turned into various forms of raucous debates and violent situations. Or as John Kraushaar and Lisa Lerer explain, “out on the health care firing line, senators and members of Congress continue to get battered by constituents angry over President Obama’s reform plan...with voters raising questions about everything from assisted suicide to coverage for illegal immigrants.”³⁴ These

concerns regarding assisted suicide and illegal immigration coverage stemmed from the proposed changes of hospice care and immigration coverage originally proposed by the health care bill. But how exactly did hospice care and immigration coverage morph into assisted suicide and illegal immigration coverage? The inceptive issues of ambiguity, cost, bureaucratic decision-making, euthanasia, abortion, illegal immigration, act as the principal contributors that formed the context that Obama would later need to address.

Legislative Ambiguity

Senator Brian Higgins claims that there has been “a lot of unnecessary confusion” regarding the health care bill.³⁵ The reason for this confusion, which has aided in the arguments concerning euthanasia, abortion and illegal immigration, is due to legislative ambiguity. Senator Thomas Carper, a member of the Senate Finance Committee, states in regard to health care bill, “I don’t expect to actually read the legislative language because reading the legislative language is among the more confusing things I’ve ever read in my life.”³⁶ CNS News likens Carpers interpretations of the bills language as being, “arcane,” “confusing,” “hard to understand,” “incomprehensible” and near “gibberish”.³⁷ Senator Carper continues with his interpretations,

When you look at the legislative language...it doesn’t really make sense. When you get into the legislative language...I don’t think anybody had a clue—including people who have served on this committee for decades—what [it] was talking about...legislative language is so arcane, so confusing, refers to other parts in code—‘and after the first syllable insert the word X’—...it really doesn’t make much sense...[overall]...it’s hard stuff to understand.³⁸

Many Americans wholeheartedly agree with the Senator's statements in also acknowledging that the bill's verbiage is "ambiguous," and "totally undecipherable".³⁹ These responses coincide with a nationwide poll that reports, "a large majority of Americans—69% say they find the issue hard to understand,"⁴⁰ which not only includes the basic reform efforts but also the health care bill itself. These statistics align with a number of other polls also suggesting that 67% of Americans find the reform ideas confusing and generally clarity is needed so as to cut through the confusion.⁴¹ Overall, Pew Center President Andrew Kohut emphasizes that the health care reform bill, "is a very complicated set of propositions for people to make judgments about because there's a fair amount of misinformation...even the policy wonks have trouble with this stuff."⁴²

Legislative ambiguity ignited and acted as the principal contributor of the turbulent debate over health care. With general confusion regarding the language and comprehension of the bill reigning, proponents and opponents alike were left to their own suppositions. Without proper explanation both sides were led astray, with misinformation and misguided interpretation forming the basis of all health care arguments—these arguments of course being, cost, intrusion, euthanasia, abortion and illegal immigration. The ambiguity of the situation affected various citizens' interpretations of the bill and acted as the critical measure that incited the debate over health care reform.

National Expense

With regard to the cost of the proposal, two things were of concern: the effect on the national budget deficit; and the cost to individual citizens. CBS News suggested that if reform passed it would cost about \$1 trillion over the next ten years.⁴³ President Obama

had already promised that his reform plan would not add a dime to the national deficit but still citizens asked, how would the reform be paid for? Proponents of the bill such as Doug Elmendorf the Congressional Budget director, supports Obama's claim of the non-deficit in explaining that, "...the measure [health care bill] is expected to reduce the overall federal budget deficit by \$81 billion over the decade because reforms will cut the cost of health care overall," and will actually generate a surplus in the tenth year and beyond.⁴⁴ Further, expanding health coverage would "...reduce state and local expenditures for uncompensated care such as emergency room visits by people who don't have insurance...[saving] approximately \$116 billion between 2014 and 2019 if insurance was more accessible and affordable."⁴⁵ Though the President and his advisors planned on not adding to the deficit, citizens were far from convinced.

Opponents quickly began to question cost and suggested that though CBO director Doug Elmendorf originally proposed a nearly 81 billion-dollar savings for the federal deficit, he also noted that, "...in a letter to Sen. Max Baucus (D-Mont.) and Sen. Charles Grassley (R-Iowa), Elmendorf cautioned, 'those estimates are all subject to substantial uncertainty.'"⁴⁶ So much so that after a recalculation the CBO estimated that the health care proposal would actually increase the deficit by \$239 billion over the next ten years.⁴⁷ Jeff Sessions (R-Alabama), adding to the oppositional debate, declared that health care reform "...would cause the deficit to increase, and not be surplus as the President promised... a lot of members of Congress have said I won't vote for this bill unless it is deficit neutral. It's not deficit neutral. It will add to the debt..."⁴⁸

Opponents, in addition to worry over the national deficit, also had concern over personal tax increases, especially regarding the middle-class. Curtis Dubay of the

Heritage Foundation mentions, “[the proposal] includes a barrage of higher taxes to pay for the bill’s immense price tag.”⁴⁹ ABC News adds, “it [reform bill] would impose a 40 percent tax on the portion of insurance premiums...that tax would be imposed on insurance companies, though it would likely be passed on to consumers, including many middle-income families.”⁵⁰ The Cato Institute concurs in that adding up the possible increases of “income taxes, payroll taxes, excise taxes, and corporate taxes would raise about \$700 billion over the next decade. But the large increase would be less than half of the \$1.5 trillion needed to fund the new health care spending being considered.”⁵¹ If these additional taxes only will help half of the increase cost of health reform, citizens wondered where then will the rest of the money come from? As the Cato Institute believes, “expanding government health care will likely involve huge tax increases on the middle class.”⁵² Though opponents had genuine concern proponents including President Obama vehemently maintained that the expansion of the health care plan would not lead to middle-class tax increases. Obama asserted, “[I] can still keep a campaign pledge not to raise taxes on those making less than \$250,000, [and] I can still keep that promise because I’ve said, about two-thirds of what we’ve proposed would be from money that’s already in the healthcare system but just being spent badly.”⁵³

The national debt crisis and personal concern regarding increased taxes is just one initial concern regarding the proposed bill. Though proponents state that “rising health care costs are consistently ranked as not just the most important health care problem, but the most important *economic* problem American face”⁵⁴ opponents still question and ask, once universalized, how will this add to the national deficit and how then will that be paid for? Citizens, from both side of the debate, have a genuine concern as the

potentiality of having a universal health care system rests in knowing how much will this cost and how much will this personally (financially) affect me [the citizen]. Though this may seem like a selfish concern, it is just one concern that motivated debate within the town hall meetings. The Century Foundation supports this type of “selfish” thinking in affirming that this is normal but pertinent questions need to be answered before reform can take place. Questions such as, “...if higher taxes are necessary to finance such a system—something to which the public is open—will those taxes mean the typical insured individual’s health care costs will actually go *up* under the new system? Or will those higher taxes be counterbalanced by reductions in other health care costs as a result of moving to the new system?”⁵⁵ These questions, along with others are what began to fuel the debate regarding health care reform.

Bureaucratic Intrusion

Strong oppositional arguments of health care reform acting as a form of government take-over was an issue for two reasons: belief in government take-over of health care; and government intrusion/prohibiting access to care. The second concern stems from the first but both circulated within the realm of public debate. Opponents, such as Republican Mike Armstrong explain the concern as follows, “there’s no question that our health system is in need of reform. If you can’t afford health coverage, it is a crisis. However, there’s a greater crisis looming under a federal takeover of health care—denial or delay of treatments you need when you need them, and politicians and bureaucrats making your health care decisions and putting themselves between you and your doctor.”⁵⁶ In dealing with a government take over, U.S. Representative Howard McKeon echoes Armstrong’s statement in adding, “...the Democrats have taken another

discouraging step in the direction of a full government takeover of our nation's health care system with the recent introduction of their federally-run health care plan. Their plan is to have bureaucrats determine what and when Americans receive medical treatments, if at all...⁵⁷

The belief in a government panel designed to determine the legitimacy of a citizen's health stemmed from the actual text of the health care bill itself. The bill stated that the commission would, "establish a private-public advisory committee which shall be a panel of medical and other experts to be known as the Health Benefits Advisory Committee to recommend covered benefits and essential, enhanced, and premium plans."⁵⁸ Automatically opponents became enraged at the thought of a panel dictating what benefits should and should not be included within a personal health care plan. So much so that Republican Sarah Palin stated her outrage in that, "the America I know and love is not one which...stands 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."⁵⁹

Obama himself immediately tried to counter argue the opposition in stating that these claims were "false" and "had no merit." In an effort to refute the opposition, proponents claimed that the reform proposal would not cause a government take-over but instead positively benefit and expand the system currently in place. Stan Dorn and Stephen Zuckerman of the Urban Institute, supported by research, attempt to debunk the claims of government take-over and suggest three positive benefits of health care reform. Dorn and Zuckerman explain, "we show, among other findings, that pending [health care] legislation would: (1) retain the nation's largely private medical care system...(2)

extend existing public responsibilities to fund coverage for low-income Americans and regulate insurance; and (3) cover only 12 million people through the public option...⁶⁰

Though proponents attempted to refute oppositional claims the opposition held strong and further tried to convince Americans that a government takeover was imminent with the passing of this health care bill.

A *Washington Post*/ABC News poll seemed to agree with swaying opinion in surveying that “while 62 percent in October 2003 [of Americans] wanted universal health care system run by the government rather than the current system, that support dropped to 35 percent if the universal system limited choice of doctors...” and from 86 percent favor for reform this dropped to 63 percent if this “meant government taking a much larger role in [the] health care system.”⁶¹ The Center for American Progress ultimately concludes that, “...the public’s fears about restricted choice of doctors, restricted access to treatments, and general government meddling in health care will likely have to be addressed and defused”⁶² is there is to be any hope of reform.

The Ethics of Euthanasia, Abortion and Illegal Immigration

Regarding euthanasia, the opposition states that, “in addition to a broader debate about whether a reformed health care system would expand or reduce Americans’ access to care, the crux of the euthanasia controversy centers on a five-page amendment in the 1,000-plus page bill that discusses ‘advance care consultation,’”⁶³ argues Patricia Murphy. Fox News continues, “a provision in President Obama’s health care reform bill encourages ‘end-of-life’ counseling for seniors—sparking euthanasia fears among some of the legislation’s critics and leading others to believe that the White House is looking to save money by pressuring insurers to provide less coverage to seniors.”⁶⁴ The proposal

requires senior citizen consultations every five years and more frequently depending on the disease to discuss end-of-life services including “palliative care and hospice,” but as described by the Robert Powell Center for Medical Ethics, aiding oppositional arguments, “these provisions could lead to [the] federal facilitation of direct killing.”⁶⁵ The Center continues that, “. . .while [the bill] does not authorize [the] ‘promotion’ of ‘suicide’ or ‘assisted suicide’ . . .section 240 states that it does not require health insurers participating in the exchange to inform beneficiaries about advance directives that include assisted suicide in states where it is legal, Section 1233 contains no such limitation on the ‘advance care planning consultations’ with Medicare patients that it finances.”⁶⁶ The opposition construes this non-limitation as an egregious attack on the elderly of this country, determining that Medicare patients, commonly senior citizens, are most vulnerable to such non-limitations as end of life consultations will be had, no matter the preference, if the citizen is funded under the new government option.

President Obama answers the objection in stating that, “nobody is going to be forcing you to make a set of decisions on end-of-life care based on, you know, some bureaucratic law in Washington.”⁶⁷ In fact proponent William Skordelis supports Obama in stating, “. . .seniors should be happy that Medicare will pay for consultation with an expert on such subjects as the uses of having a living will and durable powers of attorney, the roles and responsibilities of a health care proxy, national and state resources which assist consumers and their families with advance care planning, and of course planning for end-of-life services and supports such as palliative care and hospice.”⁶⁸ But this response fails to satisfy opponents.

Sarah Palin believes that this provision will actually have more of a coercive effect than a beneficial one. She explains,

The provision that President Obama refers to is Section 1233 of HR 3200, entitled “Advance Care Planning Consultation.” With all due respect, it’s misleading for the President to describe this section as an entirely voluntary provision that simply increases the information offered to Medicare recipients. The issue is the context in which that information is provided and the coercive effect these consultations will have in that context.

Section 1233 authorizes advanced care planning consultations for senior citizens on Medicare every five years, and more often “if there is a significant change in the health condition of the individual ... or upon admission to a skilled nursing facility, a long-term care facility... or a hospice program.” During those consultations, practitioners must explain “the continuum of end-of-life services and supports available, including palliative care and hospice,” and the government benefits available to pay for such services.

Now put this in context. These consultations are authorized whenever a Medicare recipient’s health changes significantly or when they enter a nursing home, and they are part of a bill whose stated purpose is “to reduce the growth in health care spending.” Is it any wonder that senior citizens might view such consultations as attempts to convince them to help reduce health care costs by accepting minimal end-of-life care?⁶⁹

Proponents such as Jim Rutenberg and Jackie Calmes of the *New York Times* continually maintained, “there is nothing in any of the legislative proposals that would call for the creation of death panels or any other governmental body that would cut off care for the critically ill as a cost-cutting measure.”⁷⁰ Though proponents continued to rally it doesn’t take a considerable amount of mental faculty to guess and/or assume that when the words “death” and “change”⁷¹ when used within a conversation, adding bureaucratic decision-making, that this will ultimately form a highly volatile debate. Apply this “conversation” on a national scale and we have the first major ethical cause célèbre of the health care debate.

Second, as George Annas explains, “...the centrality of abortion in U.S. politics makes it likely that abortion funding will play a major role in determining whether there is any health care reform law at all,” and this current abortion controversy stems from the Stupak amendment.⁷² The Stupak amendment states that “no funds authorized or appropriated by this Act...may be used to pay for any abortion or to cover any part of the costs of any health plan that includes coverage for abortion, except in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself, or unless the pregnancy is the result of rape or incest.”⁷³ The Stupak amendment similarly related to the Hyde Amendment, which states the exact circumstances of the Stupak amendment, “...has been attached to every Health and Human Services Appropriations Act passed since 1976” but allows for more state decision-making instead of total prohibition.⁷⁴

President Obama as well as other proponents have continually argued against these stories of government-funded abortions and have claimed these stories are “untrue” and from “people baring false witness.” Proponents such as Fact Check and Planned Parenthood try to combat the radical claims by stating, “in fact, none of the health care overhaul measures that have made it through the committee level in Congress say that abortion will be covered, and one explicitly says that no public funds will be used to finance the procedure.”⁷⁵ So why then are citizens still so concerned?

The opposition claims that this rests in the exclusionary language being used within the bill. Brooks Johnson explains, “but it’s equally true that House and Senate legislation would *allow* a new ‘public’ insurance plan to cover abortions, despite language added to the House bill that technically forbids using public funds to pay for them. Obama has said in the past that ‘reproductive services’ would be covered by his public plan, so it’s likely that any new federal insurance plan would cover abortion unless Congress expressly prohibits that.”⁷⁶ It is this specificity in not prohibiting abortion’s use that leads opponents to believe that this will condone its practice. To clarify opponents believe that, “without an explicit amendment to prohibit abortion from being covered, such services could be required by courts and the Secretary of Health and Human Services, resulting in employers and taxpayers being forced to pay for this service.”⁷⁷ This concern motivated by personal opposition and driven by ethics is just one more matter that adds to the increasing number of issues facing President Obama.

Lastly, President Obama has said, “illegal immigrants would not be covered. That idea has not even been on the table.”⁷⁸ Fact Check confirms the Presidents statement by adding that the proposed measure of covering illegal immigrants is “not

true, in fact the House bill specifically says that no federal money would be spent on giving illegal immigrants health coverage.”⁷⁹ But the Congressional Research Service thinks otherwise and states in opposition, “under H.R. 3200, a ‘Health Insurance Exchange’ would begin operation in 2013 and would offer private plans alongside a public option...H.R. 3200 does not contain any restrictions on noncitizens—whether legally or illegally present, or in the United States temporarily or permanently—participating in the Exchange.”⁸⁰ Therefore illegal immigrants, if held to the same standard as citizens and legal residents in having to have health insurance, would then be “...required to have insurance and could use the Exchange, despite a bar on them receiving taxpayer-financed affordable premium credits.”⁸¹ This form of literary circumnavigation has opponents outraged to think that illegal immigrants could be funded through taxpayer funds for health insurance. Despite President Obama’s and other proponent’s statements regarding immigration contenders are relentless. Dan Stein president of FAIR explains, “perhaps the reforms that President Obama advocates would not cover illegal aliens, but those are not the reforms currently under consideration by Congress...H.R. 3200, the legislation that the House will be voting on, would allow illegal aliens to benefit from the government-financed public option, and includes no verification provisions to prevent illegal aliens from receiving taxpayer subsidies to purchase private health insurance.”⁸² *New York Times* states in relation to the ethical arguments that, “...a pro-abortion, pro-euthanasia agenda, combined with twisted accounts of actual legislative proposals that would provide financing for optional consultations with doctors about hospice care and other ‘end of life’ services, fed the [opposition] to the point where it overcame the debate.”⁸³ Thus the ethical and moral

faucets of euthanasia, abortion and illegal immigration, combined with legislative ambiguity, are the main ethical rationale aiding the public contestation of the health care bill.

The Contextual Coalescence

The situational and contextual elements of legislative ambiguity, national expense, and the ethical considerations of euthanasia, abortion and illegal immigration all contributed to the atmosphere in which Obama spoke. Ambiguity added to the already volatile context in which the town hall meetings were occurring. Unintelligible jargon and non-explanation of the health care bill leads the American public to judge and subsequently interpret the bill in any number of ways.

First, proponents were adamant that oppositional arguments were grounded in fabrication and misinformation; that instead of trying to misrepresent the facts, the resistance was simply trying to preserve the status quo. Opponents, on the other hand, were convinced that President Obama was strategically being ambiguous so as to purposefully confuse the American public. It was going to be through confusion and being unsure that opponents believed Obama would try to pass a bill that was unfavorable by a majority of Americans and would have deleterious consequences. The ramifications of course being government-funded abortions, involuntary euthanasia and publically funded health care benefits for illegal immigrants. The metamorphosis of hospice care, pregnancy measures and immigration occurred once more through ambiguity and personal belief. In dealing with issues most commonly associated with the ethical realm, you can be sure that there will be powerful opinion on each side of the debate. Naturally, if history is any indication, when issues pertain to the ethical or moral realm and then

become attached to values, the ability to reasonably persuade within a debate becomes hindered. If we take this to be generally true then citizens who have a strong personal value interest in issues, such as euthanasia, abortion and illegal immigration, will be vehemently engaged in the debate and act as the primary opposition. Thus, the health care situation is doomed to have to deal with emotionally tied arguments because the very bill itself is dealing with value-laden beliefs. This situation only makes the ability for reform all the more difficult as not only is ambiguity adding to the confusion regarding these issues but the very issues themselves have become part of the debate.

It was this obstinate divide that allowed for such riotous debates within the town hall meetings. These issues being debated within the American public were the most prevalent and therefore formed the context in which President Obama had to step into. After months of ferocious debates, unfavorable polls and wide speculation, President Obama on September 9, 2009, chose to address Congress and the American public with his health care address.⁸⁴ In the midst of opposition, President Obama needed to silence the confusion while trying to unite a divided Congress and educate an American public. It was this moment that is of particular rhetorical interest as I argue, the specific timing of his speech serves as a central tenet to his overall agenda of passing the health care bill while also trying to rally support. But exactly how President Obama does this relies of the rhetorical tools of *phronesis* and *kairos*.

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CHAPTER 3

A RHETORICAL PERSPECTIVE ON HEALTH CARE

Rhetorical critics typically develop a theoretical framework for the evaluation of public addresses. This form of traditional rhetorical criticism, at least within academia, has been investigated for nearly a century. According to Herbert Wichelns, a pioneer in the field, "...rhetorical criticism is devoted to assessing the persuasive effort of situated oratory [and] focuses on discovering and appreciating how speakers adapt their ideas to particular audiences."¹ This form of rhetorical assessment will be used to evaluate President Obama's response to the health care situation he faced. The critical perspective that will be used for this investigation of the health care address will revolve around to notion of *kairotic stratagema*, which is composed of the three rhetorical elements of puissant oratory including deliberative oratory, *phronesis* or practical wisdom and rhetorical timing as it pertains to *kairos*.

Puissant Oratory

In the nineteenth century, presidential rhetoric was typically geared to Congress. As Jeffrey Tulis states, "prior to this century, popular leadership through rhetoric was suspect. Presidents rarely spoke directly to the people, preferring communication between the branches of government."² Tulis continues stating, "prior to this century, presidents preferred written communications between the branches of government to oral addresses to 'the people.'"³ Most presidential orations of the nineteenth century were patriotic, ceremonial and war driven and often not geared toward domestic "policy speeches," which are more common today.⁴ But what exactly caused the shift from epideictically inclined speaking to deliberative address? As Tulis suggests, this form of

address changed in the twentieth century with Woodrow Wilson and his belief that the president "...should speak directly to the people in order to translate their 'felt desires into public policy.'"⁵ With this Presidential oratorical shift addresses became more directed toward citizens instead of solely addressing members of government. Those speeches, intended to aid the passing of policy agendas, conformed to the classical understanding of deliberative rhetoric.

Deliberative Address

Aristotle says that a deliberative speaker aims, "at establishing the expediency or the harmfulness of a proposed course of action: if he [*sic*] urges its acceptance, he does so on the ground that it will do good; if he urges its rejection, he does so on the ground that it will do harm."⁶ Deliberative rhetoric may also be understood, according to Kathleen Hall Jamieson and Karlyn Kohrs Campbell, as "defining policies in the future tense and [engaging] its audience in appeals for action."⁷ As described by Gideon Burton this specie of rhetoric also, "sometimes referred to as 'legislative' oratory [and] originally had to do exclusively with that sort of speaking typical of political legislatures."⁸ But how did the specie of deliberative oratory become the main genre for the realm of politics? Gary Remer explains that first, "... political speech is public and directed primarily toward the masses" and second, "...oratory is directed to action...and politics depends on action."⁹ In Aristotle's time, Athenian democracy depended on deliberative oratory. As explained by David Cohen,

From the very earliest literary record of Greek society oratory plays a crucial role in political deliberation. In democracies...the right to full political participation is what distinguishes the citizen from women, children, slaves and foreigners. In a

city like Athens that participation took three main forms: holding office, attending the Assembly, and participating in the courts, whether as a litigant or judge. In two of these three institutional settings oratory is a central feature of such participation. For both the assembly [deliberative] and the law courts [judicial] employed oratory as the medium for reaching decisions. Moreover, this oratory is a public event...in Athens, then, participatory democracy and oratory are closely connected.¹⁰

Overall deliberative oratory falls within the realm of politics and functions to advocate or argue against proposed policy changes or courses of action.¹¹

Aristotle provides certain *topoi* to alert the rhetor as to the best topics to be used for the greatest persuasive effect. Specific to deliberative rhetoric, these topics are separated into political and ethical topics. Aristotle describes the political topics as, “the important subjects on which people deliberate and on which orators give advice in public are mostly five in number, and these are finances, war and peace, national defense, imports and exports, and the framing of laws.”¹² Because deliberative oratory is concerned with whether a future action would be advantageous or not the necessary familiarity with such topics is important. The ethical topics are centralized around the notion of happiness. Aristotle explains, “[the] ‘parts’ [of happiness] are good birth, numerous friendships, worthy friendships, wealth, good children, numerous children, a good old age, as well as the virtues of the body (such as health, beauty, strength, physical stature, athletic prowess), reputation, honor, good luck, virtue; for a person would be most self-sufficient if he had these goods...”¹³ Citizens, as suggested by Aristotle, should naturally desire to possess these characteristics as they are “more or less agreed upon

goods”¹⁴ and contribute to overall happiness. By knowing which qualities are the “most desired” by citizens, the rhetor then has the advantage of being able to identify key desires and then persuade the audience toward a particular course of action based on those desires.

President Obama’s speech is clearly deliberative as he urges the advantageous nature of health care reform while engaging its audience in appeals for action. Obama pleads that adopting health care reform would provide safety and opportunity for all Americans to be medically secure and that to not support reform would mean continued rising costs of insurance premiums, unsecured health care and the maintaining of the status quo. This plea for the future benefit of our country is entwined with the very things citizens value, according to Aristotle, such as good health, wealth and a strong economy. In Obama’s view, without health care reform, any wealth we as citizens have would continue to decline under the current system while our health would be put in jeopardy. Thus, through deliberative political and ethical *topoi*, for the purposes of moving the audience toward acceptance, President Obama argues that the passing of this bill is vital so in order to preserve the happiness that we all, as citizens, treasure dearly.

Phronesis

In the *Nicomachean Ethics*, Aristotle describes *phronesis* or practical wisdom as a, “...true and reasoned state of capacity to act with regard to the things that are good or bad for man.”¹⁵ Terrance Irwin further elaborates upon Aristotle’s associations of *phronesis* with practical prudence in that prudence was “good deliberation about things that contribute to one’s own happiness...”¹⁶ Virtue and *phronesis* became linked as Aristotle claims that first, “practical wisdom is a virtue”¹⁷ and as Lois Self adds, “the man

of practical wisdom continuously balances the good and the expedient, the ideal and the possible.”¹⁸ Irwin supports this belief in explaining,

Since it is deliberative, prudence is about things that promote ends. Prudence [*phronesis*] finds the right actions to be done, and hence requires a grasp of particulars, since this is needed for a successful conclusion of deliberation. This is why prudence needs cleverness, perception, and understanding. Since it is concerned with action, and hence with usual truths, and with particulars, it cannot be science, in the strict sense. Prudence is both a necessary and sufficient for a complete virtue of character.¹⁹

For Aristotle possessing prudence was necessary in order to deliberate properly about things in life what would ultimately contribute to one’s own happiness. Thus, prudence and deliberative address complement one another as without the deliberative process prudence cannot be exercised, while alternatively, possessing prudence allows for the rhetor to truly understand what ends must be grasped. Prudence then becomes a necessary virtue, as Aristotle believes, because of the required knowledge needed in order to judge and then act upon a certain situation. Ronald Beiner summarizes Aristotle’s theory of prudence and its relation to virtue as follows,

To be virtuous is to know what is required in a particular moral situation, and to act consistently on that knowledge. The *phronimos*, the man of practical wisdom, typically knows what virtues are called for in a given ethical situation, and is one who excels at ‘getting it right’. *Phronesis* is not one virtue among others, but is the master virtue that encompasses and orders the various individual virtues. Virtue is the exercise of ethical knowledge as elicited by particular situations of

action, and to act on the basis of this knowledge as a matter of course is to possess *phronesis*...for *phronesis* is knowledge of which virtue is appropriate in particular circumstances, and the ability to act on that knowledge.²⁰

Thus by having the virtue of prudence, the rhetor is able to discern what is necessary in a given situation and to act upon this discernment with his or her overall happiness in mind.

Phronesis and its relation to practical deliberation, or practical wisdom and judgment, are not identical then but instead essential components of one another. Judgment or the act of judging, in general, is something we as individuals do when deciding upon a course of action and/or being involved in practical deliberation and necessarily calls for *phronesis*.²¹ As Beiner describes, “one cannot be in possession of *phronesis* without mature judgment, *gnome*, and the ability to judge well in the realm of ultimate particulars is one of the prime distinguishing marks of the man of practical wisdom.”²² Further, in an effort to differentiate between judgment and *phronesis*, Beiner continues, “*phronesis* is no doubt *grounded* in good judgment, but that is not to say they are identical...*phronesis*, then is judgment that is embodied in action; it is judgment consummated in the efficacy of good *praxis*. If I *see* what the situation requires, but am unable to bring myself to act in a manner befitting my understanding, I possess judgment but not *phronesis*.”²³ Barbara Warnick explains the important relationship of *phronesis* and rhetoric more precisely:

Only when it reaches its fruition in *phronesis* is rhetoric made effective.

Phronesis is practical wisdom, or wisdom applied to and made manifest in action.

Aristotle believed that *phronesis* was intrinsically good by definition, and in the *Rhetoric* he stated that the good was ‘that...which everything, if possessed of

practical wisdom, would chose.’ The functions of *phronesis* are to use products of *techne* wisely, to deliberate well about what is good and advantageous, and to command right action. Its starting points are the initiating motives or first causes of the action to be undertaken.²⁴

Rhetoric plays an instrumental role in conjunction with *phronesis* as rhetoric deals in likelihoods and considers consistencies across various situations.²⁵ The ability to judge the rhetorical situation, context and audience is part of this *phronesistic* quality. Therefore, moving beyond judgment the rhetor who possesses *phronesis* is able to specifically engage ultimate particulars through practical deliberation in an effort to substantiate action. Thus, as Beiner explains, “the persuasion of the political orator enters into the fabric of *phronesis*; selecting among more probable and less probable contingencies on the basis of his persuasive enthymemes is an integral part of the exercise of one’s faculty of practical wisdom.”²⁶ This selection of persuasive enthymemes pertains to the rhetor’s decision regarding “...most appropriate language, style, and means of persuasion,” which revolve around “...judgments of appropriateness, demand tact, discrimination, sympathy, sensitivity, and all the other qualities of practical wisdom.”²⁷ This persuasive action, guided by practical wisdom, is the orator’s chosen rhetoric, which includes Aristotle’s artistic proofs of ethos, pathos and logos, the three elements necessary for the ability to persuade.

Another constituent of *phronesis* that pertains to judgment deals with the audience, which the rhetor is addressing. The actions of the *phronimos*, is not simply just to judge the situation but also to judge-with or be among the citizens. The ability to judge-with is “judgment guided by shared concern, informed by reciprocal involvement

in situations held in common,”²⁸ which not only contributes to practical judgment but also enables the rhetor to strategically engage the audience for the purposes of his or her own agenda. Thus, by possessing the faculty of *phronesis*, the rhetor must first be able to identify and subsequently *act* within a given circumstance. Next, by way of practical wisdom the orator can then chose which rhetorical tools would be necessary in order to influence the audience in which he or she is addressing. Lastly, by identifying, acting and rhetorically influencing the given audience, the orator can then invite the audience to judge-with him or her for the purposes of their overall agenda. It is by possessing *phronesis*, and not simply judgment alone, that enables a rhetor to strategically research, engage and invite his or her audience for participation in the judgment process.

As will be discussed and demonstrated in the next chapter by possessing the faculty of *phronesis*, Obama is able first to identify the volatile health care debate situation and then chose to act within this circumstance, which is giving his speech. Next, by way of his deliberative address he will select and strategize particular rhetorical devices in an effort to educate the American public while trying to unify a divided Congress. Lastly, having identified the need to speak and choosing to address the public, Obama through the use of various stylistic tools and the deliberative process will invite the audience to participate with him in the judgment of the bill, which aims at passing health care reform.

Overall, rhetoric and *phronesis* share a number of similarities and can be summarized by Self as follows, “...both are ‘reasoned capacities’ which properly function in the world of probabilities...both...involve rational principles of choice-making, [and] both...require careful analysis of particulars in determining the best

response to each specific situation...”²⁹ From an Aristotelian standpoint then, *phronesis* (practical wisdom) is a necessary quality for any rhetor to possess. As Self explains in relation to Aristotle’s viewpoint,

This is above all the work of the man of practical wisdom, to deliberate well, but no one deliberates about things invariable, nor things which have not an end—end that a good that can be brought about by action. The man who is without qualification good at deliberating is the man who is capable of aiming in accordance with calculation at the best for man of things attainable by action.³⁰

Ronald Milo discusses Aristotle’s notion of what constitutes good deliberation as, “presuppos[ing] both correct reasoning and reasoning with a view to a good end. The man of practical wisdom (and the true rhetorical artist) must ‘be good at deliberating, have knowledge of general principles and of particular facts’ and ‘be morally virtuous.’”³¹ Therefore, according to Self, “the most striking quality of the man of practical wisdom is his ability to deliberate well, it is apparent that he would be able to marshal the arguments necessary for effective deliberative oratory; to ‘counsel’ audiences toward the right choices.”³² The rhetorical importance of *phronesis*, especially with regard to deliberative oratory, is one central tenet with regard to my argument concerning the Obama health care proposal. President Obama’s exercise of *phronesis* was valuable in conjunction with the chosen rhetorical appeals and stylistic devices used in his health care address. Possessing practical wisdom and using it to his rhetorical advantage enables President Obama to strategically engage his audiences. Further, through the demonstration of *phronesis* Obama is able to invite the audience to judge with him with his U.S. policy agenda. Through the Presidential address and by the faculty of *phronesis*, Obama is able

to determine the most practical response to the situation while delivering his speech at a specific moment in time.

Rhetorical Timing

Rhetorical success is often determined by timing or *kairos*, in choosing the opportune moment to speak. *Kairos* might be best understood when contrasted with the other Greek notion of time, *chronos*. *Kairos* is distinct from *chronos* as, "...linear and measurable, the sort of time we measure with clocks and calendars."³³ John Smith further explains, "[with] *chronos* we have the fundamental conception of time as measure, the quantity of duration, the length of periodicity," therefore "*chronos* defines time quantitatively, not qualitatively."³⁴ Overall, *chronos* is "...a measure of 'absolute, universal, and objective' time" that often "...marches on in linear, orderly fashion."³⁵ It is with this understanding that James Baumlin asserts that this time is "...often disconnected from or independent of human action; it is a force of nature that carries on irrespective of human action."³⁶

Alternatively, the second Greek conception of time dealt with the notion of *kairos*, "...often referred to as [the] 'opportune time' or 'right time.'"³⁷ James Kinneavy elaborates upon this by defining *kairos* as, "...the right or opportune time to do something, or right measure in doing something."³⁸ Whereas, *chronos* was concerned with quantitative time, *kairos* on the other hand, may be said to be concerned with the qualitative feature. As Smith suggests "this distinction is important in that it points to *kairos* as a 'subject-situational correlation' [whereby] *kairic* time [is then] 'a season when something appropriately happens that cannot happen just anytime...to a time that marks an opportunity which may not recur.'"³⁹ Sharon Crowley and Debra Hawhee further

explain this distinction in stating that “*kairos* ‘can indicate anything from a lengthy time to a brief, fleeting moment,’ so it is distinct from *chronos* not in duration or quantity.”⁴⁰

Timothy Peeples, Paula Rosinski and Michael Strickland add:

Kairos is distinguished from *chronos* because it refers to a ‘quality’ or ‘kind’ of time. The qualities that define *kairos* should not be misunderstood in terms of quantity and duration, it is nevertheless often distinguished as a point, a window, or a moment. *Kairos* [is] ‘a point in time filled with significance’ [and] defined as a ‘window’ of time during which action is most advantageous.⁴¹

Kairos then becomes something that is “interpretative, situational and ‘subjective’”⁴² and can determine rhetorical success. According to Gideon Burton, with the delivery of an address *kairos*, “...takes into account the contingencies of a given place and time, and considers the opportunities within this specific context for words to be effective and appropriate to that moment.”⁴³ Or as Daniel Gills states, “the opportune moment must be chosen for a particular treatment of a theme, the appropriate arguments for each of the historical events must be marshaled, and the actual arrangement of the words must be skillful.”⁴⁴

One of the biggest proponents of *kairos* is Isocrates and as Michael Cahn explains, “Isocrates, underlines what the concept of *kairos* in itself already indicates: in rhetoric, a reliable correlation between rhetorical strategies and desired effects cannot be prescribed because the situational factor is paramount.”⁴⁵ Phillip Sipiora and James Baumlin say that in *Against the Sophists* Isocrates identifies *kairos* as “...one of the most important characteristics of effective rhetorical discourse.”⁴⁶ But in order for *kairos* to function effectively, Isocrates believed in the union of *kairos* and *phronesis*.

Kairos and Phronesis

As explained by Sipiora and Baumlin, “*phronesis* coupled with *kairos*, is integral to effective rhetoric and it must be part of a speaker’s value system as it translates into social action.”⁴⁷ Sipiora and Baumlin continue in stating that, “practical wisdom, then, serves at least two functions: *phronesis* is necessary for the activation of a preliminary, ‘internal’ dialectic which, in turn, gives rise to an ‘intelligence’ that expresses itself in words and actions. This derived intelligence [*phronesis*] is based upon a rhetor’s understanding of *kairos*.”⁴⁸ Thus through merging *kairos* and *phronesis*, “those who most apply their minds to [discourse situations] and are able to discern the consequences which for the most part grow out of them, will most often meet these occasions in the right way.”⁴⁹ The concepts of *kairos* and *phronesis* are, in some degree, often related and according to Isocrates and Aristotle are often inseparable as they both function together for the benefit of effective rhetorical discourse. Further, *kairos*, a dimension of *phronesis*, is most obviously bound with the deliberative process in that this is the rhetorical genre that allows for its full exercise.

President Obama’s awareness of the health care debates or this “‘internal’ dialectic” in combination with entering the debate at a particular moment in time so as to have the most persuasive effect is the union of two rhetorical pieces for the purposes of calming an American public while trying to unite a divided Congress.

Conclusion

The purpose of this rhetorical examination is to investigate the various situational and contextual constraints, which affect choices made by President Obama within this particular given time in history. In other words, through the use of a deliberative address

and being acquainted with the power of *kairos* and *phronesis*, President Obama is able to enter into the situation at an opportune moment so as to elicit the most rhetorical effect and guide the audience towards his desired goal (i.e. passing the health care bill).

As will be developed and explained in the next chapter, President Obama does chose to respond by giving his health care speech to Congress and the American people. Though various stylistic devices and other rhetorical tools used for persuasive effect, the elements of deliberation, *kairos* and *phronesis*, aided Obama in deciding how and at what particular time he would give his address, based upon what would be best so as to influence the most citizens to action (i.e. adoption of the health care plan). Specifically, the *kairotic* element will be explained in that the opportune moment chosen by Obama, which was early September, was strategic in order to influence the decision making process. By possessing this characteristic and combining this with *phronesis* Obama is able to begin to utilize, through exercised choice, particular rhetorical tools in an effort to sway public opinion toward the legitimacy of his claims. Ultimately, President Obama will hopefully act as one specific embodiment of three particular rhetorical dynamics that are often than not, more abstract than concrete.

Further, within the speech, President Obama address financial cost for both the taxpayer and its relation to the national deficit. Obama also explains his proposal while addressing oppositional arguments stemming from the volatile health care debates over the summer. Obama states the benefits that the proposal, if adopted, will have on American families, businesses and the nation as a whole. Lastly, President Obama discusses the future of this country in that if health care reform is not adopted, he maintains that it will be a dire state of affairs. Overall, Obama specifically addressed

particular arguments and concerns while also trying to unify and reinforce inaugural commitments (i.e. promising of health care reform) so as to aid hostility and resurge approbation for the health care bill.

Notes

¹ Carl R. Burgchardt, "Purposes of Rhetorical Criticism," in Carl R. Burgchardt, *Readings in Rhetorical Criticism* (State College, PA: Strata Publishing Inc., 2005), 1.

² Martin J. Medhurst, "Introduction," in *Beyond the Rhetorical Presidency*, ed. Martin J. Medhurst (College Station, TX: Texas A & M University Press, 1996), xii.

³ Jeffrey Tulis, *The Rhetorical Presidency* (Princeton, NJ: Princeton University Press, 1987), 5.

⁴ Jeffrey Tulis, *The Rhetorical Presidency*, 6.

⁵ Robert Ivie, "Tragic Fear and the Rhetorical Presidency: Combating Evil in the Persian Gulf," in *Beyond the Rhetorical Presidency*, ed. Martin J. Medhurst (College Station, TX: Texas A & M University Press, 1996), 159.

⁶ Aristotle, *A Theory of Civic Discourse: On Rhetoric*, trans. George Kennedy (New York: Oxford University Press, 1991), 47; Karlyn Kohrs Campbell and Thomas R. Burkholder, *Critiques of Contemporary Rhetoric* (San Francisco: Wadsworth Publishing Co., 1997), 143.

⁷ Kathleen Hall Jamieson and Karlyn Kohrs Campbell, "Rhetorical Hybrids: Fusions of Generic Elements," *Quarterly Journal Of Speech* 68 (1982), 148.

⁸ Gideon Burton, "Deliberative Oratory," assessed on March 13, 2010 from, <http://rhetoric.byu.edu/Branches%20of%20Oratory/Deliberative.htm>

⁹ Gary Remer, "Genres of Political Speech: Oratory and Conversation, Today and in Antiquity," *Language & Communication* 28(2008): 189, 191.

¹⁰ David Cohen, "The Politics of Deliberation: Oratory and Democracy in Classical Athens," in Walter Jost and Wendy Olmsted, *A Companion to Rhetoric and Rhetorical Criticism* (Malden, MA: Blackwell Publishing Ltd., 2004): 23, 24

¹¹ Campbell and Burkholder, 143

¹² Aristotle, trans. George Kennedy, 53

¹³ Aristotle, trans. George Kennedy, 57-58

¹⁴ Aristotle, trans. George Kennedy, 64

¹⁵ Aristotle, *Nicomachaen Ethics*, trans., W. D. Ross (Book VI, Sec. 5), 2009, <http://classics.mit.edu/Aristotle/nicomachaen.6.vi.html>

- ¹⁶ Terence Irwin, "Glossary," in Terence Irwin, *Aristotle: Nicomachean Ethics*, 2nd Edition (Indianapolis, IN: Hackett Publishing Co. Inc., 1999), 345.
- ¹⁷ Aristotle, *Nicomachean Ethics*, trans., W. D. Ross (Book VI, Sec. 5)
- ¹⁸ Lois Self, "Rhetoric and 'Phronesis': An Aristotelian Ideal," *Paper Presented at the Annual Meeting for the Central States Speech Association* (Chicago, IL, April 13-15, 1978), 6
- ¹⁹ Irwin, 345
- ²⁰ Ronald Beiner, *Political Judgment* (Chicago: University of Chicago Press, 1983), 72.
- ²¹ Beiner, 7
- ²² Beiner, 73
- ²³ Beiner, 74
- ²⁴ Barbara Warnick, "Judgment, Probability, and Aristotle's *Rhetoric*," *Quarterly Journal of Speech* 75 (1989): 305-306.
- ²⁵ Warnick, 306
- ²⁶ Beiner, 87
- ²⁷ Beiner, 87
- ²⁸ Beiner, 79
- ²⁹ Self, 8
- ³⁰ Self, 6
- ³¹ Ronald Milo as cited in Self, 6
- ³² Self, 10
- ³³ Timothy Peeples, Paula Rosinski, and Michael Strickland, "*Chronos and Kairos*, Strategies and Tactics: The Case of Constructing Elon University's Professional Writing and Rhetoric Concentration," *Composition Studies* 35 (2007): 58-59.
- ³⁴ As cited in Peeples, Rosinski and Strickland, 59

³⁵ As cited in “Rhetorical Theory: Kairos and Decorum,” obtained from Patricia F. Ericsson, “Beyond the Laments, Beyond the Boundaries: Communicating about Composition,” 2003, [http://74.125.155.132/search?q=cache:5LryoBZfoBIJ:www.wsu.edu/~ericsson/kairos_decorum.doc+kairos+\(rhetoric\)&cd=28&hl=en&ct=clnk&gl=us](http://74.125.155.132/search?q=cache:5LryoBZfoBIJ:www.wsu.edu/~ericsson/kairos_decorum.doc+kairos+(rhetoric)&cd=28&hl=en&ct=clnk&gl=us); Peeples, Rosinski and Strickland, 59.

³⁶ As cited in Peeples, Rosinski and Strickland, 59

³⁷ Peeples, Rosinski and Strickland, 59

³⁸ James L. Kinneavy and Catherine R. Eskin, “Kairos in Aristotle’s Rhetoric,” *Written Communication* 11 (1994): 132.

³⁹ As cited in Kinneavy and Eskin, 132

⁴⁰ As cited in Peeples, Rosinski and Strickland, 59

⁴¹ Peeples, Rosinski and Strickland, 59

⁴² As cited in Ericsson, ¶ 10.

⁴³ Gideon O. Burton, “kairos,” assessed on March 15, 2010 from <http://rhetoric.byu.edu/Encompassing%20Terms/kairos.htm>

⁴⁴ As cited in Phillip Sipiora, “Introduction: The Ancient Concept of *Kairos*,” in the *Rhetoric and Kairos: Essays in History, Theory and Praxis*, ed. Phillip Sipiora and James S. Baumlin (Albany, NY: State University of New York Press, 2002), 10.

⁴⁵ As cited in Sipiora, 9

⁴⁶ Sipiora, 9

⁴⁷ Sipiora, 9

⁴⁸ Sipiora, 9

⁴⁹ Sipiora, 10

CHAPTER 4

TEXTUAL ANALYSIS OF THE HEALTH CARE ADDRESS

So far I have discussed the various situational and contextual elements that comprised the volatile health care atmosphere of mid-2009. I have also proposed a critical perspective that will be used to judge the response of President Obama in relation to these elements. In review, President Obama faced an obstreperous climate of debate, which involved the issues of national expenditure, bureaucratic intrusion, euthanasia, abortion, illegal immigration and legislative ambiguity. These principal contributors molded the primary context that Obama would need to address while also aiding in the formation of the intransigent opinions of the American people. In an effort to aid his overall agenda of passing the health care bill, President Obama would need to address these issues while also trying to unify a divided Congress and educate an American public.

President Obama's agenda can be best investigated and critiqued through the theoretical perspective of what I deem *kairotic stratagema*. This theoretical framework consists of deliberative oratory, *phronesis* or practical wisdom and *kairos* or rhetorical timing. In what follows, I will explore the constituents of *kairotic stratagema* in relation to President Obama's health care address.

In one way, President Obama's speech can easily be understood as a straightforward deliberative address in having both arguments for adoption and refutation of the opposition regarding health care. But, taking this one step further, I assert that any success or hope for the health care speech relied far more on Obama's enactment of *phronesis* rather than the simple fact of this being a deliberative address. President

Obama's health care address utilizes various stylistic devices, examples and explanations in an effort to influence the American public and unite a divided Congress. These factors, all relying on exercised choice (*phronesis*) function strategically at an opportune time (*kairos*) so as to target these specific audiences in the ultimate effort of passing the health care bill.

This chapter will illuminate the strategic actions of President Obama in relation to his health care address. The speech can be divided into five major segments that occur chronologically. The introduction focuses on the history of our country and health care reform while the conclusion stresses the importance of the American character. The three main areas of focus revolve around the layout of the proposal, oppositional claims and Congressional unity. This deliberative address performs three essential tasks. First, the address clarifies and explains the health care proposal for the American public through clear and precise language. This is considered necessary as the opposition continually stressed that President Obama was strategically using legislative ambiguity and convoluted verbiage in an effort to confuse the issue. Second, the speech confronted the opposition through the particular use of a key dialectic in order to gain support, expunge doubt and ultimately invite audience participation. Third, the speech aimed to unify the American people and Congress in order to pass health care reform. But before the main sections of the speech can be investigated the *kariotic* significance of the speech must first be explained.

Opportune Moment

As discussed in the previous chapter the first characteristic of the *phronimos*—the ability to identify and subsequently act within a given situation—is the action of giving

the speech. President Obama *kairotically* chose, at this particular moment—September 2009—to calm the fervent debates of the summer and responded with a Presidential address. But why did President Obama choose to respond at this particular moment?

Congress failed to act on the bill prior to their summer recess, which ran August 8 through September 7. September, then, became the first opportunity Obama would have to address the issue with Congress in session.¹ During the summer recess lawmakers planned a number of town hall meetings in their respective districts to listen to concerns from constituents. Trish Turner and Chad Pergram of Fox News state that even while, “...public opinion split over health care reform [due to the town hall meetings], the August encounters between lawmakers and their constituents could be critical, not only in keeping the American people on board with the reform push but also shaping the course of the debate once members return in September.”² But based on the volatile context of the town hall debates, one can automatically ask why then didn’t President Obama choose to respond earlier while those meetings were in progress?

As Gerald Seib of the *Wall Street Journal* explained, even during these summer debates the President was unable rather than unwilling to respond because “he was defending a bill that didn’t exist.”³ Seib continues, “as a matter of political and legislative strategy, the White House ha[d] never actually presented an ‘Obama health-care bill.’ As in the earlier quest for an economic-stimulus package, it chose instead to enunciate some general principles, and let Congress craft the actual legislation.”⁴ However, that political strategy placed the President in an “...awkward position of having to defend virtually every idea Congressional committees have thrown out...”⁵

Thus, on September 9, 2009, two days after both the House and Senate returned from their summer breaks, President Obama strategically chose to enter the debate by giving his speech to the joint session of Congress. Obama could not allow the opposition to continue to attack his proposal with unsupported claims about abortion, euthanasia, illegal immigration and the like. Also, waiting until the town hall debates had run their course and the public furor had begun to subside allowed him to address an audience that was in a calmer state of mind and to respond to all of his opponents' claims at once rather than reacting to them one by one. Second and most important, his timing was calculated to have maximum impact on the final version of the bill.

Deliberative Address

Obama's next task was to select the rhetorical strategies he believed would be most appropriate in this situation. Choosing the most appropriate rhetorical strategies is an essential element of *phronesis*. Ultimately, he chose strategies that were consistent with Aristotle's description of deliberative address.

"A Collective Failure"

The first eight paragraphs of the speech revealed President Obama's initial strategy. He begins by addressing the current state of affairs with regard to the U.S. economy:

When I spoke here last winter, this nation was facing the worst economic crisis since the Great Depression...we are by no means out of the woods... I will not let up until those Americans who seek jobs can find them – (applause) – until those businesses that seek capital and credit can thrive; until all responsible homeowners can stay in their homes...but thanks to bold and decisive action

we've taken since January, I can stand here with confidence and say that we have pulled this economy back from the brink.⁶

Attesting to the bleak state of affairs in our nation's past and by stating that due to quick action the worst has passed allows the audience, both Congressional and public, to breathe a bit easier. Reminding the audience that economic fears, some of the worst in our lifetimes, have now been eased and are on their way to improvement is a strong reminder for the audience that America, as it always has, will prevail. Evoking the American spirit will hopefully enable the audience to focus on the positive instead of on the bleak past. Once the audience has been reminded of the American ethos, President Obama can then begin his shift from the economy to his true mission, health care reform. President Obama continues, "but we did not just come here to clean up crises. We came here to build a future. (Applause.) So tonight, I return to speak to all of you about an issue that is central to that future—and that is the issue of health care."⁷ Focusing on the future, a central facet of the deliberative address begins the groundwork for the discussion of the health care policy.

Obama begins this section of the speech by placing the health care issue in its historical context: "I am not the first President to take up this cause, but I am determined to be the last,"⁸ briefly touching on past efforts to reform health care beginning with Theodore Roosevelt and ending with John Dingell Jr. and his current attempts to re-introduce the same health care bill his father introduced nearly sixty-five years ago. Obama continues, "our collective failure to meet this challenge—year after year, decade after decade—has lead us to the breaking point...we are the only democracy—the only advanced democracy on Earth—the only wealthy nation—that allows such hardships for

millions of it's people..."⁹ In taking this historical perspective, Obama is hoping that the audience will realize that this historical inaction on health care is a "collective failure" not only on the part of successive Presidents and Congress but on the American people as well. This is rhetorically significant as John M. Murphy points out, "[reaching] to history for forgotten ideas and experiences...could inform present judgment,"¹⁰ whereby evoking our past failures and its consequences can act as a vital instrument for present ruling.

Within the introductory paragraphs of the speech President Obama has been able to lay the foundation for what is to come. By articulating that our priorities have changed from the economy to health care and emphasizing the importance of such a historically significant piece of legislature, he sets up the chronological structure for the remainder of the speech. Also, by reminding both the Congressional and public audiences of our health care failures in the past functions strategically to remind the audience that by not taking action we have failed collectively.

Proposal

After the introductory paragraphs President Obama begins the first major section of his speech, which is to build the case for his proposal. This includes a variety of issues but the three biggest tenets are statistics/rising costs, the effect on audiences, and his explanation of three goals. The initial explanations of cost and effect are necessary for Obama for two reasons. First, these explanations, which will eventually become justifications for the proposal, are necessary to refute the oppositions' arguments. Second, these initial explanations begin to set up a key dialectic, specifically the dialectic between the fabricated objections raised by opponents and the rationality of Obama's responses. Murphy stresses the importance of the use of a key dialectic and believes it is

essential in guiding the development of all other arguments within speeches.¹¹ This functioning of the dialectic is especially useful in deliberative addresses, whereby the speaker must refute oppositional claims. In particular to the health care address, by using the dialectic of fabrication versus rationality Obama was hoping to convince the public that this comparison would separate falsehood/truth, opposition/Obama, in order to tie the oppositions' claims with fabrication and Obama with truth. In doing so, it would enable the audience to be able to tell the difference between truth and non-truth. Thus, the dialectical nature of the speech—whereby the audience moves back and forth between the oppositions' claims and President Obama's proposal all in an effort to come to good judgment—invites participation. President Obama is essentially asking the audience to judge with him while he criticizes the false claims made by the opposition.¹² But before he refutes the primary opposition, he begins with the issue of rising costs.

“There are now more than 30 million American citizens who cannot get coverage,” Obama said. “In just a two-year period, one in every three Americans goes without health coverage at some point. And every day, 14,000 Americans lose their coverage.”¹³ Further, Obama explains, “we spend one and a half times more per person on health care than any other country, but we aren't any healthier for it...insurance premiums have gone up three times faster than wages...those of us with health insurance are also paying a hidden and growing tax for those without it—about \$1,000 per year that pays for somebody else's ER and charitable care,” and as a result, “if we do nothing to slow these skyrocketing costs, we will eventually be spending more on Medicare and Medicaid than every other government program combined.”¹⁴

Obama then provides examples of individuals who have been personally affected. On the surface, these act as examples, but from a rhetorical standpoint they act as much more. These “examples” are rather mini-stories or forms of narration, which is a useful rhetorical tactic for the purposes of persuasion. As W. Lance Bennett and Murray Edelman explain, “stories are among the most universal means of representing human events.”¹⁵ John Lucaites and Celeste Condit point out that a story or a narrative can serve as, “...an interpretative lens through which the audience is asked to view and understand the verisimilitude of the propositions and proof before it.”¹⁶ Further Lucaites and Condit say that, “...narrative represents a universal medium of human consciousness...a ‘metacode’ that allows for the transcultural transmission of ‘messages about a shared reality’.”¹⁷ Thus their rhetorical influence resides in not only “...suggesting an interpretation for social happening [but] a well-crafted narrative can motivate the belief and action of outsiders toward the actors and events caught up in its plot.”¹⁸ Through the use of narration Obama has the potential to transmit meaning and understanding to a diverse audience. He said:

One man from Illinois lost his coverage in the middle of chemotherapy because his insurer found that he hadn’t reported gallstones that he didn’t even know about. They delayed his treatment, and he died because of it. Another woman from Texas was about to get a double mastectomy when her insurance company canceled her policy because she forgot to declare a case of acne. By the time she had her insurance reinstated, her breast cancer had more than doubled in size. This is heart-breaking, it is wrong, and no one should be treated that way in the United States of America.¹⁹

President Obama is able to articulate and transmit a form of reality to the very audience who is capable of change, simply by describing scenarios and having the audience listen. Naturally, the narrative function takes over in its ability to convey meaning and understanding.

Continuing, Obama explains the aims of his health care proposal: “the plan I’m announcing tonight would meet three basic goals. It will provide more security and stability to those who have health insurance. It will provide insurance for those who don’t. And it will slow growth of health care costs for our families, our businesses, and our government.”²⁰ He then presents his proposal:

Here are the details that every American needs to know about this plan. First, if you are among the hundreds of millions of Americans who already have health insurance through your job, or Medicare, or Medicaid, or the VA, nothing in this plan will require you or your employer to change the coverage or the doctor you have. (Applause.) Let me repeat this: Nothing in our plan requires you to change what you have. Now if you’re one of the tens of millions of Americans who don’t currently have health insurance, the second part of this plan will finally offer you quality, affordable choices. (Applause.) [Finally] for those individuals and small businesses who still can’t afford the lower-priced insurance available in the exchange, we’ll provide tax credits, the size of which will be based on your need.²¹

These details seemed designed to address concerns over the nature of the health care reform proposal that had been raised during the summer town hall meetings. Karen Tumulty of Time Magazine states, “the White House promised more detail tonight, and

in that sense, the speech delivered—if only to make explicit many of the things that Obama had only tacitly dealt with before.”²² Joe Klein of *Time* echoes this statement in explaining that these details of the plan were what, “...many Americans had been waiting for—quite the opposite of much that has preceded it in raucous debate—and [Obama] proceeded to lay out the elements of health care reform that he considers essential.”²³ With the layout of his proposal listeners were invited to judge the specifics of the proposal against the claims of Obama’s opponents.

Opposition

Next, Obama turned his attention to refuting his opponents’ claims directly. Obama states, “I realize that many Americans have grown nervous about reform. So tonight, I want to address some of the key controversies that are still out there.”²⁴ These five key controversies were the issues that drove the summer debates and were cost, government take-over of the health care system, euthanasia, abortion and illegal immigration. Obama refutes his opponents’ claims on each of those issues.

First, regarding cost Obama explains, “let me discuss an issue that is a great concern to members of this chamber, and to the public—and that’s how we pay for this plan.”²⁵ Obama continues in stating, “and here is what you need to know. The plan I’m proposing will cost around \$900 billion over 10 years—less than we have spent on the Iraq and Afghanistan wars...(Applause.) Now most of these costs will be paid for with money already being spent...in the existing health care system. The plan will not add to our deficit [and] the middle class will realize greater scrutiny, not higher taxes.”²⁶

Fueling the town hall debates was concern over the national budget deficit and the cost to

individual citizens. Obama chose to respond and answer both concerns within his detailed confrontation of opponent's claims.

Second, Obama addressed public concerns of bureaucratic intrusion: “now, my health care proposal has also been attacked by some who oppose reform as a ‘government takeover’ of the entire health care system. So let me set the record straight here. My guiding principle is, and always has been, that consumers do better when there is choice and competition.”²⁷ To foster that choice and competition, he says, the proposal includes “a new entity intended to create more organized and competitive markets for health insurance by offering choice of plans, establishing common rules regarding the offering and pricing of insurance, and providing information to help consumers better understand the options available to them.”²⁸ By explaining the purposes and intentions of the exchange program President Obama is able to engage skeptical audience members and then hopefully steer them toward the legitimacy of his claims.

With the last three controversies of euthanasia, illegal immigration and abortion the adherence to the dialectical structure will be essential in trying to refute the opposition. In order to steer the audience toward a rational/truthful judgment Obama will juxtapose fabrication with rationality, which will then invite listeners to compare the claims of the opposition with his answers while also asking the audience to judge-with him. First, in regard to euthanasia, the President remarks, “some of people’s concerns have grown out of bogus claims spread by those whose only agenda is to kill reform at any cost. The best example is the claim made not just by radio and cable talk show hosts, but by prominent politicians, that we plan to set up panels of bureaucrats with the power to kill off senior citizens. Now such a charge would be laughable if it weren’t so cynical

and irresponsible. It is a lie, plain and simple. (Applause.)”²⁹ President Obama’s mention of politicians is specifically directed toward the “death panels” remarks made by Republicans Sarah Palin and Charles Grassley earlier that year. For example, in attacking the health care proposal, Palin said: “the American I know and love is not the one in which...[we] will have to stand in front of Obama’s ‘death panels’ so his bureaucrats can decide, based on subjective judgment of ‘their level of productivity in society,’ whether they are worthy of health care. Such a system is downright evil.”³⁰ And Grassley echoed Palin saying, “we should not have a government program that determines if you’re going to pull the plug on grandma.”³¹ In labeling these statements “cynical and irresponsible” Obama invites his listeners to judge them in the same way.

Obama then moves to the accusations regarding illegal immigration stating, “there are those who claim that our reform efforts would insure illegal immigrants. This, too, is false. The reforms—the reforms I’m proposing would not apply to those who are here illegally.”³² That members of Congress were still far from convinced was evidenced when Republican Joe Wilson exclaimed, “you lie,” during the President’s speech.

Third, pertaining to abortion Obama explains, “and one more misunderstanding I want to clear up—under our plan, no federal dollars will be used to fund abortions, and federal conscience laws will remain in place,”³³ this reference trying to clear up any concerns regarding federally funded abortions. Even prior to the speech, Obama had made it clear that his health care reform would not approve government-funded abortions and called arguments to the contrary “fabrications” and “untrue.”³⁴ Weeks before the speech was given, President Obama specifically stated, “you’ve heard that this is all going to mean government funding of abortion. Not true. These are all fabrications that

have been put out there in order to discourage people from meeting what I consider to be a core ethical and moral obligation—and that is that we look out for one another...”³⁵

By sweeping aside misconceptions through clear and concisely articulated arguments while also using language that is mostly “jargon-free,”³⁶ President Obama begins to refute the opposition and possibly gain American support. Also, by depending on a dialectic, refutation versus rationality, President Obama begins to change and subsequently mold the audience’s views into his own. By articulating the truth of the matter, Obama is able to differentiate, for the audience, what is truth and what is not. Also by invoking this particular dialectic President Obama is able to cast doubt on the credibility of his opposition.

Congressional and National Unity

President Obama specifically begins his unification tactics by stating, “now is when we must bring the best ideas of both parties together, and show the American people that we can still do what we were sent here to do...and to my Republican friends, I say that rather than making wild claims about a government takeover of health care, we should work together to address any legitimate concerns you may have.”³⁷ Obama continues, “[this] plan incorporates ideas from many of the people in this room tonight—Democrats and Republicans. And I will continue to seek common ground in the weeks ahead. If you come to me with a serious set of proposals, I will be there to listen. My door is always open.”³⁸ By incorporating both parties and seeking not to alienate but instead unite, President Obama becomes one step closer to reaching his goal of healthcare reform.

The second instance of Congressional unification pertains to the six-paragraph dedication/appeal to Congress dealing with their recently passed friend and fellow Congressman, Ted Kennedy. President Obama strategically weaves commemorative elements into the speech in an attempt to reach members of Congress. Obama strategically, though not distastefully, reminds the Congressional audience of their fellow colleague's healthcare agenda—his lifelong goal—and they are invited to “contemplate and consider”³⁹ his agenda while also being asked to commemorate and ensure a lived legacy. President Obama explains,

[Ted] expressed confidence that this would be the year that health care reform—‘that great unfinished business of our society,’ he called it—would finally pass. He repeated the truth that health care is decisive for our future prosperity...people of both parties know what drove him was something more. His friend Orrin Hatch—he knows that. They worked together to provide children with health insurance. His friend John McCain knows that. They worked together on a Patient’s Bill of Rights. His friend Chuck Grassley knows that. They worked together to provide health care to children with disabilities. On issues like these, Ted Kennedy’s passion was born not of some rigid ideology, but of his own experience. It was the experience of having two children stricken with cancer. He never forgot the sheer terror and helplessness that any parent feels when a child is badly sick. And he was able to imagine what it must be like for those without insurance, what it would be like to have to say to a wife or a child or an aging parent, there is something that could make you better, but I just can’t afford it.⁴⁰

By specifically addressing certain Congressional members, all of who are Republican and deemed the opposition, President Obama appeals directly to the very people who oppose reform. The underlying rhetorical message to the members of Congress was that because their friend, Ted Kennedy sought to change health care, they should feel compelled to do the same. By including a naturally pathetic appeal Obama is able to not only capitalize on the eulogistic significance but also the pathos aspect of such a scenario.

American Character

The concluding section of the speech was a final appeal for unity as well an invocation of the American spirit. President Obama says, “that large-heartedness—that concern and regard for the plight of others—is not a partisan feeling. It’s not a Republican or Democrat feeling. It, too, is part of the American character—our ability to stand in other people’s shoes: a recognition that we are all in this together...I still believe we can act even when it’s hard...I still believe we can replace acrimony with civility, and gridlock with progress. I still believe we can do great things, and that here and now we will meet history’s test.”⁴¹ Attesting to the American character and its inclusion of all individuals of this nation in turn puts responsibility on those who have the power to change current policy. The people who have the power to change healthcare are the very people President Obama is addressing—all citizens but especially members of Congress. By not acting, we as Americans are not living up to the full understanding and acknowledgement of the American character. To disregard such character is to go against what is essentially American. Thus, in order to live up to Americanism action must be taken to pass health care reform. All of this could not have been said at the beginning of the speech but without a proper chronological discussion of the *need* to

change current policy. Once the need was realized the annunciation for the future benefit of this country could commence.

Judge-With

With this speech, President Obama began the very arduous task of winning over the American public and Congress for the purposes of health care reform. But this entire second step of the judgment process, which was the act of giving the speech, needed to commence so as to get to the third and last characteristic of the *phronimos*, which is inviting the audience for judgment. This last element of the *phronesis* step involves not simply the rhetor's ability to judge the situation but also to judge-with or be among the citizens. Thus, not only is this essential to the deliberative process but through the use of various rhetorical tools President Obama was strategically engaging his audience to ask for their judgment and to judge-with him and his health care proposal.

Obama's "jargon-free" use of language aimed to reduce confusion regarding the health care proposal. President Obama, realizing that legislative ambiguity was leading to grotesque accusations and misinformation, decided at this certain time (*kairos*) and during this particular address to respond to these allegations. It is judging the occasion and audience that enables President Obama strategically to engage his audience and invite them to participate in the judgment of his plan for health care reform. By enacting the faculty of *phronesis* President Obama chose the appropriate response to the situation—education and confrontation of opposition—which aided in his overall agenda of rallying support for reform.

Second, by explaining his proposal and confronting the opposition through the dialectic of fabrication versus rationality, Obama is able to begin to refute some of the

objections raised during the summer debates. By telling the public that this is what we as citizens should be concentrating on, “this is what every American needs to know,”⁴² instead of on the false issues, Obama is asking the audience to essentially judge with him the validity of the health care proposal by choosing to focus on the real instead of the fallacious. Murphy explains that when *phronesis* is enacted, “...substantive arguments and stylistic elements come together in an organic act that invites participation.”⁴³ The factual arguments Obama presents, combined with refutation and enacted through *phronesis*, invite the audience to judge with the speaker and then consider the ends and actions that might contribute to the “good for the citizenry and the state.”⁴⁴ Finally, by pleading for unity President Obama can once more ask the audience to judge-with him and his proposal.

Conclusion

Throughout the speech, President Obama strategically engages his audience members in appeal for action. Through this deliberative address Obama argues for the advantageous nature of health care reform while asking the audience for participation. He strategically develops his argument by starting with the economy and history beginning to develop the need for health care reform. Once the need was established, through the explanation of cost, statistics and narrative (affect), President Obama presented his own proposal for health care reform. Quickly, using the dialectic of fabrication versus rationality and refuting the opposition, Obama is able to invite his audience for participation and judgment, regarding the truthfulness of his own claims concerning health care. Lastly, in the attempt to unify the divided Congress and nation, Obama utilizes key strategies pertaining to Congressional panegyric and American

character all in an effort to synthesize his efforts for health care reform. Ultimately, President Obama by way of differing rhetorical stratagems and by possessing *phronesis*, acted at a *kairotically* opportune moment, within a specific situation, invites the audience to judge-with him and his health care proposal for the future benefit of this country and its citizens.

Notes

- ¹ “2009 Congressional Recess Schedule, 111th Congress, First Session,” <http://www.dsca.mil/programs/LPA/2009/recesscalendar2009.pdf>
- ² Trish Turner and Chad Pergram, “Health Care to dominate lawmakers’ summer recess after quick deal eludes Congress,” Fox News, July 29, 2009, <http://www.foxnews.com/politics/2009/07/29/health-care-dominate-lawmakers-summer-recess-quick-deal-eludes-congress/>
- ³ Gerald Seib, “Obama hurt by hands-off strategy,” *Wall Street Journal*, September 1, 2009, <http://online.wsj.com/article/SB125174752477973547.html>
- ⁴ Gerald Seib
- ⁵ Gerald Seib
- ⁶ President Barack Obama, “Remarks by the President to a Joint Session of Congress on Health Care,” September 9, 2009, http://www.whitehouse.gov/the_press_office/remarks-by-the-president-to-a-joint-session-of-congress-on-health-care/, ¶ 2, 3.
- ⁷ President Barack Obama, ¶ 5
- ⁸ President Barack Obama, ¶ 6
- ⁹ President Barack Obama, ¶ 7, 8
- ¹⁰ John M. Murphy, “The Light of Reason: Robert F. Kennedy on Vietnam,” in Karlyn Kohrs Campbell and Thomas R. Burkholder, *Critiques of Contemporary Rhetoric* (San Francisco: Wadsworth Publishing Co., 1997), 178.
- ¹¹ John M. Murphy, 178
- ¹² John M. Murphy, 178; 177
- ¹³ President Barack Obama, ¶ 8
- ¹⁴ ¹⁴ President Barack Obama, ¶ 11, 12
- ¹⁵ W. Lance Bennett and Murray Edelman, “Toward a New Political Narrative,” *Journal of Communication* 35 (1985): 156.
- ¹⁶ John Louis Lucaites and Celeste Michelle Condit, “Re-constructing Narrative Theory: A Functional Perspective,” *Journal of Communication* 35 (1985): 94.
- ¹⁷ Lucaites and Condit, 90

- ¹⁸ Bennett and Edelman, 156
- ¹⁹ President Barack Obama, ¶ 10
- ²⁰ President Barack Obama, ¶ 20
- ²¹ President Barack Obama, ¶ 21; 24; 26
- ²² Karen Tumulty as cited in “Obama Health Care Speech Reactions,” *Huffington Post*, September 9, 2009, http://www.huffingtonpost.com/2009/09/09/obama-health-care-speech_n_281517.html
- ²³ Joe Klein, “Obama’s Appeal: A Test of National Character,” *Time Magazine*, September 10, 2009, <http://www.time.com/time/politics/article/0,8599,1921451,00.html>
- ²⁴ President Barack Obama, ¶ 29
- ²⁵ President Barack Obama, ¶ 41
- ²⁶ President Barack Obama, ¶ 51
- ²⁷ President Barack Obama, ¶ 34; 35
- ²⁸ Henry J. Kaiser Family Foundation, “Explaining Health Care Reform: What are Health Insurance Exchanges?” *Focus on Health Reform* (May 2009), <http://www.kff.org/healthreform/upload/7908.pdf>
- ²⁹ President Barack Obama, ¶ 30
- ³⁰ Sarah Palin, “Statement on the current Health Care Debate,” August 7, 2009, http://www.facebook.com/note.php?note_id=113851103434
- ³¹ Charles Grassley as cited in Sam Stein, “Grassley endorses ‘Death Panel’ rumor: ‘You have the right to fear,’” *Huffington Post*, August 12, 2009, http://www.huffingtonpost.com/2009/08/12/grassley-endorses-death-p_n_257677.html
- ³² President Barack Obama, ¶ 31
- ³³ President Barack Obama, ¶ 33
- ³⁴ Barack Obama as cited in Kathleen Gilbert, “Obama calls abortion funding in healthcare legislation a ‘fabrication,’” August 20, 2009, <http://www.lifesitenews.com/ldn/2009/aug/09082002.html>
- ³⁵ Barack Obama as cited in Kathleen Gilbert

³⁶ Joe Klein

³⁷ President Barack Obama, ¶ 19; 39

³⁸ President Barack Obama, ¶ 53

³⁹ For more information on eulogistic reasoning refer to Karlyn Kohrs Campbell and Kathleen Hall Jamieson, *Presidents Creating the Presidency: Deeds Done in Words* (Chicago: University of Chicago Press, 2008), 102-103.

⁴⁰ President Barack Obama, ¶ 58; 61; 62

⁴¹ President Barack Obama, ¶ 63; 67

⁴² President Barack Obama, ¶ 21

⁴³ John M. Murphy, 174

⁴⁴ John M. Murphy and Barbara Warnick as cited in John J. Murphy, 174

CHAPTER 5

CONCLUSION

This has been an attempt to articulate the *kairotic* and *phronesistic* elements of President Obama's deliberative address. President Obama's enactment of "*kairotic stratagema*" was useful in trying to educate the American public and unify a divided Congress all in the attempt to pass health care reform. In this final chapter I will review and discuss implications for further research.

Overview

Chapter one introduced the controversial and divisive topic of health care reform and provided a brief account of how the United States has tried to deal with that issue in the past. Chapter one also recounted the obstreperous debates over the proposed reform legislation in the summer of 2009 that formed the situational and contextual atmosphere that Obama would later need to address. The chapter then articulated the importance of studying President Obama's response to this situation and proposed a method of analysis revolving around the notion of *kairotic stratagema*, which includes deliberative address, *kairos* (opportune time) and *phronesis* (practical wisdom).

Chapter two fully explored the United States health care environment of the past, including the discussion of health care reform during the 2008 election campaign. The key issues in the summer, 2009, health care debate—cost, bureaucratic intrusion, euthanasia, abortion, illegal immigration and legislative ambiguity—were also explained. Overall, I argued that Obama would need to address these issues that formed the volatile summer atmosphere if he hoped to achieve support for the passing of his health care

agenda.

Chapter three presented the theoretical framework that would be used to analyze President Obama's health care address. I explained why Obama's speech constitutes a deliberative address, as well as the rhetorical importance of *phronesis*, *kairos* and its interaction. Through these explanations I asserted that through the use of deliberative address as well as enacting *kairos* and *phronesis*, President Obama was able to enter into this particular situation at an opportune moment in an effort to achieve passage of the health care bill.

Chapter four was an analysis of Obama's health care speech. Through the explanations of historical affect, proposal clarification, and narration Obama was able to establish the need for health care reform. Once the need was established President Obama specifically addressed each of the six arguments from the opposition mentioned in chapter two. By enacting *phronesis* in combination with *kairos*, Obama was able to use the dialectical juxtaposition of fabrication versus rationality to his advantage. Appeals for Congressional and National unity ended the speech.

Implications

This examination of the Obama health care address provides several valuable insights. First, in terms of aesthetics and rhetorical sophistication, the health care speech was well done. From an Aristotelian perspective it had all the necessary rhetorical elements of timing and practical wisdom. It included the artistic proofs of *ethos*, *pathos* and *logos*, which are all necessary for the persuasive process and essential when dealing with the dialectical juxtaposition of fabrication versus rationality, which were used to

refute objections raised by the opposition. Combining this with the additional tactics of historical affect, narration and explanation of the reform proposal as well as appealing for Congressional and National unity, this concluded the President's message on health care.

Perhaps most admirable was the timing of the speech in order to positively influence the last Congressional support needed for the bill. As detailed in the previous chapter, President Obama strategically waited until the last Congressional committee was about to vote on their final version of the bill to address Congress and the American public. Waiting for the opportune moment demonstrated Obama's sense of *kairos*.

Why, then, was there still so much division even after the speech? Obama's purpose in presenting this speech was to unite his audiences in support for his health care proposal, but the health care bill passed not due to the President's speech and sense of timing but instead due to legislative manipulations by the Democrats. As detailed by Cybercast News Service, "a bitterly divided House of Representatives...passed...health care legislation 219-212...with not a single Republican voting in favor [and] thirty-four Democrats voting against..."¹ Also, as Patrick Goodenough reports, it was Democratic stratagem, specifically by President Obama that enabled the House to secure the health care votes. As Goodenough explains, "having struck a deal earlier in the day to head off a small but potentially decisive rebellion by Democrats over abortion funding, President Obama reportedly watched the televised vote tally at the White House...[and] cheers erupted in the room when the 'ayes' reached the 216 votes required for the bill to pass."² Thus rather than through a carefully orchestrated speech given at an opportune moment intended to bring about unification for the purposes of health care support, it was legislative manipulation that allowed for the health care bill to actually pass.

Despite the artistic or aesthetic quality of the speech, it nevertheless failed to produce the public and Congressional unity that Obama sought. One likely reason for Obama's failure to unify the nation and Congress was that the *logos* of his case for health care reform could not overcome the *pathos* of his opposition. In other words, Obama's reasoned approach to judging the health care reform bill could not overcome the opponents' appeals that were grounded in emotion. Though the opposition had many tactics aimed at impeding Obama's reform effort, the three most prevalent emotional ploys revolved around abortion, euthanasia and illegal immigration. As demonstrated by the summer town hall debates, these emotionally charged issues, often developing through the opposition's unsubstantiated claims, dominated the discussion. Even while President Obama spoke on such issues, citizens were far from convinced that he was telling the truth. The dialectic of fabrication versus rationality was intended to overcome that problem, but opponents had already been persuaded by the power of *pathos*.

Aristotle seems to take an ambivalent position regarding the use of *pathos*. He initially claims that it is "...wrong to warp the jury by leading them into anger, or envy or pity..."³ but despite this condemnation, he also attests to the persuasive power of emotional appeals. He continues by stating, "[there is persuasion] through the hearers when they are led to feel emotion [*pathos*] by the speech; for we do not give the same judgment when grieved and rejoicing or when being friendly and hostile."⁴ Recognizing that when emotional ploys are used—versus logical or ethical means—that the persuasive effect changes, certifies the rhetorical significance of *pathos*. Though, as Aristotle claims, *pathos* should be censured to an extent, he cannot ignore the persuasive influence this single artistic proof carries. Thus, he dedicates nine chapters within Book II of his

Rhetoric treatise to specifically detailing the uses of *pathos*. As George Kennedy explains, in regard to these nine chapters, “the primary rhetorical functions of the [pathetic] account is apparently to provide a speaker with an ability to arouse...emotions in an audience and thus to facilitate the judgment sought.”⁵ Kennedy continues by stating, “...how to arouse emotion against an opponent and how to refute an opponent’s claims to the sympathy of an audience,”⁶ is a powerful feature of the pathetic function. Though Aristotle initially is suspect of such a rhetorical function he cannot help but offer detailed explanations and/or suggestions for its use. The *Stanford Encyclopedia of Philosophy* further synthesizes the power of emotions over logical or ethical appeals:

The power of emotions [seems] to rival, weaken or bypass reason. Emotion challenges reasons in all three of these ways...it competes with reason for control over action; even when reason wins, it faces the difficult task of having to struggle with an internal rival. Second...it temporarily robs reason of its full acuity, thus handicapping it as a competitor...and third, passion can make someone impetuous; here its victory over reason is so powerful that the latter does not even enter into the arena of conscious reflection until it is too late to influence action.⁷

Further, when such powerful pathetic appeals become tied with religious, ethical, moral and/or value systems the influential effect becomes monumental. George Ellis explains,

[Values are] the highest level in our goals hierarchy, shaping all the other goal decisions by setting the direction and purpose that underlines them: they define the ‘Telos’ (purpose) which guides our life...they set the framework within which choices involving conflicting criteria will be made and guides the kinds of

decisions that will be made.⁸

Thus, if the opposition is able to sway public opinion on such issues regarding abortion, euthanasia and illegal immigration, which register with the very value system certain Americans have, the pathetic influence could be significant. Given the circumstances, Obama did his best in trying to combat such issues but I believe ultimately failed in light of the persuasive influence of ethical and pathetic appeals.

This study also has implications for further research. First, this project may begin to hint at the link between *kairos* and failure. Meaning, if a rhetor fulfills the *kairotic* expectation of the situation but fails to produce an effective result, what then does that say about *kairos*? Scholars may assert that this simply means the rhetor didn't meet the occasion and was unsuccessful. I argue that, given the circumstances, President Obama did possess and enact both *phronesis* and *kairos* but still failed in light of the speech. Thus the importance of possibly exploring the relationship between *kairos* and failure as well as seeing if they can co-exist would be a worthwhile rhetorical investiture.

Second, although many scholars have explored the rhetorical dimensions of *kairos* and *phronesis* separately, most have not recognized the symbiotic relationship they share. Though Phillip Sipiora and James Baumlin⁹ have begun to investigate this relationship, this project serves as a much more concrete model for rhetorical exploration. Presenting a *kairotic* anthology of differing literary texts from a wide variety of authors, Sipiora and Baumlin embark on a rhetorical exploration that is intended to reveal the important dimensions of *kairos* and its strategic use within the world today. For example, Sipiora explains first, in relation to Isocrates that, “one of Isocrates' important contributions to rhetorical history is his conjoining of *phronesis* or ‘practical wisdom’

and pragmatic ethics within the ‘situation’ and ‘time’ of discourse, an emphasis upon contexts that gives primacy to the kairic dimensions of any rhetorical act.”¹⁰ Surely *kairos* has to be one dimension of *phronesis*, as rhetorical timing is naturally a part of possessing practical wisdom. A rhetor cannot act at an opportune moment without first acknowledging that that moment has some *kairotic* significance. The ultimate purpose then of Sipiora’s introduction is to demonstrate the rhetorical significance of the conjoining of *kairos* and *phronesis*.

Thus, this rhetorical examination acts as a stepping-stone from Sipiora and Baumlin’s introduction by providing a contemporary example of this connected relationship. Further, this investigation provides the realm of rhetorical studies with a specific illustration and demonstration of the relationship between *kairos* and *phronesis*. President Obama could not act without first identifying the opportune moment. It is only by having this knowledge that he could then identify the *kairotic* element of the situation. Obama’s practical wisdom enables him to see the effectiveness of rhetorical timing that would ultimately benefit his overall mission. By utilizing these two together instead of treating them as separate entities, the realization of the interdependency of rhetoric, timing and practical wisdom becomes essential to effective rhetorical discourse.

Notes

¹ Patrick Goodenough, “A divided House passes health care bill after Obama deal refuses abortion rebellion,” CNS News, March 22, 2010, <http://www.cnsnews.com/news/article/63122>

² Goodenough

³ Aristotle, *A Theory of Civic Discourse: On Rhetoric*, trans. George Kennedy (New York: Oxford University Press, 1991), 30.

⁴ Aristotle, 38

⁵ George Kennedy, 122

⁶ George Kennedy, 122

⁷ Aristotle’s Ethics, “*Akrasia*,” Stanford Encyclopedia of Philosophy, <http://plato.stanford.edu/entries/aristotle-ethics/>.

⁸ George Ellis, “The Myth of a Purely Rational Life,” *Theology and Science* 5 (2007): 89.

⁹ Phillip Sipiora, “Introduction,” in Phillip Sipiora and James Baumin, *Rhetoric and Kairos: Essays in History, Theory and Praxis* (Albany, NY: State University of New York Press, 2002), 1-22.

¹⁰ Sipiora, 8

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