

# THE OBAMA PHENOMENON

## - A COMPARATIVE RHETORICAL ANALYSIS



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## Fænomenet Obama – En komparativ retorisk analyse

Dette speciales fokus er at undersøge, hvorfor Barack Obama bliver beskrevet af journalister, politiske kommentatorer, tilhængere og andre der følger den amerikanske præsidentvalgkamp, som en ualmindelig begavet taler i forhold til hans modstandere. Dette bliver undersøgt ved hjælp af en retorisk komparativ analyse. Det komparative element ligger i at jeg sammenholder Barack Obama's retorik med en af Obama's vigtigste konkurrenter under valgkampen, Hillary Clinton. Analysen i specialet er en retorisk analyse baseret på den retoriske tradition grundlagt i oldtidens Grækenland og Rom. Analysen tager udgangspunkt i taler leveret af Barack Obama og Hillary Clinton under det demokratiske primærvalg i 2008, i USA. Perioden op til det demokratiske primærvalg i 2008 er præget af stor utilfredshed med den nuværende præsident George Bush og den kurs nationen har ført de sidste otte år. Dette har lagt grobund for et ønske om en ny kurs i USA, et ønske om forandring. Udoover den general utilfredshed med den kurs nationen har ført de sidste otte år er der også en utilfredshed blandt amerikanere over at Demokrater og Republikanere ikke samarbejder på tværs af partilinjerne. De taler der bliver analyseret i dette speciale omhandler det amerikanske sundhedssystem mere specifikt sundhedsforsikring. Analysen i specialet har fundet at både Obama og Clinton bruger mange af de samme retoriske elementer og strategier til at præsentere den virkelighed de ønsker at publikum skal opleve, og til at skabe overbevisning om at amerikanerne skal vælge netop deres sundhedspolitiske plan. Talerne er for så vidt meget ens, men dette betyder ikke at der ikke er eksempler der kan være med til at forklare hvorfor Obama bliver beskrevet som han gør. Analysen i dette speciale har identificeret tre retoriske aspekter der kan være med til at forklare hvorfor Barack Obama bliver beskrevet som en ualmindelig begavet taler i forhold til hans modstander, Hillary Clinton. Det første aspekt er at Clinton bruger sin retorik til at præsentere et meget realistisk billede af hvor svært det er at reformere sundhedssystemet i USA, hvorimod Obama præsenterer en mere optimistisk og positivt fremtidsvision, der giver publikum en tro på at forandring kan opnås. Det andet aspekt er, at Clinton er inkonsekvent i hendes retorik, der omhandler samarbejde på tværs af partilinjerne i USA. Clinton bruger sin retorik til at fortælle amerikanerne at hun ønsker at samarbejde på tværs af partilinjerne, men fremsætter til tider også en fjendtlig holdning til Republikanerne. Obama er meget mere konsekvent og Obama's retorik fremstiller ham som en kandidat der er villig til at arbejde sammen med andre på trods af deres politiske overbevisning. Det sidste aspekt, der kan forklare hvorfor Barack Obama bliver beskrevet som en ualmindelig begavet taler i forhold til Hillary Clinton er, den måde de to talere inkluderer deres publikum i den forandring af sundhedssystemet talerne præsenterer. Clintons brug af de personlige pronominer inkluderer publikum i de problemer det amerikanske sundhedssystem har, men ikke i løsningerne. Obama's brug af personlige pronominer, derimod inkluderer publikum i både problemerne og løsningerne. Derved skaber Obama en følelse blandt publikum at de er med til at løse problemerne, med til at skabe forandring. Disse tre aspekter viser at det er muligt gennem en retorisk komparativ analyse at finde potentielle forklaringer på hvorfor Barack Obama bliver beskrevet som en ualmindelig begavet taler i forhold til hans modstandere.

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## 1. Introduction and research question

The race to become president of the U.S. is a long and grueling one. The presidential candidates begin campaigning well over a year before the actual election and engage in a multitude of speeches designed to convince voters to vote for them as the next president of the U.S. There is always a great deal of enthusiasm and exhilaration surrounding the candidates, but sometimes there are candidates that seem to attract more attention than the others, candidates that seems to shine brighter than the rest. President John F. Kennedy is one such example and in the 2008 presidential election a new political star has exploded on to the national political scene, this candidate is Senator Barack Obama. Barack Obama is regularly described by journalist and commentators as a political phenomenon; David Mendell, a journalist from the Chicago Tribune, who has covered Obama's career for many years, calls Obama *"the most dynamic political figure to grace the American stage since John F. Kennedy"*. Being compared to President Kennedy is for American politics, what being compared to Pele or Jordan is for sports or what being compared to Einstein is for science, it is a very big thing. The question you can ask yourself is then, why is this State Senator from Illinois being elevated to such political stardom and being compared to the likes of one of the most celebrated American presidents, President Kennedy? Naturally American and international political commentators, journalists, supporters and everyone else who follows the American presidential election has an opinion on what it is that Obama does that makes him a phenomenon. And although these pundits use different words all the answers seem to have certain things in common; Robert Samuels from the reputable American newspaper The Washington Post uses words such as *powerful rhetoric* and *captivating oratory* to describe Obama (Samuels, 2008), Associated Press writer Christopher Wills even believes that; *"Obama's speeches are a big reason he has become the Democratic presidential nominee. His keynote address at the 2004 Democratic convention made him a national figure. A fire-up-the-crowd speech in Iowa helped him win that state's presidential caucus. His passionate speeches have attracted thousands upon thousands to his presidential campaign rallies"*. (Wills, 2008). And this sentiment not only found in the U.S., the British newspaper The Telegraph proclaims that; *"Just as those who love opera will do almost anything to hear a favored singer, so those of us who value the art of rhetoric want to go and hear Mr. Obama"*. (Gimson, 2008). Even here in Denmark the question of what makes Obama so special elicits the same kind of response. In an episode of the popular TV show Dags Dato on tv2, where the subject was; is America ready for Obama, the host Poul Erik Skammelsen described Obama as *"an exceptionally talented orator"* (my translation) and later tv2's foreign correspondent in Washington Alan Silberbrandt continued down

this road by saying; *“Obama is strongest when it comes to his rhetoric, this is where he is really strong”* (my translation).

What is clear from this is that all the excitement surrounding Obama has something to do with his oratory and his rhetoric, but while there are plenty of explanations as to what makes Obama so special, none of them answer the question, what makes Obama’s rhetoric so special? What we are hearing and reading is that Obama is such a gifted orator, but what we are not hearing and reading is why, what is it that makes Obama such a gifted orator in the minds of people, politicians and pundits? Answering this, finding the *why*, is the goal of this thesis. And one of the best tools we have available to us to find the *why* is a rhetorical analysis of Obama’s oratory. And while one could analyze Obama’s oratory in isolation, a presidential candidate is not alone on the political stage. When people say that Obama’s oratory stands out, it stands out in comparison with the oratory of others. When pundits say that Obama is strongest in terms of his rhetoric, what they are also saying is that he is then stronger than others. These others are his opponents in the 2008 presidential elections. The context of Obama’s oratory is important and that is why my rhetorical analysis will not examine Obama’s speeches in isolation, but rather in comparison with his main opponent during the 2008 democratic primaries, Hillary Clinton.

The question this thesis seeks to answer by doing a comparative rhetorical analysis of Obama’s and Clinton’s speeches is then; is it possible to find answers to the question; *“What is it that makes Obama’s oratory and rhetoric so special and so special in comparison with his opponents’ oratory? Is it the reality Obama introduces? Is it the style he uses? Is it the topics, argumentation and appeals forms that Obama chooses? Or is it some other rhetorical elements?”*

I am not only going to examine what rhetorical elements are used in the two orators’ speeches, but also comment on why I believed they are used and what the orators want to accomplish by using them. I will do this because when an orator chooses a certain topic, uses a rhetorical style element, appeals to emotions, rationality or highlights his or hers own character there is almost certainly a specific intention behind the choice e.g. framing or discussing issues in a certain way. Just as the *“what”* rhetorical elements are used may hold answers to my research question, so may the *“why”* they are used.

This thesis will be divided into several chapters. In the second chapter titled *-Analytical approach and choices* I am going account for the some of the overall choices I have made in this thesis. In this chapter I am going to discuss why I have chosen rhetoric as the analytical framework, but I am also going to discuss my choice of orators as well as aspects concerning the speeches I am going to analyze.

In the third chapter – *What is rhetoric* I am going outline part of the history of rhetoric in order to provide some background information about the analytical framework I am going to use in the thesis, but also in order to show that rhetoric is an establish area of academic study. I believe this chapter is relevant because many of the terms and theories that emerged centuries ago are still in use today in the academic area of rhetoric.

The fourth chapter – *Theory* will introduce the theory that I am going to use in my analysis. While the third chapter outlined the history of rhetoric I am in this chapter going to elaborate on the theory and terminology that is the theoretical foundation of my analysis in this thesis.

The fifth chapter – *The rhetorical situation* will present the context of the speeches, and the audience and portray the two orators that are the focus of my thesis. This chapter will present a brief biography of both Hillary Clinton and Barack Obama. These biographies will not only present some background information about the orators, but will also include information about the orators' previous rhetorical and political experiences.

In the sixth chapter entitled – *A rhetorical analysis of and Hillary Clinton's and Barack Obama health care speeches* I am going to analyze one speech from each orator. The focus of this chapter is analytical as this is the chapter where I am going to use the theory introduced in the fourth chapter and apply it to speeches delivered by Clinton and Obama. The rhetorical analysis in this chapter will provide me with the data I require in order to answer my research question and will reveal whether I can uncover what lies behind the perception that Obama's oratory and rhetoric is so special and so special in comparison with his opponents' oratory.

After I have analyzed speeches from both Clinton and Obama I am in chapter seven – *Obama and Clinton's rhetoric compared* going to take the findings from my analysis and discuss what makes Obama rhetorically different in comparison to Clinton and what tendencies if any that I have found, which may help explain the hypothesis in my research question. This is the chapter that may reveal what it is that makes Obama's oratory and rhetoric so special and so special in comparison with his opponents' oratory? I am in this chapter not going to summarize the entire analysis, but rather focus on the findings that are relevant in terms of my research question.

The eighth and final chapter – *the conclusion* is where I will answer my research question. The interesting thing is whether or not my analysis has revealed anything that I believe makes Obama's oratory and rhetoric so special and so special in comparison with his opponents' oratory.

## 2. Analytical approach and choices

In this chapter I am going to account for some of the choices I have made in this thesis. The first thing I find important to account for is my choice of rhetoric as the analytical framework from which I am going to analyze the text material. There are several different ways of analyzing language in texts. I have chosen rhetoric because I believe it provides the closest possible analysis of language available. Using rhetoric allows me to examine both the form and content of my text material as rhetoric places equal importance on both these elements. One of the key strengths of a rhetorical analysis is that it does not merely provide a summary of the elements in a speech, but permits one to account for what the orator wants to communicate, what he wants to achieve by this and how the orator achieves this. A rhetorical analysis allows me to examine not only the speech, but also the speaker and the audience. A rhetorical analysis is a critical analysis that reveals the purpose, style, persuasion and more by looking at the whole and its parts using a number of devices. One elegant way of describing rhetoric is that it is the psychology of language because it is dedicated to showing the inner works of language. One of the areas where you can fault rhetorical analysis is that it can be somewhat subjective when analyzing the larger often more physiological aspects of why the orator does or says something. This is because it is difficult to get good objective evidence when you speculate on motives. I do not believe that being subjective is necessarily a problematic issue as long as I clearly state that I am expressing an opinion and not an infallible truth. Subjectiveness is simply a key component of a rhetorical analysis without which you would not be able to reveal the motives or intention behind an uttering unless you had access to the orator's thoughts. This accounts for my choice of analytical framework, but there is also the matter of the orators that I have chosen.

In a comparative analysis as the one in this thesis there are a number aspects concerning orators that have to be considered including who and how many. The choice of Barack Obama as one of the orators included in this thesis cannot come as any surprise given my research question. As I, however, also express in my research question that I seek to explain *"what is it that makes Obama's oratory and rhetoric so special in comparison with his opponents' oratory"* I need to choose one or more additional orators. I am going to compare Obama's rhetoric with a single other orator's rhetoric. While choosing several orators would allow me to have a broader spectrum of material and rhetoric from which to compare with Obama's rhetoric, choosing just the one allows me to go into more detail in my analysis. I have chosen to compare Obama's rhetoric with the rhetoric of Hillary Clinton. I made this choice one because Clinton is a very well known politician both in the U.S. and abroad, and secondly and perhaps more importantly because Clinton was considered Obama's main rival in the 2008 Democratic primary. Clinton being Obama's main rival and also



sharing his title as the front runner in the 2008 primaries means that Clinton is also the candidate Obama is most commonly judged against. With this in mind I found it most relevant and interesting to compare Obama's rhetoric with that of Clinton's. Apart from the choice of analytical framework and orators I also have to choose what material to examine in my analysis.

The material I am going to examine in my analysis is two complete speeches, one speech delivered by Clinton<sup>1</sup> and one delivered by Obama<sup>2</sup>. I have included transcripts of the speeches complete with numbered lines in the appendix section. The reason I have chosen two complete speeches and not a larger number of speeches is because it allows me to analyze a whole instead of partial speech fractions. I consider it important to analyze complete speeches because rhetorical elements in one part of the speech may be built upon later in the speech, or even connected to elements in other parts of the speech. Analyzing complete speeches also allow me to examine whether the orators use conflicting rhetoric in different parts of the speech and it also allows me to analyze whether the orators are using some form of rhetoric consistently or inconsistently. I could also possibly do these things using multiple speech fractions, but this would be complicated by the fact that rhetorical strategies are anchored to the rhetorical situation e.g. context, audience, speech type and more. It would therefore be difficult to compare rhetoric across different rhetorical situations as the orators may vary their rhetoric considerably depending on the situation. Since I will be analyzing speeches from two different orators one could argue that I am already comparing rhetoric across different rhetorical situations. It is, however, a matter of limiting the number of variables and analyze Obama and Clinton's rhetoric under as similar rhetorical circumstances as possible. One of the ways I am going to limit the impact of different rhetorical situations is by choosing the same subject matter. The subject matter of the speeches I have chosen is health care. I could have chosen a different subject matter for the speeches as the main selection criteria was that the subject matter had to be the central issue in speeches delivered by both Obama and Clinton. However, because my intention is still to analyze Obama and Clinton's rhetoric under as similar rhetorical circumstances as possible I researched which subject matters allowed this and made the decision that health care was most suitable. Another factor is that although it is a well known fact that politicians receive help from speechwriters I do not find it relevant to focus on this fact in my analysis as the speeches express the orators' beliefs and positions. When the orators' verbalize the speech they make the words their own and what part speechwriters have in the speeches is not something that is transparent for the audiences or me.

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<sup>1</sup> A transcript of Hillary Clinton's health care speech can be found in appendix a.

<sup>2</sup> A transcript of Barack Obama's health care speech can be found in appendix b.

This concludes the Analytical approach and choices chapter. The next chapter will look at what rhetoric is and will outline the history of rhetoric.

### **3. What is rhetoric?**

Rhetoric is commonly defined as the art of speaking and is a discipline that deals with the use of written or spoken language that informs, persuades or motivates an audience. This is a very broad definition of rhetoric and as the next section will show this definition and the perception of what constitutes rhetoric has changed over time.

#### **3.1 Rhetoric – An historical overview**

In this section of my thesis I am going to outline part of the history of rhetoric as well as mentioning some of the most important rhetoricians whose thoughts and theories have had a significant impact on the evolution of rhetoric. Rhetorical communication has a long history. Rhetoric has been an area of study for more than 2500 years. It would be impossible to summarize the entire history of rhetorical communication in this paper as it is very extensive. I, however, feel that it is necessary to dedicate some space to the history of rhetorical communication as it serves as a good place to start when trying to understand rhetoric and the importance of rhetoric in communication. Many terms and theories still in use today within the academic area of rhetoric were coined a long time ago. This section will demonstrate that there are several different traditions within the area of rhetoric and that these traditions have different and opposing ideas of what rhetoricians and rhetorical teachings should put emphasis on.

The earliest writings on rhetorical communication dates back several thousand years. These early texts contained advice on how to speak effectively it is, however, commonly agreed upon that the rhetorical communications tradition, as we know it today, was founded in Greece a couple of thousand years after the earliest writings (McCroskey, 2006, p. 5). It is in this period around 400 to 300 BC modern rhetorical communication has its roots. The word rhetoric originates from the Greek word *rhetor*, which was used as a term for a public speaker or a person arguing in courts cases (Andersen, 2004, p. 11). It was in these areas rhetorical communication was originally used (Andersen, 2004, p. 15). It is nonetheless important to note that although these two areas were the primary focus of rhetorical communication, rhetoric is not limited to these two areas and when defining Rhetoric and rhetorical communication one also needs to include several other communicative situations. It is when trying to state what rhetoric and rhetorical communication is things begin to become complicated because even in its infancy, in the Greek period, rhetoric was viewed differently.

In the Greek period there seems to be two rhetorical traditions that of the sophists and the tradition founded by Plato at his academy.

Originally the term Sophist referred to a teacher and teachers of rhetorical communication were in such a high demand in the Greek period that lucrative schools were established dedicated to the teaching of public speaking. The sophists were in such high demand primarily because of the system of government in ancient Greece. In Ancient Greece the system of government was direct democracy, which meant that all citizens were expected from time to time to participate in different ruling councils and this meant that they would need to be able to speak in public. One of the leading sophists of his time was Gorgias (485-380 B.C.E.). Gorgias has had a significant impact on western rhetoric especially because he introduced a completely new type of prose. Gorgias believed that it was not enough for speakers to use intellectual argumentation they also needed to use words in an aesthetic way. Especially in epideictic speeches Gorgias used tropes, figures, short rhythmic phrases, antitheses and puns as a way of using the persuasive power of words (Andersen, 2004, p. 134). The sophists taught and believed that a speaker could achieve his intended effects by using the persuasive power of the speaker and his discourse (Bitzer, 1998).

The Sophists teachings and beliefs, however, lead to one of history's most famous attacks on rhetoric which was penned by one of the most significant rhetoricians ever to have lived namely Plato. Plato was the headmaster of the Academy in Athens, which taught among things rhetoric. Plato denounced sophistic rhetoric as sham, a kind of cookery, which substitutes appearance for reality and probability for truth. One of Plato's main points in his attack on the sophists was that no matter what expert, a person skilled in the art of speaking is up against; the person skilled in the art of speaking will be able to be more persuasive in large crowds. Put very simply Plato's point is that the sophists' rhetoric was merely flattery of the audience (McCroskey, 2006, p. 6).

The next important rhetorician I am going to present here is Plato's star pupil Aristotle. Aristotle's (384-322 B.C.E.) impact on the field of rhetoric was enormous. Aristotle was a student under Plato at the academy in Athens. Of the writings of Aristotle that survived in complete form one of the most important was "*On Rhetoric*". "*On Rhetoric*" is a systematic exposition of the subject of rhetoric and has been the basis of many later textbooks on rhetoric. Aristotle's system of rhetoric is believed to have been heavily influenced by his teacher Plato, and as Plato; Aristotle emphasized the importance of the logical argument and knowing the subject to be discussed (Kennedy, 2007, pp. 1-17). Aristotle dismisses Gorgias as a "frigid" stylist who indulges in excessive use of compound words this language (Aristotle, I.1405b). Aristotle also faults Gorgias for overly poetic language (Aristotle, III.1406b). The rhetorical terms Logos, pathos and ethos and the classification of topics can be traced back to Aristotle and as these are important terms and I will return to

these in the theory chapter. Aristotle states that there are three different kinds of audience and therefore three different types of speeches; deliberative, forensic, and epideictic speeches. The deliberative speech is the political speech or the speech that gives advice both public and private. The Two other speech types are the forensic speech, and the epideictic speech which has the subject of praise or blame (Aristotle, I)

Isocrates (436-338 B.C.E.) was another important rhetorician. He was most likely a student of Gorgias and continued Gorgias style of rhetoric. Isocrates ran a school that was in direct competition with Plato's academy and sources indicate that there was a history of hostility between Isocrates and those who followed Plato's school of thought most important of which was undoubtedly Aristotle. The most evident differences between Aristotelian and Isocratean teachings is the great emphasis put on truth, knowledge of a subject and logical argument by Aristotle compared with Isocrates' tendency to focus on style. Isocrates sought to teach his students moral behavior so that they would through their speeches introduce noble and virtuous ideas that could be implemented in the Athenian society. Isocrates did this to counter the criticism that sophist rhetoric was mere flattery (Kennedy, 2007, p. 13).

As Rome expanded and the Roman Empire grew the Romans overtook Greece and Athens as the prominent power in Europe. The Romans continued the development of rhetoric.

An important Roman rhetorician was Cicero. Cicero (106 – 43 B.C.E.) was a Roman politician with a remarkable career in Roman politics. To prepare himself for his political career Cicero studied among things rhetoric. Cicero was considered a great orator in his time. Ciceronian rhetoric is a product of the meeting of some of the features from Greek rhetoric and some from the early Roman rhetoric. Cicero believed that an orator should be generally very knowledgeable because as he says *"what can be more insane than the hollow sound of even the best and most distinguished words, if they are not based upon thought and knowledge?"* (May, 2002, p. 387). Cicero also believed that orators should join eloquence with integrity and the highest measure of good sense. Cicero believed that it is necessary to join moral qualities to eloquence otherwise we *"will put weapons in the hand of madmen."* (May, 2002). In other words an orator needs to be moral in order to guarantee that he will not abuse his rhetorical skills. Cicero's ideal orator would be a statesman who combines eloquence with universal knowledge

Quintilian (35-98 B.C.E.) was not a professional political orator in Rome, but he was the first Roman professor of rhetoric and was considered an eminent teacher and a very competent academic rhetorician. He was the author of one of history's most significant works on rhetoric, which are the twelve volumes that comprise the *"Institutio Oratoria"*. *"Institutio Oratoria"* is regarded as one of the most thorough works on rhetoric in antiquity. In *"Institutio Oratoria"* Quintilian summarizes, criticizes, develops upon and

communicates the more than a hundred years worth of rhetorical theory that precedes his work (Andersen, 2004, p. 6). Quintilian believed that orators must have a high moral character, knowledge of a broad range of subject and it is imperative to Quintilian that the orator knows the subject of which he speaks in depth. Quintilian believed that style while being the most difficult aspect of rhetoric should also be the chief object of study. But Quintilian also adds that one should be careful not to be too focused on the excessive use of words independent of matter. *“One should, Quintilian says, devote care to words, but even more to matter. Beauty of style is best when it comes naturally and is not deliberately sought after. Attention to style may defeat its own ends if carried to excess.”* (Clarke, 1996, p. 114).

The reason I included this chapter was one to show that rhetoric is an established area of academic study and has been for almost 2500 years. I also, however, included this chapter because many of the terms and theories that emerged in ancient Greece and Rome are still in use today. Rhetorical elements such as ethos, pathos and logos, topics, speech types, style, and the ideas of the importance of the morality or knowledge that orators possess are all elements that will feature in this thesis. These elements and more will of course be elaborated upon in the next chapter, which is the chapter where I will be introducing the theory that I am going to use in my analysis.

## 4. Theory

In the - *what is rhetoric* chapter I introduced some terminology which was formulated centuries ago. In this theory section I am going to elaborate on the relevant theory and terminology that is the theoretical foundation of my analysis in this thesis. This chapter will be divided into smaller sections dealing with the specific rhetorical elements that I am going to use in my analysis.

### 4.1 Speech types and arrangement

The first rhetorical aspect I am going to mention in this theory chapter is speech types. I briefly mentioned in the – *what is rhetoric* chapter, that rhetoricians distinguished between three kinds of speeches. The first type is the deliberative or political speech. This type of speech deals with all that has to do with politics and public affairs. This type of speech is also sometimes called the advisory speech because deliberative discourse is used to persuade someone to do something, or to get someone to accept the orator's point of view, in other words to encourage or discourage action (Aristotle, I.1358b). In ancient Greek times this could be issues such as whether to go to war, issues concerning taxes, building temples and bridges etc. This is also why, according to Aristotle, deliberative speeches are always concerned with the future, e.g. the issue being discussed is either something that will be done in the future or not (Aristotle, I.1358b).

The second type of speech according to the rhetoricians is the forensic speech, also sometimes referred to as legal or judicial oratory.

The third type of speech is the epideictic speech. If this kind of speech is to be given a more easily understandable title it could be called the ceremonial speech. This kind of speech is more concerned with pleasing or inspiring an audience and not so much with persuading an audience. According to (Corbett, 1990) this type of speech is usually the most ornate of the three speech types. According to Aristotle this type of speech is concerned primarily with the present (Corbett, 1990, p. 29). The most common topics found in epideictic speeches in ancient Greek times were honor and dishonor or in other words praise and blame (Aristotle, I.1358b).

For each of these speech types there is a specific *dispositio* or arrangement (Corbett, 1990, p. 25). *Dispositio* is the part of rhetoric that follows the discovery of ideas and arguments and is concerned with the effective and orderly arrangement of the written speech. In simple terms a speech is made up of a beginning, a middle part and an ending. Roman rhetoricians further divided the parts of a speech into six

parts; the introduction, the statement or exposition of the case being discussed, the outline of the points or steps in the arguments, the proof of the case, the refutation of the opposing arguments and the conclusion (Corbett, 1990, p. 25). The above mentioned arrangement is in general terms, but arrangement is also connected with speech type. The three speech types have different arrangements or are divided into different parts. The political speech typically contains an introduction, an exposition of the case under discussion, a presentation of a proposal, a section that presents arguments for or against the proposal and a conclusion. The epideictic speech contains an introduction, a section of acknowledgment, a section where the orator expresses praise and critique and before the end a section where the orator expresses sadness or encouragement. The disposition of the judicial speech is not relevant in terms of this thesis.

The interesting thing and the reason I have included *dispositio* is to see if Clinton and Obama have significantly different arrangements of their speeches.

## 4.2 Appeal forms

According to Aristotle orators persuade listeners by three means, which he called the three appeal forms. The three appeal forms are; the rational appeal (logos), the emotional appeal (pathos) and the ethical appeal (ethos) (Aristotle, I. 1356a ). These appeal forms are in sense arguments as the orator is appealing to the audience's reason or understanding, passions or emotions or trust and admiration (Corbett, 1990, pp. 23-24). What type of appeal form an orator uses is most commonly determined by the nature of the speech and the audience. These appeal forms are interesting in the context of my analysis because, as I am analyzing how two orators deal with the same subject, the two orators might use different appeal forms, use appeal forms in a different way or use appeal forms with different underlying intentions.

When using logos an orator is trying to persuade his audience by appealing to their reason. All knowledge and proof is acquired or achieved through deduction or induction. Deductive and inductive reasoning in its true form can be found in e.g. scientific articles. In scientific articles authors have to employ full-fledged deductive reasoning to convince their colleagues of the accuracy of their work. The appeals to reason orators use are an adaption of strict logic, but they do not violate the principles of strict logic (Corbett, 1990, pp. 39-69). The arguments used are the same type only used differently and for different purposes. Strictly logical arguments favor the issue itself and its most important facts, while rhetoric favors the audience and the facts or evidence that is most important to them. Orators do not have the luxury of presenting a series of particular instances and supporting evidence because they only have a limited



amount of time and cannot afford to bore their audience with exhaustive amounts supporting evidence. According to Aristotle orators do not have to include all parts of an argument as they can base their arguments and evidence on the things the audience finds relevant or already knows (Aristotle, I.1357a). As I am not applying a logical layer to my analysis e.g. testing the validity of arguments, I am not going to go into more detail on deduction and induction. What I am going to do in terms of logos is identify when the orators are using the logos appeal and from there examine the topics they use to make their rational arguments. Topics will be explained later in this chapter.

The second type of appeal form specified by Aristotle is pathos. This is the appeal to the emotions of the audience. One could also call it an appeal to the audience's sympathies and imagination. Intellectual conviction is often not enough to move people's will to act. One of the reasons an appeal to the emotions of an audience is useful to an orator is that emotions are something that can make them change their opinions on issues. Aristotle states that *"There is persuasion through the hearers when they are led to feel emotion by the speech; for we do not give the same judgment when grieved and rejoicing or when being friendly and hostile."* (Aristotle, II.1378a). (Corbett, 1990) summarizes the power of an appeal to emotions well when he says; *"Since it is our will ultimately that moves us to action and since emotions have a powerful influence on the will, many of our actions are prompted by the stimulus of our emotions"*. According to (Kastely, 2004) an argument only works rhetorically if it engages or moves the audience in such a way that they are moved to action or make a certain judgment, and to accomplish this the argument must speak to their ethical or emotional investment in a particular situation. Pathos can also be used to establish a shared common feeling among the members of an audience. The Pathos appeal can be realized in a number of different ways e.g. choosing a topic that evokes the emotions of the audience, choosing words or language that is strongly emotionally charged etc.

The third appeal form is ethos. This is the appeal form that focuses primarily on the orator's character. Ideally people should conduct discussions exclusively on the level of reason, but rhetoricians are realistic enough to recognize that people are moved by passion and will, and not only intellect. What this meant to Aristotle was that he recognized that even the cleverest and soundest appeal to reason could fail if the audience reacts unfavorably to the orator's character (Aristotle, I.1356a). Roman rhetorician Quintilian believed that if the audience was to believe in the issue at hand in a speech, they would first have to believe in the orator (Andersen, 2004, p. 35). Aristotle believed that the orator's character becomes a means of persuasion when the speech is delivered in such a way as to make the orator credible (Aristotle, I.1356a). Aristotle believed that the ethical appeal is exerted when the speech itself persuades the audience that the speaker is a person of sound sense, high moral character and benevolence (Corbett,

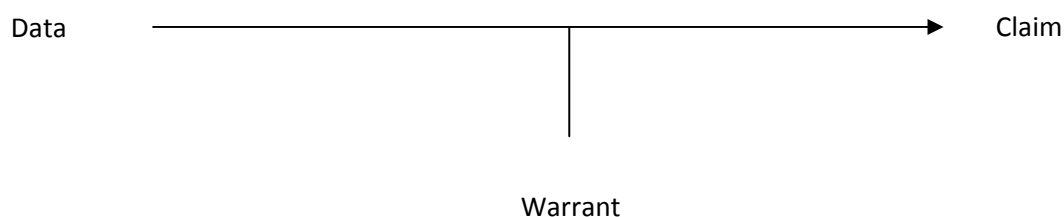
1990, p. 80). The question is then how orators create the impression that they are of sound sense, high moral character and benevolence. If a discourse is to reflect an orator's moral character it must show distaste for unscrupulous tactics and baseless reasoning and respect for virtues as well as show the orator's resolute integrity. If the discourse is to manifest an orator's good will, it must display the orator's sincere interest in the welfare of the audience and the readiness to sacrifice one's own interest if it conflicts with the benefit of others (Corbett, 1990, p. 81). An important point is that the ethical appeal must be pervasive throughout the entire discourse or the orator risks having the appeal destroyed by a single laps of good sense, moral integrity or good will (Corbett, 1990, p. 82). In other words it could only take a single instance of e.g. irritation, bad behavior, inaccuracy, inconsistency, bad taste or illogic argumentation, during a discourse to destroy the orator's persuasive effort.

### 4.3 Argumentation

The three appeal forms are in reality three different forms of argumentation. In order to analyze an orator's arguments one could use an argument model. An argument model allows a rhetorical critic to analyze the validity of an argument and also compare how different orators argue differently on the same subject. The latter is the most central in this thesis as I am analyzing how orators compare rhetorically on a similar subject. One way to analyze argument is by using Toulmin's argument model. I am going to use the Toulmin model to visually illustrate the orators' arguments.

The Toulmin argument model identifies three aspects of an argument, data, claim and warrant. The model is illustrated in figure 1.

Figure 1:



Data is “the evidence”, facts, data and information that are the reason for claim. The claim can be defined as a position on the issue or the purpose behind the argument. The warrant is the component of the argument that establishes the logical connection between the data and the claim. The warrant in a rhetorical argument can, as Aristotle mentioned, be implicit or in other words the warrant does not have to be backed up by a series of particular instances and supporting evidence.

While argument models can be used to test the validity of arguments, they do not account for the fact that it is possible to find alternative or opposing arguments on the same issues. In order to understand how and why an orator chooses to present or argue on an issue in a given way another layer of analysis is needed, which leads me to topics.

## 4.4 Topics

There are several understandings of what the term topics covers. The perhaps most well known understanding is that topics is the method classical rhetoricians devised to aid the orator in discovering matter for the appeal forms or material from which proofs could be made. The word topic originates from the Greek *topoi* meaning place or region. Topics are a method of probing one’s subject to discover possible ways of developing that subject and find something to say on the given subject. Another way of understanding the term topics is first and foremost as specific types of arguments. Topics in this view is then no longer a tool that helps the orator find arguments, it is the argument. This understanding revolves around the fact that we use a number of different types of arguments when we argue and that these types of arguments can be categorized and systemized. A third understanding of topics is less interested in the “places” orators can find arguments and more interested in the thought processes this invention involves. While these ways of viewing topics represent different understandings of the term, in practical terms they sometimes overlap.

According to Cicero the field of argumentation has two subgenres. What we see when we look at arguments using an argument model such as the Toulmin model is the logical level, the level that allows us to compare the actual arguments and test their validity if necessary. This logical level is according to Cicero preceded by another level, the topical level; *“every careful method of arguing has two divisions, --one of discovering, one of deciding.”* (Cicero, II). The topical level deals with the finding, selection and establishment of premises.

Rhetoricians established a system within topics that can aid orators in the invention of premises and arguments. Within this system rhetoricians list two types of topics; these are the special topics and the

common topics. Aristotle is commonly credited with the invention of this system. The special topics provide lines of argument that are related to a certain subject or a particular speech type e.g. when giving a deliberative speech one has to find out whether the subject has anything to do with the economy or warfare etc. From there the orator needs to delve deeper into the subject, in the case of warfare, the orator has to consider the issue in terms of military strength, previous wars and more (Aristotle, II.1396b). The special topics are "*places*" where the orator can find all the facts pertaining to a given issue.

The common topics provide orators with general lines of argument that can be used with almost all subjects. The common topics are more concerned with form than with content. Aristotle viewed the common topics as something that combines the facts found in special topics so that they reach the status of an argument. Aristotle presents a catalog of 28 common topics in his writings, but common topics change over time as they are influenced by changes in e.g. culture. Since the catalog of common topics is very extensive and changes constantly as a result of societal and other influences, I am not going to present every conceivable common topic, but instead going to present the topics that are relevant in terms of the speeches I am going to analyze.

One common topic I would expect to be found in the speeches that I am going to analyze is statistics. Since the speeches I am going to analyze are speeches concerned with health care, I would expect the orators to use statistics, because this is not unusual in a speech on health care (McCormick, 2007). Statistics are a form of testimony derived from an outside source. The strength of using statistics is that people in many cases prefer fact to opinions. Facts are in most cases perceived to be more objective than opinions and can therefore carry more persuasive force (Corbett, 1990, p. 127).

Another type common topic that is relevant to my analysis is the type that can be considered under the general heading of relationship. The speeches I am going to analyze are concerned with health care or more specifically reforming health care. Reforming something means changing that something from the old to something new and better. One way making arguments that support reforms are to show that the old is inferior to the new and in the case of Clinton and Obama my analysis will show that the two orators rely heavily on the common topic *relationship - contraries* to accomplish this. The common topic *contraries* involves showing that things that are of the same kind can still be opposites e.g. the old health care system leads to financial ruin while the new will rectify this.

The two types of topics, the special and common, actually correspond with the premises in the Toulmin model. The special topics correspond with what the Toulmin model calls data and the common topics correspond with what the Toulmin model calls warrant. The process of choosing premises is often

motivated by a specific intention, meaning that orators select and establish premises, because they want the issue to be framed or discussed in a certain way. I am using the Toulmin model to as a way to illustrate the orators' arguments and the model combined with topics allows me to look at what arguments are presented and discuss how the orators' choose to argue their point and why.

## 4.5 Style

There are many different definitions of what style constitutes. Greek rhetoricians thought of style as the part of rhetoric in which orators take the thoughts and arguments collected in the *inventio* phase and put them into words for the delivery of the speech. An important element of style is the choice, composition and arrangement of words. I am going to examine one particular aspect of words in my analysis, namely the use of personal pronouns.

Another central part of style is figures of speech, which is also an area that was dealt with in much detail by the major rhetoricians. Put simply figures are a way of saying things in a way that differs from the ordinary way of expression. Quintilian defined figures as "*a form of speech differing from the common and ordinary mode of expression*" (Quintilian, 9.1.4). Because there are numerous different types and subtypes of figures, only those relevant to my analysis will be mentioned in this section.

Figures of speech can be divided into many sub-categories. I will include two sub-categories in this chapter; 1) Figures of repetition can be used to create cohesion, emphasis and rhythm. Anaphors are the repetition of the same word or phrase in the beginning of successive clauses. A symploce is a figure of repetition that ties together two parts of a whole. These figures of repetition are especially useful in creating rhythm and producing a strong emotional effect (Corbett, 1990, pp. 437-439). 2) Figures of balance can be used to either establish contrast or parallelism. Antithesis is a figure used to establish contrast between ideas, phrases or words. The antithesis can be either developed or undeveloped. The developed antithesis typically has a problem in contrast to a solution. The undeveloped antithesis lack specifics in the solution part making it a more stylistic element. Parallelism demonstrates a similarity of structure in a pair of related words, phrases or clauses. In my analysis I have widened the scope of parallelisms to not only include similarities in a grammatical sense, but also in terms of ideas or concepts such as drawing parallels between Democrats and Republicans.

## 4.6 Establishing the orator's reality

An aspect shared by many of the above mentioned rhetorical elements such as appeal forms and style is that they can be used to portray or establish a certain reality. Orators can use these rhetorical elements to establish how the world appears according to them. This is an important aide to rhetorical persuasion because by establishing a reality or worldview in a certain way, orators can make the audience become aware of concerns that are central to them, but not available until they are presented by the orator. Orators can also present a situation in a certain way in which the concerns appear to be central to the audience or make the audience feel as though the concerns should be central to them. By establishing a certain world view the orator can influence what the audience takes to be reality or influence how the audience understands the reality of a particular situation. I am in my analysis going to examine what realities the two orators establish and present to the audience, how they are presented and what the intention behind the realities are.

This concludes my elaboration on the relevant theory and terminology that is the theoretical foundation of my analysis in this thesis. The next chapter –*The rhetorical situation* will present the elements relevant to the rhetorical situation such as context, audience and orators.

## **5. The rhetorical situation**

As a part of a rhetorical analysis I am in this chapter going to account for the rhetorical situation. The rhetorical situation is comprised of many aspects depending on the focus of the analysis. The relevant aspects in this thesis are the larger context, the audience and the orators.

### **5.1 The Context**

The larger context is the political and historical back setting for the speeches. The speeches I have chosen to analyze are taken from the 2008 Democratic presidential primaries. Primaries are a part of the presidential election process in the U.S. The 2008 Democratic primaries will decide which Democratic candidate goes up against the Republican candidate in the 2008 presidential election. The winner of the 2008 presidential election will replace President Bush, a widely unpopular president, who in the latter parts of his presidency has had one of the lowest approval ratings in U.S history. President Bush's low approval rating is believed to be the result of several things among them the unpopular Iraq war, his handling of the disaster following hurricane Katrina and the troubling economic situation in the U.S. After eight years of Bush leadership the U.S. is faced with considerable foreign and domestic challenges and this dissatisfaction with the direction of the country seems to have created a desire for something new, a desire for change in the U.S. (Greenberg & Baumann, 2008). Apart from the general dissatisfaction with the direction of the country another reason for President Bush's low approval rating is the fact that Americans are tired of partisan politics in Washington and the legislative paralysis this has caused (Klein, 2008). This is a very brief account of the political situation in the U.S. Something as important with regards to the speeches I am analyzing is health care in the U.S.

It is believed that as much as 44 million Americans are without health care insurance. As a result of this millions of Americans may find themselves in a situation where they are unable to afford medical care or risk finding themselves ruined by medical bills. On top of this health care insurance premiums have nearly doubled over the past eight years in the U.S., and more families are facing more medical debt than ever before. This then indicates that the health care is a significant issue in the U.S., in fact a CNN poll found health care to be the third most important issue for American voters when deciding how to vote for president (CNN, 2008). This also indicates that health care in America is as much an issue of affording health care, as it is receiving treatment.

## **5.2 The Audience**

I have chosen to divide the audience into two categories, the actual and the intended audience. The actual audience are the people in attendance where the speech is delivered; this audience group will be introduced in the beginning of my analysis. The second category is the intended audience and because the speeches I am going to analyze are speeches from an election campaign, I define the intended audience as American voters viewing the speeches on television or reading about the speeches in the media. I believe that the intended audience is comprised of not only democratic voters, but also undecided voters and moderates who might vote either Democratic or Republican.

## **5.3 The orators**

In this section of the thesis I am going to present a brief biography Of Hillary Clinton and Barack Obama. The reason I find it relevant to present a brief biography of the two orators is one that I think it is appropriate to give some background information about the orators and secondly, and perhaps more importantly, the biography will include information about the orators' previous rhetorical and political experiences. This previous rhetorical and political experience may have an impact on or help explain some of the strategies or choices the orators use and make in their speeches.

### **5.3.1 Hillary Rodham Clinton**

Hillary Clinton was born October, 26<sup>th</sup>, 1947 in Chicago, Illinois. She was raised in a middle class, religious and politically conservative/Republican household. Clinton was a gifted student in high school being described by some as a teachers' favorite. Clinton was by her classmates considered one of the most mature and active members of her class and she had a reputation for expressing herself well.

In 1965, Clinton enrolled at Wellesley College where she studied political science. It was at Wellesley she first attracted national attention becoming the first student to deliver a student commencement address, usually the honor only befalls notable figures in society or important politicians (Wikipedia, 2008). Clinton followed Senator Edward Brooke who was the key speaker at the commencement ceremony. As Clinton took to the podium she set aside her prepared speech and without notes launched an attack on Senator Brooke, accusing him of using insulting rhetoric to defend then President Nixon. Clinton's speech resulted in a standing ovation lasting seven minutes. Interesting in terms of this thesis is that this seems to indicate that Clinton was a gifted orator as early as in her college years. While at Wellesley, Clinton exhibited the



first signs that she had leadership ability. She spearheaded several college reform campaigns and worked on several committees to improve college life. In her senior year at Wellesley Clinton was elected president of the student government, another indication of her leadership ability and interest in politics.

After Wellesley, Clinton enrolled in Yale law School. Here Clinton met her future husband Bill Clinton. After graduating from Yale law school, Clinton briefly worked as a Congressional legal counsel before moving to Arkansas and marrying Fellow Yale student Bill Clinton.

In 1979, Bill Clinton was elected governor of Arkansas and Hillary at the young age of 31 became the First Lady of Arkansas. As the governor's wife Clinton began to gain experience in public speaking as her job included attending official Arkansas state events and giving speeches around the state. Clinton became acquainted with the importance of her role of First Lady after Bill lost the gubernatorial election in 1980. After the defeat survey results indicated that Clinton needed to contribute more actively if husband Bill was to win back the governor's seat. Clinton took this to heart and as a result the newspaper The Arkansas Gazette wrote; *"Mrs. Clinton is certainly the best speaker among politicians' wives"*. (Ryan, 2004).

On October 3, 1991, Bill Clinton announced his candidature for the Democratic nomination for President. Immediately following Bill's announcement Hillary set to work organizing his campaign, she took control of finances, fund-raising, renting office space and choosing key campaign staffers. In order to put stories of Bill's infidelity and their troubled marriage behind them the Clintons urge by their advisors decided it would be necessary to address these issues on national television. Literature provides us with a detailed account of how the Clintons prepared for this very critical television appearance. The Clintons were surrounded by very talented communications experts, who set out to find the right setting and rhetorical strategies for the appearance. In rhetorical terms what the Clintons were doing was a political apologia. I am not going into detail on this rhetorical genre, but this shows that Hillary Clinton has had rhetorical schooling and experience with political rhetoric even before her own political career began. This interview was without a doubt a valuable rhetorical learning experience for Hillary Clinton.

Bill Clinton won the presidential election in 1992 and Hillary Clinton became the nation's First Lady. From the beginning Hillary Clinton took a much larger role in the transition to the white house than any other First Lady in previous history. Hillary Clinton was during her years as First Lady also much more politically active than previous First Ladies. Clinton was in some capacity overseeing almost all areas of government except foreign affairs and environmental policy (Ryan, 2004). Clinton also became the only First Lady in U.S.

history to hold authority in a government position, as the president made her the head of his National Taskforce on Health Care Reform. This taskforce had the ambitious goal of nationalizing health care. The New York Times reported on the efforts of Hillary Clinton to pass this proposal saying; *“No previous First Lady occupied center stage so aggressively or disarmed her critics more effectively”*. (Ryan, 2004, p. 60). Despite Clinton’s tireless efforts the health care plan was never passed. This is still considered one of the greatest failures in Hillary Clinton’s career.

As the Clinton white house years were coming to an end Hillary was thinking about what to do next and was urged by democratic party members to pursue the candidacy for a seat in the U.S. senate. It was decided that Hillary Clinton should try and run for office in the state of New York. On July 7, 1999, Hillary Clinton officially announced her candidacy. On November 7, 2000, 55 percent of New York voters elected Hillary Clinton to a six-year term as U.S. senator. In 2006 Clinton was reelected to the U.S. senate for another six year term.

On January 20, 2007, Clinton entered the presidential race with the words; *“I’m in and I’m in to win”* (CNN, 2007). At this point in the campaign many believed Hillary Clinton to be her party’s front runner; however, two days later Democratic Senator Barack Obama announced that he was filing papers to form a presidential exploratory committee, in a bid to become the first African-American president (CNN, 2007).

### **5.3.2 Barack Obama**

Barack Obama was born in Hawaii on August, 4<sup>th</sup> 1961. He was the son of Barack Obama Sr. who was born and raised in Kenya, where he was a goat herder. Obama’s mother was born in a small town in the U.S state of Kansas. As a child Obama did not show many signs that he would have a bright future in politics. Obama spent most of his time indulging in all the natural beauty Hawaii had to offer, body surfing and playing basketball most of the time.

At the age of ten Obama attended a private mostly white school. It was while attending this very upscale yet very Hawaiian, relaxed, easy going private school that Obama is said to have developed one of his greatest talents. Obama is said to possess a very keen sense of emotional control. Author David Mendell describes Obama as being exceptionally cool during the night of the 2004 senate primary election victory while being surrounded by a jubilant crowd of aids and supporters. Obama seems to possess the ability to

be able to slow things down internally during the midst of chaos, and project serenity like that of professional athletes during very important games (Mendell, 2007).

Obama graduated from high school in 1979, and the same year he moved to Los Angeles. Obama studied at the small liberal arts college Occidental College, in Los Angeles, for two years. It was while at Occidental Obama first learned the power of words and his own power with the spoken word. Obama became involved with the anti apartheid movement and as he recalls it; *"I noticed that people had begun to listen to my opinions. It was a discovery that made me hungry for words ... Words that could carry a message, support an idea."* (Mendell, 2007). It was also while at Occidental Obama had his first experience with public speaking as he opened a staged anti apartheid rally and during this speech Obama felt a connection with the audience, heard their applause, and Obama did not want to leave the stage. He had his first experience as an orator while at Occidental and he liked it very much. After his sophomore year, in 1981, Obama transferred to Columbia University in New York. Obama graduated from Columbia in 1983 with a bachelor degree in political science.

After graduating from Columbia University, Obama wanted to serve society in a positive way. Obama wanted to work with community organizing, but could not find the job he wanted in New York so he moved to Chicago at age 23. In Chicago, Obama organized conferences and lobbied politicians on behalf of poor black communities.

In 1988, Obama was accepted at Harvard Law School the most prestigious law school in the U.S. It was while at Harvard Obama showed his academic talents for the first time committing to his studies like never before and graduation with honors in 1991. Obama also developed other parts of his persona that would shine through during his following political career. At a speech at the Black Law Students dinner Obama first presented his public message of unity and altruism and According to (Mendell, 2007) Obama would invoke similar rhetoric in his; *"often fiery and inspirational speeches concerning the importance of culture and ideas mixing on campus."* (Mendell, 2007). It then seems that Obama, the inspirational orator that is supposedly a better speaker than Hillary Clinton first showed his flair while at Harvard. Obama came across to his peers as a person who would listen to others despite their political views, which was important as Harvard in the 90's was in the middle of an ideological war.

At the age of thirty-four Obama was ready for the next step in his career, a foray into the world of congressional politics. Obama ran for the senate seat in the Chicago South Side district, in 1996, and won. Obama was reelected to the Illinois senate in 1998 and again in 2002.

During his congressional years Obama already had a reputation as a very gifted orator. Obama's friend and political advisor Bettylu Saltzman describes Obama's speaking talents as follows; "*When he speaks it's like – it's like magic.*" (Mendell, 2007, p. 173). In late October 2002, Obama gave the speech he himself is most proud of. Obama was invited to speak at an anti Iraq war rally and up till this point Obama had rarely used written manuscripts instead relying on his talent for speaking extemporaneously. The lesson Obama learned from this speech was that sometimes saying what you truly believe can be valuable in the long run (Mendell, 2007).

In 2004, Obama won the Illinois senate seat with the biggest margin in Illinois history. The 2004 senate campaign yielded some valuable lessons in public speaking for Obama. Obama's speeches had in the past been considered theoretical and intellectual and very long. Obama's aides urged Obama to speak more about people and their stories rather than just policy and as Obama's campaign manager put it; "*invoke more humanity in his speeches.*" (Mendell, 2007, p. 179). According to (Mendell, 2007) Obama was an easy learner and was quickly turning into a great political orator. Obama would be given the opportunity to show his oratory abilities on the national stage as he was chosen to deliver the keynote address at the 2004 democratic convention, where John Kerry was confirmed as the democratic presidential nominee. This speech was important for Obama as he would follow in the footsteps of politicians the like of Bill Clinton and Mario Cuomo. Obama was given control over the content of the speech, which was a relief to his advisors as Obama had a reputation for being ineffective at delivering speeches that were written by another author than himself. Obama would sound wooden and bored with his speech if he had not written the words himself. Obama spoke with much more authenticity and clarity when the words in the speech came directly from his own pen (Mendell, 2007, p. 270). Obama would generate much of the Convention speech using the best received lines and themes from his campaign speeches. Obama's speech delighted the crowd that evening and was very well received in the media the following day. The speech at the 2004 Democratic National Convention was in earnest launch Obama's status as a national political figure.

In February, 2007 Obama announced his candidacy for President (Obama 08, 2007).

The previous chapters have all contained and elaborated on elements and aspects I find relevant to establish before analyzing my text material and Clinton and Obama's rhetoric. The next chapter begins the analysis part of the thesis.

## **6. A rhetorical analysis of Hillary Clinton's and Barack Obama's health care speeches**

In this chapter I am going to analyze a policy speech delivered by Hillary Clinton and a policy speech delivered by Barack Obama during the 2008 Democratic primaries. The subject of the speeches is health care. I will be analyzing the use of appeal forms e.g. what kind are used, where in the speech are they used and perhaps more importantly what they are used to accomplish. I will establish a catalog of topics in both the orators' speeches and commenting on the likely intentions behind the choice of topic. Finally I will analyze the orators' use of style. The objective of this analysis is to provide data that may help me answer my research question. The analysis will be based on the theory in the theory chapter of this thesis.

### **6.1 Hillary Clinton on Health Care**

On 17 Sep, 2007, Hillary Clinton presented the Health Care plan that she would introduce if elected president of the U.S. The speech was delivered at Broadlawns Medical Center in Iowa in front of a crowd of medical professionals and patients. In the speech there are several indications that this is a deliberative or political speech as it e.g. deals with the future and encourages action.

#### **6.1.1 The arrangement of the speech**

Before I begin to delve deeper into the speech it is useful to look at the arrangement of the speech in order to divide the speech into sections. I have already mentioned that there are indications that this speech is a deliberative speech. The speech has an introduction (Appendix a, L. 1-13), an exposition of the case (Appendix a, L. 15-161), a proposal (Appendix a, L. 162-176), argumentation for the proposal (Appendix a, L. 177-319) and a conclusion (Appendix a, L. 320-350). The speech does, however, also contain elements of the epideictic speech as well. The exposition of the case section also contains elements of the epideictic praise and critique part (Appendix a, L. 34-161).

#### **6.1.2 The objective of the speech, appeal forms and topics:**

Because this speech most closely resembles a deliberative speech the objective of this speech is twofold; first to gain the voters acceptance of Hillary Clinton as a strong candidate for president and secondly make

the audience positive about her health care agenda. To accomplish these goals Clinton uses a multitude of rhetorical elements. In this first section of the analysis I am going to examine Clinton's use of appeal forms and topics. In the beginning or exposition of the case part of the speech, Clinton presents a story about an American family. In connection with this story Clinton uses the pathos appeal extensively e.g. when she says;

*"I want to start by telling you about Judy Rose, who I met last month in Dubuque along with her husband John. Back in 2001, John lost his job of thirty years when the plant where he worked closed with just one day's notice. And so, Judy and John lost not only John's job, they lost their health insurance. A couple of months later, Judy was diagnosed with breast cancer. Thankfully a special government program started during my husband's administration took care of her treatment and she recovered. But then in 2003, John had a heart attack. He spent hours in surgery and was in the intensive care unit. Fortunately he survived, but when the bills came, their luck ran out. The costs of John's care were so high they had to sell the home they lived in for thirty years. That is the tragedy at the heart of our health care system -- The devastation when one stroke of bad luck undoes a lifetime of hard work (Appendix a, L. 15-24)."*

Here Clinton presents a heart breaking story about a family who was financially ruined by illness as a result of the way the current health care system works. Clinton is trying to make the audience see the world as she wants them to see it, establishing a reality, her reality. This is an attempt by Clinton to stir the emotions of the audience in order to make them more willing to accept her health care plan, instead of the current plan, which Clinton through the use of pathos is trying to persuade the audience leads to *tragedy and devastation*. Clinton continues this pathos appeal and builds on it further, and one of the central themes in her pathos appeal in the first part of the speech is family. Clinton uses words such as *spouse*, *child* and *family* to draw on a set of values that are important to the audience. An indication that family is important to Americans is, in my opinion, that you often see candidates with their families on stage during speeches and by their sides at events. I believe that bringing in family and the virtues or values Americans associate this with enhances Clinton's pathos appeal and the fact that she then links this with tragedy and devastation enhances the appeal even further. In my opinion this is designed to stir the emotions of the audience, the story of the hard working American family devastated by the current health care system makes the audience desire change and makes them more open to persuasion. There is also a hint of ethos in this part of the speech as Clinton highlights a program founded during her years as First Lady. The primary appeal form during the exposition part of the speech, however, is the pathos appeal which dominates the first thirteen paragraphs of the speech.

The next part of the speech, which functions partly as a continuation of the exposition of the case and partly as a praise and critique section contains all three appeal forms, but is dominated by the ethos appeal. Clinton in this part of the speech is trying to persuade the audience that she has the ability and the experience to repair the health care system. Clinton needs to make the audience believe in her so that they will believe in the issue at hand. Examples of Clinton's use of the ethos appeal are e.g. when she says;

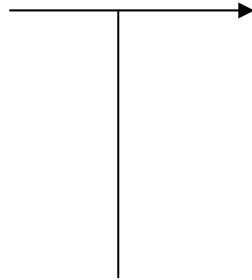
*"Now as you may know, I've been fighting on health care for nearly thirty years. Starting as First Lady of Arkansas, where I headed a task force to improve rural health care. And most memorably of course back in the early 1990s, and I still have the scars to show from that exercise."* (Appendix a, L.80-82)

Here Clinton not only mentions her political credentials as the former First Lady of the nation, but also her longstanding fight to improve health care. Clinton also brings up the scars this fight has given her in reference to the failure of her health care plan during the nineties. Mentioning this, I believe is intentional, because Clinton knows that this will create doubt in the minds of the audience as to whether she can improve health care and she needs to show the audience that although she has failed in the past this has only made her even better equipped to improve health care. Clinton builds on this point and her ethos further by saying; *"but I've also learned some valuable lessons that have shaped how I approach health care reform today"* (Appendix a, L. 83). In my opinion Clinton uses the ethos appeal here as a way of turning one of her greatest weaknesses into a strength. I would claim that what Clinton is trying to persuade the audience of is that; yes Clinton failed to improve health care in the 90's, but the failure has given her the necessary experience to succeed this time. This whole paragraph also, however, gives the audience the impression that fixing health care is difficult and while this may be a realistic view, this realism does not convey optimism to the audience about the possibility of change.

There are also examples of ethos appeals in this speech where Clinton tries to draw on her personal character; *"I believe every child should have a world class education, every worker should have a job with good wages and good benefits, every American should have a secure retirement. And today, as we strive for a new beginning to the 21st century, I believe everyone, every man, woman and child, should have quality, affordable health care in America"*. (Appendix a, L 51-55). Here Clinton presents moral and benevolent motives for changing health care. In my opinion the repeated *I believe* and the fact that Clinton tries to establish the reason for changing the health care system as being the right thing to do, demonstrates that this is an ethos appeal designed to show Clinton as a moral and good person. However, in my opinion what characterizes most of Clinton's ethos appeals is that they focus on Clinton's professional qualities and not so much her personal qualities. Clinton in my opinion focuses more on establishing her ethos on experience and political ability than morality and benevolence.

There is also an example of the logos appeal in the exposition part of the speech. This logos appeal is also an example of praise and critique as Clinton criticizes the current state of affairs. In the following example Clinton is trying to persuade the audience that the current health care system does not work by appealing to their rationality. Using the Toulmin argument model we see that Clinton argues that change is needed and that she is the ideal person to instigate this change:

We are the richest country in the world and we spend right now, more on health care than anyone else in the world. Two trillion dollars a year. But we're ranked 31st in life expectancy and 40th in child mortality. Each year, 18,000 people die in America because they don't have health care.



This is unconscionable, it is intolerable and it is time to put an end to it. To provide quality, affordable health care for every single American. And I intend to be the president who accomplishes that goal finally for our country.

It is unacceptable that the richest country that spends the most money on health care in the world is ranked 31<sup>st</sup> in life expectancy and 40<sup>th</sup> in child mortality.

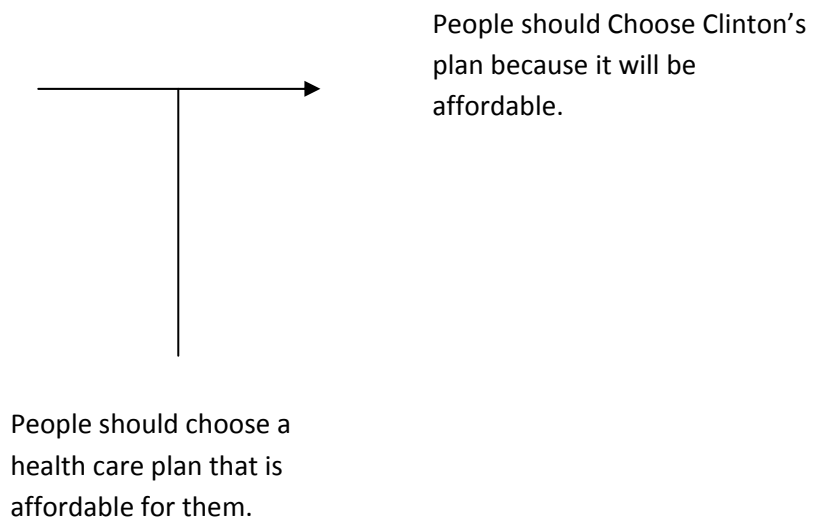
The special topics Clinton chooses here is economy and death. Here again Clinton is, in my opinion, trying to present reality in a certain way that is favorable to her argument. The reason Clinton chooses the topic of economy is because her health care plan proposes not to increase health care spending, but to reform it using other measures; *"Now, how will I pay for this plan? First let me tell you how I will not pay for it. I won't pay for it by pouring money into a broken system. I won't pay for it by raising taxes on middle class families who are already struggling with rising costs and stagnant wages."* (Appendix a, L. 310-312). The common topic Clinton uses to make the argument could be one; *Relationship - contraries*; spending the most money versus the poor rankings. If you choose to view Clinton's argument in this way I believe that the reality Clinton is trying to present to the audience is that she will spend American tax dollars better and smarter than her opponents. I think the reasoning behind this approach is that Clinton realizes that although people accept having to pay taxes, nothing angers people more than having their hard earned money wasted by incompetent politicians. One could also argue that Clinton uses the common topic *statistics*. I believe that it is very useful for Clinton to use statistics in her speech as she can and will choose the statistics that suits her argument best. In fact Clinton includes a lot of statistics in this speech and this is



not unusual in a speech on health care health care speeches often contain many statistics (McCormick, 2007).

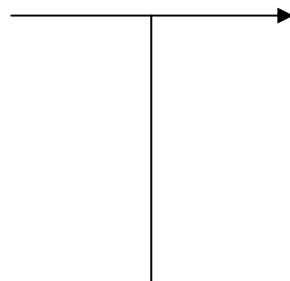
After the Clinton has tried to influence the mood of the audience and establish her character, she turns to the main political message in the speech, the proposal, which is her health care plan, and the argumentation for the proposal. As one would expect Clinton uses the logos appeal extensively when presenting her health care plan. Persuading an audience in favor of a detailed political plan requires an appeal to the audiences' rationality. To illustrate how Clinton presents her plan using logos in different ways, I have included some examples. It is possible to identify a number of different topics chosen by Clinton by analyzing the premises in her arguments, which as I mentioned in the theory section corresponds to the different data and warrants in the Toulmin model. In the following example Clinton chooses to highlights the personal economic implications of her health care plan. She argues that her plan will be affordable by making the following argument;

Third, your coverage will be affordable. My plan provides tax credits to make health care both universal and affordable for everyone. These new tax credits guarantee that you'll never pay more than a certain percentage of your income for your premium. No more worrying that one illness or one accident will lead to financial ruin (Appendix a, L. 201-204).



Here the topics Clinton chooses is *economy* and *tax*. Having already established that the current health care system leads to ruin, Clinton is trying to convey to the audience that they can afford health care if they choose her plan. Once again the common topic could be *relationship - contraries*. Clinton is comparing her plan with the exiting plan using the argument that the current health care system is unaffordable and Clinton's plan will be affordable. Argumentation based on the topic of *economy* is by far the most used in Clinton's speech. The next example is a variation of the argumentation based on the topic of *economy*. This next example has to do with the role of insurance companies in the health care crisis;

Insurance companies spend \$50 billion a year on elaborate calculations and schemes to figure out how not to insure people. \$50 billion trying to shut out those who need care the most ... I truly believe there are plenty of people in the insurance industry who wish their companies did not make a profit by excluding the family whose child has autism with unmanageable premiums.



People should Choose Clinton's plan because Clinton's plan will not allow Insurance companies to shut out people who need care.

Insurance companies should not shut out people who need care.

I believe that Clinton uses this logos appeal to present the reality that insurance companies are taking advantage of Americans who need care. Clinton does this to showcase the reality that some blame for the health care crisis lies with insurance companies acting unethical. Clinton establishes the reality that there is a conflict between ordinary Americans and big insurance companies. I believe that the reason Clinton is doing this is because there have been several very notable corporate scandals in the U.S., in recent history, and as a result people distrust and feel animosity towards large corporations. The special topic used in this logos appeal is economy because Clinton talks about the large amount of money that insurance companies spend to shut out people and the unmanageable premiums that is a result of this. The common topic is *relationship – contraries* as Clinton presents the current broken health care system that allows insurance companies to shut people out vs. the new Clinton health care system that will put an end to this. Because Clinton takes into account this animosity towards large unethical corporations Clinton frames the issue using the topics with thought put into the contemporary mood in the nation. From here I will move on the end of Clinton's speech.

Clinton ends her speech the same way she started it, she reintroduces the story from the beginning of the speech and again uses the pathos appeal in the conclusion part of the speech; *"We owe that to the Rose family. We owe that to the memory of Janelle and to her family. We owe that to every family in America. Today, we have an opportunity to make history together. As President, I will seize that opportunity and I hope all of you will join me."* (Appendix a, L. 347-350). Here Clinton once again evokes the heartbreaking story of the people who have suffered because of the failure of the current health care system. Clinton

takes the audience back to the feelings she conjured in the beginning of the speech in order to, in my opinion, remind them of why it is important to fix health care. Clinton end her speech saying that she wants to help fix health care, however, interestingly enough Clinton also mentions in this section that fixing health care will *“take time”* and *“be a hard fight”* (Appendix a, L. 342). This is interesting because what I expected from this pathos appeal, in the end of the speech, was that a more positive message. Because Clinton first conjures the negative aspects of the current health care system, I would have expected her to then end the speech with a very positive and hopeful message. The paragraph talking about how fixing health care will be *“a hard fight”*, however, takes away some of the feel good effect of her message, in my opinion. There are some other examples of how Clinton presents a very realistic outlook in the speech that takes away some of the feel good effect of her message e.g.; *“Well it's going to take shared responsibility. Everyone with a stake in our health care system will have to step forward and do their part”* (Appendix a, L. 208-209) and *“Individuals will have to share the responsibility as well. Much like drivers in most states are required to purchase car insurance, all Americans will have a responsibility to get and keep health insurance in a system where insurance will now be affordable.”* (Appendix a, L. 256-258). Asking Americans to share responsibility and requiring them to do something that in Clinton’s mind will be beneficial to them may seem reasonable enough. The reality is, however, that requiring Americans to do something, maybe something some are not inclined to do, might not make the audience feel positive and optimistic about Clinton’s plan. Clinton tells Americans that if her plan is to succeed they need to bear some burdens and this may be realistic, but being required to do something, bearing burdens is neither a positive nor an optimistic message, in my opinion.

The examples of appeal forms and topics presented above are only a few out of a large number in the speech<sup>3</sup>. The examples I have chosen, however, illustrates key tendencies in Clinton’s speech. In general the use of the appeal forms and the topics in the speech shows, in my opinion, that Clinton is trying to tell the tale of two Americas, the one that exists now and the new better America that we see the light of day if she is elected. Clinton uses pathos to tell us how the current healthcare system led to devastation for the Rose family, she uses logos to outline the failures of the current system and the how her plan will make things better, and she uses ethos to persuade the audience that she is the right candidate to right the wrongs of the current health care system. It is a tale of two health care systems, the current broken one and the new Clinton system, and nowhere is this clearer, in my opinion, than with the choice of common topics in the speech. Clinton uses the common topics as a way of comparing the current broken system to

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<sup>3</sup> There is very little variation in regards to common topics. There is a greater variation in regards to special topics the most used is, however, still *economy* but other special topics not exemplified in my analysis are e.g. *Technology*, *government bureaucracy* and *choice*.

her system that will make everything better. With regards to special topics Clinton uses a number of special topics, but *economy* is the most prevalently used, which indicates to me that Clinton considers economy to be the central factor or worry for Americans when it comes to health care. What this means is that Clinton has chosen the special topics in the speech that she feels are relevant for Americans with regards to the subject of healthcare. This reality Clinton establishes and presents to the audience, the two health care systems, carries on to the style of the speech as well, which will be dealt with in the next section.

### 6.1.3 Style

#### 6.1.4 Word level

I am not going into extensive detail on word level, but there is one aspect I am going to include and that is the use of the personal pronouns such as *I/my* vs. *we*. The interesting thing in terms of personal pronouns is that in the beginning of the speech Clinton uses the personal pronoun *we* extensively to, as mentioned earlier, create a common bond between her and the audience e.g.; *“Ultimately this is about who we are as a people and what we stand for”* (Appendix a, L. 64-65). Yet in the middle part, the argumentation part Clinton uses the personal pronouns *I* or *my* most of the time indicating that this is her plan; *“I will require insurance companies in the Health Choices Menu to let you take your plan with you as you move from job to job or even state to state”* (Appendix a, L. 205-207). I believe that there is a specific intention behind the different choice of pronouns used in these two sections of the speech. The reason Clinton uses the *we* in the praise and critique part of the speech is that in this part of the speech she has portrayed the health care system as being in a crisis, as a system that is deeply flawed, and by using *we* Clinton lets the audience know that this flawed and broken healthcare system is not only affecting the people next door, but everyone. Something that exemplifies this very well is when Clinton says; *“we're falling behind. Costs are rising and wages are lagging. Premiums have almost doubled -- up 80, no, up 98% since 2000. And half of all personal bankruptcies in America are caused by medical bills .... When the time for change came, we weren't afraid, we didn't look away, we came together and we made American stronger, more prosperous, and more fair”* (Appendix a, L. 41-44). By using *we* here Clinton is trying to establish a sense of unity, a sense of we Americans are all in this together. Clinton is saying we as Americans have a broken health care system, and when something is not right in the U.S, we as Americans pull together as a nation and fix it. It is then interesting that Clinton moves somewhat away from using *we* and starts using *I* and *my* more further

into the speech, even in sentences where she could have continued the use of *we*. But again I believe that there is a specific intention behind this. Clinton uses *I* and *my* extensively in the argumentation part of the speech because she has, by using the ethos appeal, tied the merits of her health care plan so thoroughly to her experience with health care policy. I believe that one of the key objectives for this speech was to persuade the audience of Clinton's merits and that is why she emphasizes that it is her plan, and she is the one that will e.g.; *"require insurance companies in the Health Choices Menu to let you take your plan with you as you move from job to job or even state to state"* (Appendix a, L. 205-207) etc. In the last part of the speech Clinton again returns to the use of *we*; *"The story of how everyone took responsibility, we all did our part, and we became a healthier, stronger, more prosperous nation because of it. We owe that to the Rose family. We owe that to the memory of Janelle and to her family. We owe that to every family in America. Today, we have an opportunity to make history together"* (Appendix a, L. 347-350). This feels a little inconsistent to me as Clinton in the end of the speech speaks about everyone doing their part, yet in the middle of the speech she takes on the role as the one that is going to do something about this crisis.

It is interesting that Clinton in the beginning of the speech tries very hard to persuade the audience that this health care crisis affects all Americans and that when Americans come together they can solve any problem. Clinton mobilizes the audience, includes them in the problem in order to persuade them to be part of the solution. Yet when she presents her actual plan in the middle part of the speech she puts herself almost solely on center stage and does not try to capitalize on this feeling of unity and will to act, she has established. In the end of the speech Clinton speaks about how this plan will be successful if everybody did their part, however, in my opinion Clinton fails to consistently include the audience, the Americans, the everybody, in the way she indicates will lead to success both in the beginning and end of the speech. For the most part when Clinton does include the audience in the solution it takes on the form of; if you do as I instruct the plan will succeed, instead of together as Americans we will succeed. But as mention earlier I believe that this discrepancy is mainly due to the fact that Clinton has a clear intention of using her ethos, her perceived experience with health care, to persuade the audience of the strength of her plan. The impression Clinton's use of the personal pronouns leaves me with is that Clinton is saying; there is a health care crisis in America that affects everyone, hence the predominant use of *we* in the beginning of the speech, Clinton has a plan and Americans should follow Clinton's lead and do as she instructs, hence the primary use of *I/my* in the middle part of the speech. In my opinion this shows Clinton as a strong leader, but not as someone who intends to involve the American people in a positive active way. This was one stylistic element analyzed; the next stylistic element I am going to examine is figures of speech

### 6.1.5 Figures of speech

One of the most common figures in Clinton's speech is the antithesis. Clinton's speech is structured around the opposition between the current health care system and her new and better health care plan. Clinton uses the antithesis to persuade the audience to accept the new over the old. For an antithesis to work as an aide to argumentation it typically needs to have a problem in contrast to a solution. Some of Clinton's antitheses are, however, in a sense undeveloped as they lack specifics in the solution part; the following is two such examples;

Costs are rising and wages are lagging (Appendix a, L. 41)

So every year, billions of dollars go straight from the pockets of families to the profits of drug companies (Appendix a, L. 75-76).

This type of antithesis is most common in the praise and critique part of the speech, where Clinton is laying the foundation for the persuasion to come later in the speech. In my opinion the two examples are very elegantly chosen by Clinton as the words that make up the antitheses here would strike a chord with most Americans. The picture Clinton is painting is that Americans are paying more, earning less, and their hard earned money is going directly into the pockets of large greedy companies. The reason Clinton does this is in my opinion to establish a good vs. evil scenario and prove that she is fighting on the side of good. This is a good example of how style is more than just elegant words, but also serves a purpose of establishing the point of view or reality that Clinton wants the audience to perceive. These were examples of undeveloped antitheses; the following is an example of a developed antithesis that is used as an argumentative aide;

*"I won't pay for it by pouring money into a broken system. I won't pay for it by raising taxes on middle class families who are already struggling with rising costs and stagnant wages. Instead, I'll pay for part of it by implementing the cost saving measures I outlined in May. And I will pay for some of it by rolling back part of President Bush's fiscally irresponsible tax breaks for the highest income Americans."* (Appendix a, L. 310-314).

Here we have the antithesis *how I won't pay for it/I'll pay for it* where the solution, *I will pay for some of it by rolling back part of President Bush's fiscally irresponsible tax breaks for the highest income Americans*, is specified. The reason Clinton specifies the solution here is that she has already established that change is needed and now it is time to capitalize on this and actually persuade the audience of the merits of her plan. The reality Clinton presents shows the need for action and solutions. In my opinion Clinton's choice of topics and the fact that the antithesis is one of the most common figures is connected. I found that most of

the topics that Clinton chooses to use in the speech revolve around comparison or contraries and the way to successfully form this kind of topic is by using the antithesis on the style level. The developed antithesis is most common in the argumentation part of the speech and is also the most prevalent type of antithesis in the speech.

What the my analysis of Clinton's antitheses indicates is that Clinton, in my opinion, has chosen to persuade the audience of the qualities of her plan by being very programmatic, specifying policy by using developed antitheses in argumentation part of the speech. This is a conscious choice, in my opinion, and the alternative would have been to use the more thematic approach as in the beginning and end of the speech, which involved more broad sweeping ideas as to how to solve the problems. In my opinion by doing this Clinton's plan becomes more concrete, but the speech also becomes more complicated. I believe that Clinton by taking a more programmatic approach sacrifices some of the inspirational effect of the speech and the speech becomes less energetic, but she comes across as being more knowledgeable and politically savvy.

In addition to antitheses Clinton also uses several other figures in her speech. Clinton uses the anaphor several times in her speech examples of this are;

*"That is the tragedy at the heart of our health care system -- The devastation when one stroke of bad luck undoes a lifetime of hard work. That feeling of being right on the edge that eats away not just at the 47 million who don't have health care, but many of the 250 million who do"* (Appendix a, L. 23-26).

And

*"When your sick child asks, "can I see a doctor," and you can't bear to answer. When you ask your doctor, will my insurance pay for that, and from the look on her face, you already know the answer"* (Appendix a, L. 29-31).

There are a large number of anaphors in the speech. Clinton uses the anaphor to create emphasis, rhythm and as a way of producing an emotional effect. The anaphors here are intended to move the audience and emphasizes the subject of the paragraph by defining it from many angles. The repetition also creates a sense of momentum that carries the audience along and makes the audience embrace the message in the paragraph. More concrete the repetition of the starting words in the examples above is in both cases, in my opinion, designed to stir feelings of wrongness or unfairness in the minds of the audience. I believe that Clinton wants the audience to feel these things so that they will want someone to rectify this unfairness and change things for the better.

In my opinion Clinton has clear objectives with these figures of repetition shown above and that is to create the reality she wants the audience to perceive and also to add force to her pathos appeal which will help sell the idea that the current health care system needs to be repaired. If Clinton is to persuade the audience to choose her as the one who is going to repair the health care system, she first needs to persuade them that the reality is that it is broken. That is what she is doing here, emphasizing this very point by using figures. These examples show the strength of figures as a persuasive tool and shows that Clinton uses figures not just as a way of beatifying her speech.

Clinton also uses parallelism, a figure of balance, to a great extent in the speech; *"We can talk all we want about freedom and opportunity, about life, liberty and the pursuit of happiness but what does all that mean to a mother or father who can't take a sick child to the doctor?"* (Appendix a, L. 65-66). The parallels Clinton draws in this example are significant as they are in fact very important words for Americans. These words are significant because they represent the idea of the American dream and American core values. The words sum up an American ideal, what living in America should be like. In my opinion Clinton makes this sentence very emotionally charged by first creating a kind of inspirational rhythm using core American values and then contrasting these values with parents who cannot get health care for their sick child. I believe this is intended to create a feeling among the audience that the current health care system is simply un-American. I believe that the example seen above is an attempt by Clinton to appeal to the audience's patriotism and to energize the audience. This patriotism makes the audience want a candidate that upholds the core values of America.

Another interesting parallelism Clinton uses in her speech is when she says; *"if Democratic and Republican Governors and legislatures can work together on health care ... then why can't Washington?"* (Appendix a, L. 155-157). This quote comes after a section of the speech where Clinton has talked about the necessity, but failure of consensus and consensus building. Clinton also talks about how she has worked to build this consensus by trying to work with the Republicans, but they have just said no every time; *"Unfortunately back in 1993 and '94 too many of our opponents adopted a strategy that allowed them to "just say no." They said no, not just to our health care plan, but any health care plan."* (Appendix a, L. 144-145). The interesting thing here is that Clinton highlights the fact that Republicans and Democrats can work together, but even more importantly that she wants to reach out to the republicans and work with them. In my opinion, Clinton uses this parallelism to show herself as a candidate who wants to unite Americans across party lines. I believe Clinton does this because Americans are generally tired of partisan politics, and by presenting herself as a unifying figure she may appeal to moderates on both sides of the party divide. The problem with the intention behind this parallelism is though, in my opinion that Clinton still vilifies and



blames the Republicans for being the reason that consensus cannot be reached. Clinton even labels the Republicans as opponents *"Now I know my Republican opponents will try to equate health care for all Americans with government run health care."* (Appendix a, L. 102-103). This in my opinion contradicts Clinton's message of unity and cooperation. What this means is that the image of Clinton as a positive unifying force loses some of its effect because while Clinton indicates that she wants to work with both Republicans and Democrats, at the same time she also indicates that Republicans in Washington are the opponents and do not seek consensus. In my opinion, this means that while the intention may be to show Clinton as a candidate that reaches across party lines, the reality she communicates is one of blame and the Republicans as the enemy.

This concludes my analysis of Clinton's health care speech. The next section is a similar analysis of Obama's health care speech. After I have completed the analysis of Obama's health care speech I will take the interesting and relevant findings from both analyses and use them to compare the two orators' rhetoric with the focus being findings that help me answer my research question.

## **6.2 Barack Obama on health care**

On May, 29, 2007, Barack Obama introduced his vision for the future of health care. The speech was delivered at the University hospital of Iowa, in front of an audience of medical professionals and patients. This speech is primarily a deliberative speech as it deals with the future and encourages action.

### **6.2.1 The arrangement of the speech**

Just as was the case with Hillary Clinton's speech I will begin by looking at the arrangement of the speech, in order to divide the speech into sections. The speech has a somewhat brief introduction only two lines (Appendix b, L. 2-3). After the brief introduction there is an exposition of the case/praise and critique section (Appendix b, L. 4-89), a proposal section (Appendix b, L. 90-97), argumentation for the proposal (Appendix b, L. 98-179) and finally a conclusion (Appendix b, L. 180-205). This speech, although mainly a deliberative speech does just as the Clinton's speech contain elements from the epideictic speech type namely the praise and critique.

### 6.2.2 The objective of the speech, appeal forms and topics:

The objective of this speech is twofold; first to gain the voters acceptance of Barack Obama as the preferred candidate for president and secondly make the audience positive about his health care ideas so that they are willing to accept his health care plan. Just as in the Clinton analysis, I will begin by examining Obama's use of the appeal forms.

The first appeal form used in the speech is pathos. The entire exposition section of the speech is in fact a sad story about a family for whom everything was fine until cancer struck. Now a cancer stricken person is sad enough by itself, but what Obama does is add a further element to the story. The tragedy in this story is not only the decease, but also how trying to fight this decease has left the family on the brink of bankruptcy. In my opinion what Obama is doing here is appealing to the audience's emotions, but the way he does this is by presenting the harsh reality for this family as a general problem, a problem that could strike all Americans. Another thing Obama is doing is defining the cause of the family's tragedy not as only being the cancer, but rather the failure of the health care system. I believe this is a wise choice as it allows Obama to continue the speech not having to come up with a cure for cancer, but rather a cure for the health care system. By using this pathos appeal Obama gets the audience in an emotional state that, in my opinion, is designed to make them feel ashamed about the condition of the health care system and want a solution to this problem. That the current health care system causes tragedy for American families is the reality that Obama is communicating to the audience here.

In the next section of the speech Obama both continues the exposition of the case, but he also introduces elements of praise and critique, hence my choice to label this section as a praise and critique section. In my opinion the whole section could be viewed as a continuous ethos appeal. Not the kind of ethos appeal that specifically persuades the audience of Obama's professional credentials, Obama focuses instead on his personal character. An example of this can be seen when Obama says; *"Well this cannot be one of those years. We have reached a point in this country where the rising cost of health care has put too many families and businesses on a collision course with financial ruin and left too many without coverage at all; a course that Democrats and Republicans, small business owners and CEOs have all come to agree is not sustainable or acceptable any longer"* (Appendix b, L. 30-33). What I believe Obama is trying to say here is that he is a moral person, a person who will not stand for a system that puts families on collision course with financial ruin. In my opinion Obama uses this strategy in order to create a common bond the audience. If Obama persuades the audience that he wants to change the health care system because it is the right

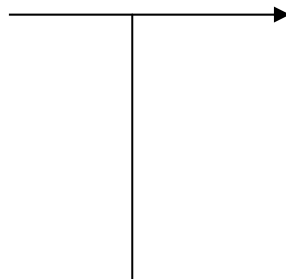
thing to do, they may be better willed towards his plan. There is also a single instance in which Obama does highlight his professional credentials;

*“We've had some success in Illinois as well. As a state senator, I brought Republicans and Democrats together to pass legislation insuring 20,000 more children and 65,000 more parents. I authored and passed a bill cracking down on hospital price gouging of uninsured patients, and helped expand coverage for routine mammograms for women on Medicaid. We created hospital report cards, so that every consumer could see things like the ratio of nurses to patients, the number of annual medical errors, and the quality of care they could expect at each hospital. And I passed a law that put Illinois on a path to universal coverage.”* (Appendix b, L. 84-89).

This example illustrates, in my opinion, that Obama realizes that persuading the audience that he is a good person is not enough; he also needs to demonstrate his track record. The reason he only does this in one paragraph as opposed to the many paragraphs of more moral ethos is, in my opinion, because he does not have a lot of previous health care experience to showcase or any skeletons in the closet he needs to address. Not having a lot of practical experience could be deemed a weakness that I think Obama tries to negate by not making his own experience a central part of the speech. Obama mentions what positive things he has done, limited as they may be, and instead focuses on getting the audience to accept him as the right person to change the health care system by showing that he is motivated by morality and sound sense.

There are also some examples of the logos appeal in the exposition/praise and critique section. One of the logos appeals Obama uses in this section is very long, encompassing almost the entire section, it is, however, somewhat vague in my opinion. A key component of this logos appeal is Obama saying *“this is not who we are. And this is not who we have to be”* (Appendix b, L. 23). Illustrated using the Toulmin model the part of this long logos appeal looks as follows;

We have reached a point in this country where the rising cost of health care has put too many families and businesses on a collision course with financial ruin and left too many without coverage at all; a course that Democrats and Republicans, small business owners and CEOs have all come to agree is not sustainable or acceptable any longer (Appendix b, L. 30-33).



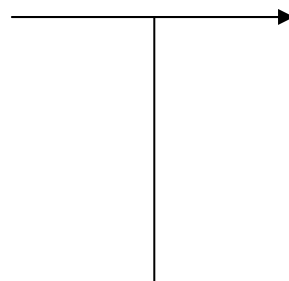
This is not who we are. And this is not who we have to be. We can change health care.

A health care system that puts families on a collision course with financial ruin is an un-American and a broken health care system.

In this logos appeal the special topic Obama chooses is *economy*. This is fitting, in my opinion, because Obama has in the beginning of the speech focused on the fact that the health care crisis is as much an economic problem for Americans as anything else. The reality Obama wants to present to the audience is that the problem is not getting health care, but rather paying for it. I believe that Obama has chosen to use this special topic because of the story he presents in the beginning of the speech. In this story Obama retells a story he heard from an American family. This story places the health care problem as an economic problem and if this story indeed reflects how Americans view the health care problem, which I indicated in my rhetorical situation chapter it is, then it is sensible that Obama chooses this topic. The reason I regarded this or these logos appeals as a bit vague is that the recurring claim “*this is not who we are. And this is not who we have to be*” is more an emotional appeal than it is a rational appeal. In my opinion, it serves more to play on the emotions of the audience, as one could claim that the theme of these sentences are shame and hope and these belong more in the emotional realm than the rational realm. I will still maintain that it is a logos appeal, but it is not solely rational. The common topic Obama uses in this example most resembles *relationship – contraries* as he is realizing his argument by comparing the current broken health care system with his better alternative. I believe that Obama chooses to use *relationship – contraries* because he wants the audience to view the current system in a negative light and the new system, his system as a much preferred alternative. Obama uses *relationship – contraries* for the same purpose several times in the speech in connection with logos appeals.

Another type of logos appeal Obama uses in this section of the speech utilizes a different common topic from the above mentioned example. There are a number of instances where Obama uses statistics in his logos appeals. One such example looks as follows when illustrated by the Toulmin model;

Health care premiums have risen nearly 90% in the past six years. That's four times faster than wages have gone up (Appendix b, L. 36).



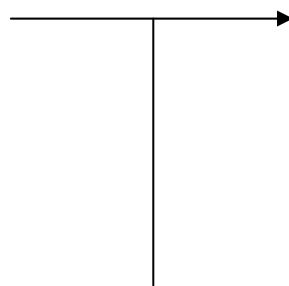
Health care needs to be made more affordable and Obama's plan will achieve this.

A less expensive health care plan is preferable.

This is an example of one of Obama's logos appeals where he uses the common topic *statistics*. As I mentioned in my analysis of Hillary Clinton's health care speech statistics are very often used extensively in health care speeches and Obama's speech is no different. The first thing that is interesting here is the fact that most of the logos appeals that use the common topic *statistics* are in the exposition/praise and critique section of the speech. I believe Obama has structured his speech in this manner because he needs to establish that the health care system is broken before he presents a solution or a fix. This logos appeal builds on the story in the beginning of the speech where Obama uses a pathos appeal to show that there are American families that are suffering because of the current health care system. This logos appeal is in a sense the rational version of the story in the beginning of the speech. In my opinion Obama uses statistics in these logos appeals to support the reality he has already presented namely that something is wrong with the health care system.

The next section in the speech is the proposal section where Obama explicitly states that the reason he is giving this speech is to present his health care plan. This very short section is not very interesting in rhetorical terms, but the following section, the argumentation for the proposal on the other hand is. As one would expect this section of the speech contains a large number of logos appeals. The very first logos appeal in this section is similar to the example from the exposition/praise and critique section of the speech as it uses the same topics, *economy* and *relationship – contraries*;

If you already have health insurance, the only thing that will change for you under this plan is the amount of money you will spend on premiums. That will be less (Appendix b, L. 98-99).

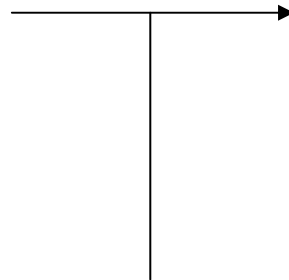


Obama's plan will make health care less expensive and is therefore better than the existing plan.

A less expensive health care plan is preferable.

I chose to include this example because although it is similar in form to the one in the exposition/praise and critique section the claim is much more specific here and more indicative of the other similar logos appeals in this section. Here Obama is trying to persuade the audience to choose his plan over the current plan by arguing that his plan will cost the Americans less in premiums. Again this complements the fact I mentioned earlier that Obama has tried to establish economy as one of the most important things wrong with the health care system. The logos appeals using statistics in the exposition/praise and critique section were intended to persuade the audience that health care system was too expensive and needed to be more affordable and this logos appeal then builds on that and is intended to persuade the audience that Obama's plan will make health care more affordable. What Obama is doing in this section with this and the many other examples of *economic/relationship – contraries* topics is communicating the reality that economy is at the heart of the problem. Obama does this by specifying all the ways the current system is wasteful, expensive and a money machine for large corporations. Obama then uses this to persuade the audience that his plan will rectify this. The next example is interesting because it shows one of the ways Obama frames the issue in a way that reflects the current mood in the U.S.

Finally, we will break the stranglehold that a few big drug and insurance companies have on the health care market ... it's become clear that some of these companies are dramatically overcharging Americans for what they offer (Appendix b, L. 162-164).



Obama's plan will put an end to the stranglehold big drug and insurance companies have on the health care market.

Big drug and insurance companies should not take advantage of ordinary Americans.

I believe that Obama's intention with this argument is presenting the reality that there are big corporations taking advantage of Americans. It is the classic large corporations vs. the ordinary little man scenario. I believe that the reason Obama is doing this is because there have been several very notable corporate scandals in the U.S. in recent history and as a result of this there exist a deeply rooted animosity towards

corporations who can, as Obama is trying to do here, be shown to act unethical. The topics here are the same as the previous example; it is the special topic *economy* and the common topic *relationship – contraries*. Obama is still talking about the current vs. the new, but it is an interesting example of how Obama frames the topics with thought put into the contemporary mood in the nation.

The last part of the speech the conclusion is interesting in the way that it actually takes on the form of the more epideictic speech type as it essentially is a praise section dominated by the pathos appeal. This somewhat deviates from purely deliberative speeches. I believe that one reason for why Obama does this could be that the speech as a whole has been built up around criticizing the current and hailing the new and the praise and critique section works exceptionally well in this aspect. In other words the conclusion continues the underlying structure of the speech. I consider the entire conclusion part of the speech a pathos appeal. The reason I believe that the conclusion part is a pathos appeal is because of the emotional content. Obama talks about America having been in a similar situation before and about how Americans fought vigorously and overcame hardship. This appeal stirs the audience's emotions and, in my opinion, what Obama is doing is establishing a feeling of hope and empowerment among the audience by basically saying that Americans have done great things, overcome similar challenges in the past and will once again do great things and overcome this health care crisis. Obama also does something interesting in that he does talk about how fixing health care has not been easy; *"The resistance to action was fierce. Proponents of health care reform were opposed by well-financed, well-connected interest groups who spared no expense in telling the American people that these efforts were "dangerous" and "un-American," "revolutionary" and even "deadly"* (Appendix b, L. 188-190). Obama, however, talks about this resistance to change as something in the past not the present and thereby he does not give the impression that fixing health care will be a difficult mission this time. In my opinion, Obama ends the speech with a feel good message using a positive tone and evoking positive emotions. Another aspect that seems to add credibility to the above mentioned idea is that Obama calls to mind the names of two great American presidents when he says;

*"The signing ceremony was held in Missouri, in a town called Independence, with the man who issued the call for universal health care during his own presidency - Harry Truman. And as he stood with Truman by his side and signed what would become one of the most successful government programs in history - a program that had seemed impossible for so long - President Johnson looked out at the crowd and said, "History shapes men, but it is a necessary faith of leadership that men can help shape history."* (Appendix b, L. 195-199).

Here we have two great presidents having done a great thing and naming them and their achievement I believe is designed to give the audience an idea of what Obama is trying to do and how monumental it is. I

also think that Obama uses the names of these two great presidents in order to show that he believes that what he is doing and the kind of president he will be is comparable to some of the greatest presidents and achievements in American history. And again I believe that this is a pathos appeal as it evokes pride, patriotism and hope, which are all emotional themes.

To sum up Obama's use of appeals forms and topics<sup>4</sup>, I will just mention, as I did in my analysis of Clinton's speech that the examples of appeal forms and topics presented above are only a few out of a large number in the speech. The examples I have chosen, however, illustrates key tendencies in Obama's speech. With that said, one thing I find interesting is the way Obama uses the ethos appeal. As I mentioned previously Obama seems to focus more on showing the audience that he is a moral or ethical person than on showing actual political experience. The reason for this as I mentioned is, in my opinion, that Obama does not have a very extensive track record on health care to put on display, consequently what he does instead is to show himself as someone who has the necessary moral character to identify wrongs in society, and the character to change these wrongs. This perhaps makes Obama an idealist or optimist rather than a realist, because he focuses on morality instead of political realities. In my opinion, this could be a naïve way of dealing with policy, but this is Obama's way of answering the question people will have in their minds, namely; why should I chose this candidate to change the health care system.

Obama uses the pathos appeal first to make the audience feel the need for change in the very beginning of the speech, and in the end of the speech Obama makes the audience feel hopeful. Obama is, in my opinion, first making the audience feel that there is a problem as opposed to just being told about a problem and in the conclusion he is making the audience feel hopeful about a solution, not just telling them that it is going to be solved. Obama uses this strategy, in my opinion, to put the audience in the right frame of mind and the pathos in the beginning of the speech actually also aides his logos appeal because it makes the audience want change.

The logos appeals Obama uses in the speech are primarily located in the argumentation part of the speech and this is also the section of the speech I would expect to be most rational. The one thing that is very clear is that the same kind of topic both special and common is used over and over again in the speech. Obama primarily uses *economy* as the special topic. I believe as mentioned earlier that Obama uses this topic to such an extent because it is what he perceives to be what matters most to people when talking about health care. The decision Obama has made here is, in my opinion, not to make health care about curing

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<sup>4</sup> There is very little variation in regards to common topics. These are primarily *relationship – contraries* and *statistics*. There is a greater variation in regards to special topics the most used is, however, still *economy* but other special topics not exemplified in my analysis are e.g. *Technology* and *choice*.



decease, but about being able to afford the cure. The extensive use of the common topic *relationship – contraries* simply harmonizes with the fact that Obama is trying to persuade the audience to replace something existing with something new, and the way to achieve this is to contrast the two things and attach negative things to the current and positive things to the new. This is what Obama is trying to do by making his arguments using *relationship – contraries*. Next I am going to move onto the style of the speech.

### 6.2.3 Style

#### 6.2.4 Word level

As with my analysis of Clinton's speech I am not going into extensive detail on word level, but I am going to analyze the same aspects as in the Clinton analysis. I am going to analyze Obama's use of the personal pronouns.

The first interesting use of personal pronouns is found early in the speech. Obama talks about the values of America and says; "*Amy is right. This is not who we are. We are not a country that rewards hard work and perseverance with bankruptcies and foreclosures. We are not a country that allows major challenges to go unsolved and unaddressed while our people suffer needlessly*" (Appendix b, L. 19-21). By using *we* here Obama in my opinion makes the audience feel a part of what is going on, part of the reality he is presenting. Obama also does something else and that is that he creates a common bond with the audience and I believe that by doing this Obama is not seen as a politician talking to ordinary Americans, but as an American talking to other Americans. What this accomplishes, in my opinion is that the audience will see Obama in a more positive light and feel that Obama is one of them. Obama makes the issue personal by using *we*, because what he is saying is that Americans are in this together. Obama is also, in my opinion, appealing to the audience's pride. The U.S. is a superpower in the world today and Americans are a proud people, who for the most part believe that they live in the greatest nation and society in the world, and when something is wrong in this, the greatest nation in the world, the audiences' national pride or patriotism will move them to want to correct this. By using *we* Obama unites the entire audience as Americans, not rich or poor Americans, nurses or patients and so on, but simply Americans. This allows Obama to draw on this national pride. Pride is a powerful motivation for action and Obama is trying to make use of this as a tool for persuasion.

Obama actually uses the personal pronoun *we* consistently throughout the speech even when referring to something that Obama or his plan is actually going to do. An example of this is when Obama says; "*But we*

*also have to demand greater efficiencies from our health care system. Today, we pay almost twice as much for health care per person than other industrialized nations, and too much of it has nothing to do with patient care*" (Appendix b, L. 112-113). Here Obama says that we, meaning Americans, pay too much for health care, consequently Americans have to demand greater efficiencies and Obama continues; *"First, we will reduce costs for business and their workers by picking up the tab for some of the most expensive illnesses and conditions"* (Appendix b, L 117-118). Obama could have said *I* will reduce costs, but he uses *we* instead. There is a very good connection here between *we* pay too much and *we* will reduce costs. In my opinion Obama by using *we* continues the idea that health care is a problem that affects all Americans and everybody is part of the solution. It is a continuation of the ideas that Obama has already introduced. There is also another similar aspect to this and that is that by using *we*, Obama is in my opinion saying *me* and *you*, Obama and his supporters. Obama is making the audience part of his team, part of this movement to improve health care. Obama has already tried to make the audience want action and by using *we* in this way he is making them feel as though by choosing Obama's plan they are actively doing something positive. The audience has already been confronted with the fact that Americans do not stand idly back when something is wrong and Obama is making the audience feel that they, not only him, are doing what Americans do, what makes America great. It is in a sense the same feeling that people get when donating to charity or doing charitable work, this gives you a sense of having helped, a sense of accomplishment and this is in my opinion the feeling Obama is trying to invoke because it acts as a strong incentive for choosing his plan.

There are actually only very few examples of Obama using the personal pronoun *I* in the speech. There is a paragraph where Obama highlights his personal beliefs;

*"But I also believe that every American has the right to affordable health care. I believe that the millions of Americans who can't take their children to a doctor when they get sick have that right. I believe that people like Amy and Lane who are on the brink of losing everything they own have that right. And I believe that no amount of industry profiteering and lobbying should stand in the way of that right any longer"* (Appendix b, L.72-75).

I believe that the primary reason Obama uses *I* here is because it is a part of an ethos appeal that is designed to show that he is a good moral person, a good American that will not accept that health care is making Americans suffer. The other examples of Obama using *I* are again in conjunction with ethos appeals where it is simply natural that Obama highlights himself. It is clear, however, that in almost all the parts of the speech where Obama is calling for action or referring to something his plan will do he uses *we* as to

indicate that this is something he will do together with the Americans. The next stylistic element I am going to examine is figures of speech.

### 6.2.5 Figures of speech

One of the most used figures in Obama's speech is without a doubt the antithesis. This is not surprising considering that I found in my analysis of appeal forms and topics that there is a great deal of comparison in the speech. As I also mentioned earlier Obama compares or rather contrasts the current health care system with the health care system he envisions for the future and for this purpose the antithesis is very useful. As mentioned in the theory chapter and as seen in my analysis of Hillary Clinton's speech, antitheses can take on two forms; the developed and the undeveloped antithesis. The following quote is an example of undeveloped antithesis in Obama's speech;

*"My heart was in pain," she said. "This is not who we are. We have done everything right. We have done everything we were supposed to do. This is not who we are." Amy is right. This is not who we are. We are not a country that rewards hard work and perseverance with bankruptcies and foreclosures. We are not a country that allows major challenges to go unsolved and unaddressed while our people suffer needlessly. In the richest nation on Earth, it is simply not right that the skyrocketing profits of the drug and insurance industries are paid for by the skyrocketing premiums that come from the pockets of the American people. This is not who we are. And this is not who we have to be". (Appendix b, L. 17-23).*

Here we have the antithesis *we have done everything right/things still went wrong*, but the answer or solution Obama provides us with is not a specific solution to the problem, but rather a very vague *"this is not who we are and this is not who we have to be."* Obama, in my opinion, uses this undeveloped antithesis to inspire hope and move the audience's will to action. In my opinion, Obama also uses the undeveloped antithesis as a way of giving the parts of the speech where he uses them a more thematic feel. This is useful when trying to establish a certain reality because it allows Obama to introduce broad sweeping ideas

So far I have shown an example of an undeveloped antithesis, but there are also examples of developed antitheses that are arranged in a problem/solution construction. You could also call this problem/solution construction a programmatic construction. Almost all of these are located in the argumentation section of the speech. An example of a developed antithesis can be seen when Obama says; *"If you cannot afford this insurance, you will receive a subsidy to pay for it. If you have children, they will be covered. If you change*

*jobs, your insurance will go with you. If you need to see a doctor, you will not have to wait in long lines for one*" (Appendix b, L. 105-107). Here we have one long or a series of antitheses all with both the problem and the solution stated. The solutions are not very detailed, but clear nonetheless. In the case of this example, Obama has already established the reality that many Americans cannot afford insurance earlier in the speech, so when he says; *"if you can't afford insurance"* the audience knows that this is a significant problem. Obama can then say that if you chose my health care plan the solution to this problem is that; *"you will receive a subsidy to pay for it"*. Obama uses this developed antithesis as an aide to his rational argumentation or logos appeal and it is the same case with almost all of the developed antitheses in the speech.

I have found that Obama uses both types of antitheses in the speech and that the undeveloped antitheses are mostly found in the beginning of the speech and I believe that the reason for this is that the part of the speech where Obama establishes his reality, the reality the rest of the speech is built around. What this means, in my opinion, is that in the parts of the speech where Obama uses the undeveloped antithesis Obama's the speech takes on a more thematic form. The developed antitheses are found in the argumentation section because once Obama has established his reality he now needs to build upon this and present his arguments and solutions.

The next figure of speech I want to deal with in Obama's speech is interesting because it recurs several times in the speech, formulated in almost the same way each time. The first occurrence is early in the speech where Obama recounts a story he was told about a family whose life was in ruin because of the current health care system; *"My heart was in pain," she said. This is not who we are. We have done everything right. We have done everything we were supposed to do. This is not who we are."* (Appendix b, L. 17-18). I have underlined the interesting part of this quote and it is interesting because Obama takes this quote and uses it several times during the speech; *"Amy is right. This is not who we are (L. 19) ... This is not who we are. And this is not who we have to be. (Appendix b, L. 23) ... That's not who we are"* (Appendix b, L.75). I have already linked this repeated line with both a logos appeal and an antithesis, but the line has yet another function. This use of the line several times closely resembles a symplece, a figure of repetition, in that the line ties together parts of a whole. It is a very memorable line, a catchphrase that you could almost imagine the audience repeating aloud. In this sense it is style in the way most people think of the style, namely words that are pleasing to the hearer, but it is more than that. The reason Obama uses this particular rhetorical figure is, in my opinion, to make the audience return to the original reality Obama has established in the story he told in the beginning of the speech. It is useful for Obama to make the audience think of the ruined family over and over again because the story is designed to make the audience want

change, and want to react, to do something. It is a way of using a stylistic element to keep the audience in the frame of mind that Obama wants them to be in and a simple but effective way of continuing a previously introduced pathos appeal. This is not the only figure of repetition Obama uses in the speech. Obama actually uses a great deal of figures of repetition in the speech.

Some figures of repetition Obama uses to beatify his language, but they still have a deeper underlying intention. Obama uses anaphors to add rhythm and energy to a paragraph e.g.; *“If you cannot afford this insurance, you will receive a subsidy to pay for it. If you have children, they will be covered. If you change jobs, your insurance will go with you. If you need to see a doctor, you will not have to wait in long lines for one. If you want more choices, you will also have the option of purchasing a number of affordable private plans that have similar benefits and standards for quality and efficiency.* (Appendix b, L. 105-108). Here all the sentences start with *if* and as mentioned this gives the paragraph a sense of rhythm and energy and in my opinion, this rhythm and energy gives the makes the paragraph feel positive and optimistic. The reason Obama uses an anaphor to give the paragraph a positive and optimistic feel here is, in my opinion, that in this paragraph Obama is essentially talking directly to Americans, instilling hope for a better health care system, a better future. Obama is saying no matter what situation Americans are in; they will have access to health care. Obama also creates emphasis on the subject in the paragraph by defining the subject from different angles. In this way Obama creates a sense of momentum that carries the audience along and makes the audience embrace the message in the paragraph. And in my opinion the hopeful message and the positive language combine to make the paragraph stronger and more compelling.

There are also some very interesting figures of balance in the speech. Obama uses parallelisms to make an interesting point; *“We have reached a point in this country where the rising cost of health care has put too many families and businesses on a collision course with financial ruin and left too many without coverage at all; a course that Democrats and Republicans, small business owners and CEOs have all come to agree is not sustainable or acceptable any longer.”* (Appendix b, L. 31-34). The interesting point I am referring to here is that Obama actually says that both Democrats and Republicans agree that something must be done about health care. The question is then why would a Democratic candidate mention his rivals in a somewhat positive way? I believe that Obama is reaching out to both Democratic and Republican voters and perhaps voters who are undecided and vote not based on party allegiance, moderates whom vote for the candidate they feel will best represent them. This particular parallelism is actually further built upon later in the speech where Obama says; *“Since then, rising costs have caused many more businesses to back reform, and in states from Massachusetts to California, Democratic and Republican governors and legislatures have been way ahead of Washington in passing increasingly bolder initiatives to cover the uninsured and cut*

costs” (Appendix b, L. 80-83) Here again Obama highlights the good works done by both Democrats and Republicans and again this may seem strange, but the intention is the same as with the first example. The intention behind these Democrat and Republican parallelisms actually become even more multifaceted if you include a third example; *“As a state senator, I brought Republicans and Democrats together to pass legislation insuring 20,000 more children and 65,000 more parents.”* (Appendix b, L. 84-85). Here we have a third parallelism that not only continues the theme, but actually expands upon it. What the third example is designed to do is show Obama as a candidate that unites Americans across party lines. This is in line with what I have already talked about earlier in the analysis namely Obama’s focus on portraying the health care problems as not just a problem for some, and here he does this by essentially saying health care is not just a Democratic problem or a Republican problem, but an American problem. The intention behind this is to make the audience want a president that can bring the parties together to solve the problems on the national level, just as Obama has done in his own state. A final reflection on the reason for using these particular parallelisms is that the ideas that are brought forward in these examples would appeal to Americans who are simply tired of partisan politics.

This concludes my analysis of Obama’s speech and in the next chapter I am going to compare the two orators’ rhetoric with the focus being the findings that help me answer my research question.

## 7. Obama and Clinton's rhetoric compared

I have analyzed a number of different rhetorical elements in Clinton and Obama's health care speeches in, in order to answer my research question; *"What is it that makes Obama's oratory and rhetoric so special and so special in comparison with his opponent's oratory? Is it the reality Obama introduces? Is it the style he uses? Is it the topics, argumentation and appeals forms that Obama chooses? Or is it some other rhetorical elements?"* I will in this section of the thesis compare the rhetoric and rhetorical strategies used by the two orators.

Something that surprised me was the just how similar the two speeches are. The overall structures of the two speeches are almost completely the same, similar sections in the same order. Clinton and Obama both use pathos appeals in the beginning and end of their speeches. Both orators include a story about an American family for whom the current health care system has led to ruin in the beginning of their speeches. The feelings these two similar stories invoke and the themes they use to conjure these feelings are almost the same in both speeches. The logos appeals the two orators use are also similar in that both Clinton and Obama for the most part use the special topic *economy*<sup>5</sup> and the common topic *relationship – contraries* to construct their rational arguments. Although it first surprised me just how many similarities the two speeches share, my analysis also revealed some important differences. What I am going to highlight in this next section are what I believe to be the most interesting and important tendencies or differences.

### 7.1 The realist vs. the optimist

One of the tendencies I have found by analyzing the two speeches is that the two orators, in my opinion, present two different outlooks when it comes to reforming health care. The reason I have dubbed this section the realist vs. the optimist is because I believe that these two terms describe the outlook Clinton and Obama express throughout their speeches. Both Clinton and Obama's speech revolve around change, specifically changing the health care system for the better. What I am presenting here is not the classical pessimistic vs. optimistic outlook e.g. one orator believes that change will fail and one believes that change can succeed, but rather that Clinton has a tendency to presents the difficulties that she and the Americans have and will face reforming health care and while Obama does mention some difficulties he present a more optimistic outlook for change.

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<sup>5</sup>The special topics used in the two speeches are nearly indistinguishable even though Clinton makes use of a few more special topics than Obama.

There is no doubt in my mind and probably also in the minds of Americans that changing such a complex system as the health care system will not be an easy task and there are also several examples in Clinton's speech that show that Clinton is being very realistic about how hard it will be to change the health care system. I have included some of these examples in my analysis. There is the story about how Clinton tried to reform the health care system in the 90's and failed because there were too many obstacles in her way. This particular story talks about how difficult it was to reform health care in the past. The intention behind this story is of course not to tell the audience that Clinton failed in the past because it was too difficult and therefore will fail again. The intention behind the story is to show that Clinton has experience and has learned from her mistake. Clinton, however, does not just talk about how it was difficult to reform health care in the past, but also talks several times about how it will demand of Americans to bear some burdens if her plan is to succeed. This may be realistic, but being required to do something and the necessity of bearing burdens is neither a positive nor an optimistic message, but rather indicates that reforming health care will not be painless for Americans. Clinton does try to present an optimistic message by ending her speech a message about writing a story with a happy ending, but this attempt is in my opinion defeated by the overall realistic nature of most of her speech. In my opinion Clinton has a tendency to be more realistic because she is trying to show the audience that she knows the realities of politics and while she is all for change, the reality is that change does not happen easily and overnight. Clinton is trying to present the reality that changing the health care system takes experience and skill and to paraphrase Clinton herself that she has the scars to show that she has these necessary things. The message or image Clinton communicates is still, however, in my opinion, that the road to health care will be bumpy and full of obstacles.

There are also examples of Obama requiring Americans to do something if his plan to change health care is to succeed, but most of them are more light hearted as this example where Obama uses a little humor in the end shows; *"But in the end, prevention only works if we take responsibility for our own health and make the right decisions in our own lives - if we eat the right foods, and stay active, and listen to our wives when they tell us to stop smoking."* (Appendix b, L. 134-135) I believe that Obama overall presents a more optimistic and positive message throughout his speech and the aspect in the two speeches that show this best, in my opinion, is when the orators talk about the past. As I have mentioned Clinton talks about the difficulties and eventual failure of her efforts to reform health care in the past. Obama, however, does the opposite and as I mentioned in my analysis, in the end of his speech, presents a story that does talk about the difficulties of reforming health care in the past, but the story Obama presents is a success story. It is a story about how reforming health care is possible and has been done. It is a story that inspires hope and optimism, a story which shows the audience that change has and can be achieved. Obama's story and



overall outlook in his speech makes him exude an optimistic “can do attitude or message” as opposed to Clinton’s realistic “we have a hard fight ahead” message. The two orators are both realistic and optimistic at times in their speeches, but I still see the realist vs. optimist tendency in important places in their speeches. What is significant about this, in my opinion, is that these two different tendencies communicate different things to the audience about what they can expect the road to health care reform to be like. It is a matter of instilling belief in the audience, a belief that the orators’ health care plans will succeed and although some might find Obama’s message naïve, I believe Obama’s outlook and message is more encouraging and hopeful than Clinton’s realism, and I believe that this can create a stronger belief among the audience that reforming health care is possible and will be successful.

## **7.2 Uniting the country across party lines**

Another tendency I want to discuss in this section is bi-partisanship or the way the orators talk about uniting the country across party lines. Both orators spend considerable time talking about bi-partisanship in their respective speeches. I believe that there are two main reasons for why the orators spend considerable time talking about bi-partisanship; One because Americans are tired of partisan politics in Washington as mentioned in the rhetorical situation chapter. Secondly this is an election and therefore the orators are also reaching out to both Democratic and Republican voters and perhaps voters who are undecided and vote not based on party allegiance, moderates who vote for the candidate they feel will best represent them.

In my opinion, the uniting the country across party lines theme is an important aspect of these speeches because both orators present the reality that the health care crisis is an American problem, a problem that affects all Americans, Democrats and Republicans alike. Both orators also introduced core American values such as the American family, the American dream and conjure patriotism in their speeches. With this in mind the concept of uniting Americans and the orators portraying themselves as first and foremost American becomes important. The interesting thing I found in my analysis is that, while both Clinton and Obama dedicate space in their speeches to show that they intend to unite the country across party lines and work with the Republicans, their rhetoric reveals some interesting differences in the way the approach this aspect.

My analysis showed that both Clinton and Obama identify the same problem and are actually similar in so far as they both present the reality that Democrats and Republicans can and have worked together in the

local states. Both orators are also very critical about the fact that Democrats and Republicans have not worked together in Washington. By presenting the reality that there is too much partisan politics in Washington both orators create an opportunity to establish the reality that they will change this for the better. Both orators also create an opportunity to capitalize and build on the reality and emotions they have tried to establish by using rhetoric based on core American values. However, my analysis revealed that the story of how Clinton and Obama treat this theme is a story of the inconsistent vs. the consistent. What I mean by the inconsistent vs. the consistent is that Clinton in her speech at times talk about wanting to work with the Republicans, wanting to unite the country across party lines, but Clinton also labels the Republicans as her opponents or the enemy, this can be seen for example here; *"Now I know my Republican opponents will try to equate health care for all Americans with government run health care"* (Appendix a, 101-102). Clinton also blames the Republicans for being the reason that consensus for health care reform could not be reached in the past; *"Unfortunately back in 1993 and '94 too many of our opponents adopted a strategy that allowed them to "just say no." They said no, not just to our health care plan, but any health care plan.* (Appendix a, L. 143-144). In my opinion especially this last quote has an almost bitter tone, which is problematic when the message Clinton is trying to communicate is one of unity and working together. Even more problematic than Clinton's tone is the fact that, in my opinion, Clinton through her rhetoric establishes two conflicting realities. One the one hand Clinton presents the reality that she wants to unite the country across party lines, wants to work with the Republicans and is going to work with the Republicans and one the other hand she presents the reality that the Republican are the enemy and they do not seek consensus. There is simply a conflict between the rhetoric that establishes a will to unify and the rhetoric that polarizes the nation.

Obama as opposed to Clinton is a lot more consistent in his uniting the country across party lines themed rhetoric. Obama, in my opinion, presents a much more positive message, establishes a more positive reality and significantly avoids the vilification of the Republicans. Obama focuses on showing that there exist an environment where Democrats and Republicans can work together as can be seen in this quote; *"As a state senator, I brought Republicans and Democrats together to pass legislation insuring 20,000 more children and 65,000 more parents."* (Appendix b, L. 84-85). Obama's speech is almost completely free of the very critical anti Republican rhetoric you see in Clinton's speech. An interesting point I can raise to support that Obama avoids this vilification of the Republicans is that Both Clinton and Obama talk about the failed health care reform attempt in the 90's, but in very different ways. While Clinton blames the Republicans, Obama uses a different angle as can be seen here; *"We now face an opportunity - and an obligation - to turn the page on the failed politics of yesterday's health care debates."* (Appendix b, L. 76-77). Here Obama

does not blame the Republicans for the failure, nor does he portray them as opponents or enemies, he simply talks about the failed politics of yesterday's health care debates.

The significant thing about Obama consistently creating the reality that he wants to unite the country across party lines and more importantly that he consistently presents the reality that working together is possible, is that Obama comes across as being more credible and he makes the audience believe that he can actually achieve these things.

The significant difference between Clinton and Obama is that the realities Obama presents instill belief in success. Clinton's conflicting realities, uniting and polarizing the nation, however, in my opinion create doubt as to whether she really wants to work with the Republicans, or as she labels them her opponents, and as importantly whether Clinton actually believes that it is possible to unite the country across party lines, both these things destroy the image of Clinton as a positive unifying force.

I just want to add an interesting point here and that is that the uniting the country across party lines rhetorical tendencies that I have just discussed actually to some degree reflect back to the previous realist vs. optimist tendencies. They reflect back to the previously discussed realist vs. optimist tendencies because what I am seeing again is Obama presenting a very optimistic "*can do*" message and Clinton presenting a realistic "*working together with the Republicans will not be easy and may not be possible*" message.

### **7.3 I or we?**

The third and final tendency from my analysis I want to bring to light and discuss in this section is the way the two orators use personal pronouns in their speeches. One of the advantages of a rhetorical analysis that examines several layers of rhetoric is that it gives you several facets or elements, from which to make a comparison between speeches. The reason I have chosen to highlight the use of personal pronouns is that I believe that the way the respective orators' use the personal pronouns have different and important rhetorical implications that set them apart.

What my analysis found and something I have mentioned before is that both Clinton and Obama use the first part of their speeches to establish the reality that the health care problems affect every single American. The natural implication of this on the word level is that both orators use the personal pronoun *we* extensively in the early parts of their speeches. By using the personal pronoun *we* the orators create a common bond with the audience and establishes a sense of unity, a sense of we Americans are all in this together. However, while Both Clinton and Obama use *we* extensively in the early parts of their speeches

there is an interesting contrast in the way the orators use personal pronouns in the middle and later parts of their speeches. This contrast can best be described by reintroducing a notion I have already discussed in the previous section, namely the concept of the consistent vs. the inconsistent. The reason I reintroduce this notion is that, while Clinton begins her speech using *we* extensively as can be seen e.g. here; *“Ultimately this is about who we are as a people and what we stand for”* (Appendix a, L. 63-64) she moves away from this and begins using the personal pronoun *I* instead. Now this tendency, this inconsistency has some interesting implications because it is again as I have discussed in the previous section, a matter of creating two conflicting realities. The problem, as I see it, is that in the early parts of her speech Clinton mobilizes the audience, includes them in the problem in order to persuade them to be part of the solution. However, when it comes time to actually present the solutions to the health care problems Clinton puts herself almost solely on center stage by using *I* as can be seen in this quote, which is one of many using *I*; *I will require insurance companies in the Health Choices Menu to let you take your plan with you as you move from job to job or even state to state”* (Appendix a, L. 204-206). This is problematic, in my opinion, because by failing to consistently include the audience, the Americans, in the solution part of her speech; Clinton does not have the opportunity to take advantage of the feeling of unity and motivation to take action instigated by the *“we are all in this together”* reality she has already established.

Now there is no doubt in my mind that there is a specific intention behind the way Clinton uses the personal pronoun *I*. I believe that by extensively using *I* and thereby stressing her own ethos Clinton is trying to show herself as a strong leader. This is not an ineffectual reality for a politician to establish, but the way Obama uses the personal pronouns in his speech creates something that is in my opinion more powerful. Obama in my opinion creates what I would describe as a positive movement for change.

Obama as mentioned earlier uses the personal pronoun *we* in the beginning of the speech to establish that the health care problems affect the all Americans, not rich or poor Americans, nurses or patients, but simply Americans. This is seen for example when Obama early in the speech says; *“Amy is right. This is not who we are. We are not a country that rewards hard work and perseverance with bankruptcies and foreclosures. We are not a country that allows major challenges to go unsolved and unaddressed while our people suffer needlessly”* (Appendix b, L. 19-21). Where Obama’s use of the personal pronouns differs in comparison to Clinton, however, is that Obama actually uses *we* consistently throughout the entire speech. An example of Obama using *we* in a later part of his speech illustrates one of the advantages of his approach. Obama says *“First, we will reduce costs for business and their workers by picking up the tab for some of the most expensive illnesses and conditions”* (Appendix b, L 117-118). Obama could have said *I* will reduce costs, but as I mentioned in my analysis he uses *we* instead. There is a very good connection here

between we pay too much and we will reduce costs. In my opinion, Obama can by using we continue to take advantage of the realities he has created, namely that health care is a problem that affects all Americans and everybody is part of the solution, and he can better take advantage of the powerful emotions such as unity and patriotism established by these realities. Obama can do this because, in my opinion, the realities he presents create a desire in the audience for action and a desire to be part of this action. Obama is creating the desire for action in the beginning of his speech and satisfying this desire during the rest of his speech. Obama is satisfying this desire because what he is doing by using we consistently is making the audience part of his team, part of this movement to improve health care. This, in my opinion, makes the audience feel as though by choosing Obama's plan, they are actively doing something positive or in other words it makes the audience feel as though they by choosing Obama's plan can be an active part of a positive movement for change.

I believe that the feeling of being part of a positive movement is a more powerful and inspiring message than Clinton's "if they do as I instruct the plan will succeed" message.

## 8. Conclusion

The question this thesis sought to answer by doing a comparative rhetorical analysis of Obama's and Clinton's speeches was; is it possible to reveal; *"What it is that makes Obama's oratory and rhetoric so special and so special in comparison with his opponents' oratory? Is it the reality Obama introduces? Is it the style he uses? Is it the topics, argumentation and appeals forms that Obama chooses? Or is it some other rhetorical elements?"*

One of the things that struck me at first was that my analysis showed that Clinton and Obama's speeches were very similar in many ways. The overall structures of the two speeches are almost completely the same, similar sections in the same order. Clinton and Obama both use pathos appeals in the beginning and end of their speeches. Both orators include a story about an American family for whom the current health care system has led to ruin in the beginning of their speeches. The feelings these two similar stories invoke and the themes they use to conjure these feelings are almost the same in both speeches. The logos appeals the two orators use are also similar in that both Clinton and Obama for the most part use the special topic *economy* and the common topic *relationship – contraries* most to construct the rational arguments.

The fact that Obama is so regularly described by journalists, commentators etc. as a political phenomenon and that all the excitement surrounding Obama seems to have something to do with his oratory and his rhetoric, would have left to believe that my analysis would have shown Obama's rhetoric to have been widely different from that of his opponents, this was not the case. Does this mean that Obama's rhetoric and oratory is not special or not special in comparison with his opponents' oratory, the answer to this is, in my opinion, quite the contrary. Because while my analysis found that Obama and Clinton's rhetoric is similar in many ways it also found some interesting tendencies and differences that I believe might explain why Obama's rhetoric is considered so special.

One of the things my analysis found was that the two orators in my opinion present two different outlooks when it comes to reforming health care. Both Clinton and Obama's speech revolve around change, specifically changing the health care system for the better. My analysis, however, found that Clinton is being very realistic about how difficult it will be to change the health care system and she also talks several times about how it will demand of Americans to bear burdens if her plan is to succeed. Obama on the other hand consistently presents a more optimistic and positive message throughout his speech, a message that inspires hope and optimism. Obama Rhetoric exudes a "can do attitude or message" as opposed to Clinton's realistic "we have a hard fight ahead" message. This is significant because I believe Obama's

outlook and message is more encouraging and hopeful than Clinton's realism. I believe that one of the reasons Obama is described the way he is by so many, is that he consistently uses rhetoric that inspires hope, positivity and optimism. In a nation that after eight years of Bush leadership is faced with considerable foreign and domestic challenges and in a nation where the dissatisfaction with the direction of the country is at an all-time high I believe that this is just the inspiring message that the people will take to heart.

There is not only dissatisfaction with the direction of the country; Americans are also tired of partisan politics in Washington and the legislative paralysis this has caused. Because of this both orators spend considerable time talking about bi-partisanship or uniting the country across political lines in their respective speeches. Both orators present the reality that the health care crisis is a problem that affects all Americans, Democrats and Republicans alike. Both orators also introduced core American values such as the American family, the American dream and conjure patriotism in their speeches. Where Obama and Clinton differ, however is that Clinton at times use rhetoric that shows that it is possible to unify the nation and that she is willing to do so, yet in other parts of her speech she uses rhetoric that polarizes the nation by means of blaming and vilifying the Republicans. This conflicting rhetoric while realistic, in my opinion, destroys Clinton's attempt to establish herself as a positive unifying force. Obama as opposed to Clinton is more consistent in his uniting the country across party lines themed rhetoric. Obama, in my opinion, presents a much more positive message, establishes a more positive reality and significantly avoids the vilification of the Republicans. Here again we have an aspect I believe may be one of the reasons Obama's rhetoric is described as being special. In a nation tired of partisan politics Obama's rhetoric creates an image of a person truly willing work with others despite their political views and this establishes Obama as a positive unifying figure.

Finally my analysis also found that the two orators used personal pronouns differently in their speeches and that this has significant rhetorical implications. Both orators use the personal pronoun *we* extensively in the early parts of their speeches to establish the reality that the health care problems affect every single American, and to create a sense of *we* Americans are all in this together. However, while Clinton begins her speech using *we* extensively, she moves away from this and begins using the personal pronoun *I* instead. The problem with this in my opinion is that in the early parts of her speech Clinton mobilizes the audience, includes them in the problem in order to persuade them to be part of the solution. However, when it comes time to actually present the solutions to the health care problems, Clinton puts herself almost solely on center stage. The result of this is, in my opinion, that Clinton does not have the opportunity to take advantage of the feeling of unity and motivation to take action instigated by the "*we are all in this*

*together*” reality she has already established. Obama, however, actually uses *we* consistently throughout the entire speech. This allows Obama can to better take advantage of the realities he has created, namely that health care is a problem that affects all Americans and everybody is part of the solution, and he can better take advantage of the powerful emotions such as unity and patriotism established by these realities. By using *we* consistently Obama makes the audience feel as though they by choosing Obama’s plan can be an active part of a positive movement for change. I believe that Obama’s rhetoric establishing this very powerful and inspirational message of togetherness may be one of the reasons Obama’s rhetoric is described as being special.

So the answer to the problem in my research question; *“What is it that makes Obama’s oratory and rhetoric so special and so special in comparison with his opponent’s oratory? Is it the reality Obama introduces? Is it the style he uses? Is it the topics, argumentation and appeals forms that Obama chooses? Or is it some other rhetorical elements?”* is that I believe that Obama uses a combination of many of these rhetorical elements to establish a stronger, more consistent and more positive message of hope and optimism, of bi-partisanship and of togetherness than Clinton.



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## Appendix a – Transcript of Hillary Clinton’s speech on health care

1 I am honored to be here with you today at Broadlawns Medical Center. For many years, as you've heard,  
2 this Center has been providing care for the people of this community including many of those most in need  
3 and I cannot think of a better place to discuss America's health care crisis than a medical center that  
4 confronts the consequences every single day.

5 I want to thank Jody Jenner, Broadlawns' President and CEO, along with the Board and the staff of this fine  
6 medical center. I want to thank Lisa Bechtel, a proud SEIU nurse along with her colleagues who take care of  
7 the people who come through the doors here seeking help and support. And I want to thank Susan Kirstein,  
8 the Chief Nursing Executive. I'm a strong, strong supporter of nurses and I appreciate the role that they play  
9 and I'm looking forward to expanding that role because I think it will be important to do so in the future of  
10 health care as I see it. And to the entire staff of Broadlawns, thank you for being on the frontline. The  
11 statistics that you've heard are just really a snapshot. So many of the patients here come because they have  
12 needs that are not being met elsewhere and I hear their stories across our country and I've certainly heard  
13 them here in Iowa.

14 I want to start by telling you about Judy Rose, who I met last month in Dubuque along with her husband  
15 John. Back in 2001, John lost his job of thirty years when the plant where he worked closed with just one  
16 day's notice. And so, Judy and John lost not only John's job, they lost their health insurance. A couple of  
17 months later, Judy was diagnosed with breast cancer. Thankfully a special government program started  
18 during my husband's administration took care of her treatment and she recovered. But then in 2003, John  
19 had a heart attack. He spent hours in surgery and was in the intensive care unit. Fortunately he survived,  
20 but when the bills came, their luck ran out. The costs of John's care were so high they had to sell the home  
21 they lived in for thirty years.

22 That is the tragedy at the heart of our health care system -- The devastation when one stroke of bad luck  
23 undoes a lifetime of hard work.

24 That feeling of being right on the edge that eats away not just at the 47 million who don't have health care,  
25 but many of the 250 million who do.

26 It's the heartbreak you feel when your spouse asks, "can we afford my pills this month," and you don't  
27 know the answer.

28 When your sick child asks, "can I see a doctor," and you can't bear to answer.

29 When you ask your doctor, "will my insurance pay for that," and from the look on her face, you already  
30 know the answer.

31 It's what has led to so many people in so many places over so many years to ask me, "what are you going to  
32 do about health care for America?" And then more quietly, "and what am I going to do about health care  
33 for me and my family?"

34 Well I'm here today because I believe it is long past time that this nation had an answer. That's why I'm  
35 running for President, because I believe America is ready for change. Because like you, I remember how we  
36 entered the 21st century; filled with hope, ready to seize the promise of a more prosperous nation and a  
37 more peaceful world. But like you, I've seen how in the last six and a half years, we've done just the  
38 opposite. We've gotten mired in another country's civil war, a war without a military solution. We have  
39 failed to invest in our future, in our schools, technology, science and infrastructure And we're falling  
40 behind. Costs are rising and wages are lagging. Premiums have almost doubled -- up 80, no, up 98% since  
41 2000. And half of all personal bankruptcies in America are caused by medical bills. When the time for  
42 change came, we weren't afraid, we didn't look away, we came together and we made America stronger,  
43 more prosperous, and more fair. We are and have always been a nation of opportunity -- a nation that  
44 believes in giving everyone a chance to make the most of their own lives. And of course we believe in  
45 responsibility. But when families are struggling, when they don't have the basic necessities that allows  
46 them to see these opportunities, we don't leave them to fend for themselves.

47 Unfortunately that's exactly what we've seen in the past six and a half years. Instead of an era of  
48 opportunity, we've had a "you're on your own" era. So many people, families who can't afford health care,  
49 young people who can't afford college, seniors who can't afford to retire, it's like they are invisible to the  
50 President, like he's looked right through them. Well, I don't think anyone in America should be invisible. I  
51 believe every child should have a world class education, every worker should have a job with good wages  
52 and good benefits, every American should have a secure retirement. And today, as we strive for a new  
53 beginning to the 21st century, I believe everyone, every man, woman and child, should have quality,  
54 affordable health care in America. We should do it.

55 We should do it because in this new economy, when people move jobs more than ever before, their health  
56 insurance should move with them. We should do it because doctors and nurses, not insurance company  
57 employees, should be calling the shots on patient care.

58 We should do it because solving the health care crisis is key to ensuring American competitiveness in the  
59 global marketplace. We should do it because in a nation where we split the atom, sent a man to the moon,  
60 mapped the human genome, where we have some of the most promising treatments and cures available,  
61 hard working people should get the care they need when they're sick.

62 And we should do it because it is the right thing to do. Because we can no longer tolerate the injustice of a  
63 system that shuts out nearly one in six Americans. Ultimately this is about who we are as a people and what  
64 we stand for. We can talk all we want about freedom and opportunity, about life, liberty and the pursuit of  
65 happiness, but what does all that mean to a mother or father who can't take a sick child to the doctor? To  
66 someone who can't take the job of his dreams because it doesn't offer health care? To a family filing for  
67 bankruptcy or losing their home because their medical bills were just too high?

68 We are the richest country in the world and we spend right now, more on health care than anyone else in  
69 the world. Two trillion dollars a year. But we're ranked 31st in life expectancy and 40th in child mortality.  
70 Each year, 18,000 people die in America because they don't have health care. Let me repeat that. Here in  
71 America, people are dying because they couldn't get the care they needed when they were sick.

72 At the same time, over the past six and a half years, the special interests have had a field day at the  
73 expense of the middle class and hard-working families. Just look at our prescription drug program. It  
74 doesn't allow Medicare to use its purchasing power to negotiate lower drug prices. So every year, billions of

75 dollars go straight from the pockets of families to the profits of drug companies. This is unconscionable, it is  
76 intolerable and it is time to put an end to it. It is time for us to come together and to start living up to our  
77 own values. To provide quality, affordable health care for every single American. And I intend to be the  
78 president who accomplishes that goal finally for our country.

79 Now as you may know, I've been fighting on health care for nearly thirty years. Starting as First Lady of  
80 Arkansas, where I headed a task force to improve rural health care. And most memorably of course back in  
81 the early 1990s, and I still have the scars to show from that exercise.

82 But I've also learned some valuable lessons that have shaped how I approach health care reform today.  
83 First, I think we have all learned that America needs to provide health insurance for all Americans. The last  
84 twelve years have shown how left on their own, this crisis and those who contribute to it, and people from  
85 all corners of our economy will see our situation deteriorate. A growing number of CEOs and union leaders  
86 are coming together because they agree that now is the right time to renew the national call for quality,  
87 affordable health care.

88 When Andy Stern, the president of SEIU stands with Lee Scott, the President of Wal-Mart, and they both  
89 demand health care reform that covers everyone, you know we're ready for change.

90 Second, I learned that people who are satisfied with their current coverage, want assurances that they can  
91 keep it. Part of our health care system is the best in the world and we should build on it. Part is broken, and  
92 we should fix it.

93 The first rule of medicine is do no harm. And we will do no harm to the parts of our system that are  
94 working. Instead, we will build on them. That means not just expanding coverage, but also cutting costs and  
95 improving quality, so that we will have health care for all, and better health care for all. Because we need to  
96 address the concerns of those who have insurance, as well as those who do not.

97 That's why I started my path to this place here, at Broadlawn, with a series of health care speeches. I gave  
98 a speech on lowering health care costs which helps everyone in the system. And I gave a speech on  
99 improving quality, which also helps everyone.

100 Third, I learned how important it is to present a plan that is clear and easy to understand. Today's plan is  
101 simpler, yet still bold. Now I know my Republican opponents will try to equate health care for all Americans  
102 with government run health care. Well don't let them fool us again. This is not government run. There will  
103 be no new bureaucracy. You can keep the doctors you know and trust. You keep the insurance you have if  
104 you like it. But this plan expands personal choice and increases competition to keep costs down.

105 Fourth, I learned about how to build the national consensus you need to get health care passed. My plan is  
106 the result of discussions with many people: doctors and nurses, hospitals administrators, and lawyers,  
107 unions and most importantly, America's families, who are frustrated with the system we have now. I have  
108 been asking a lot of questions and doing a lot of listening. Having spent six years in the Senate, I know that  
109 fixing health care will require political will to get the votes we need, and it will take a movement for change,  
110 a solid national consensus for reform that can withstand the impact of the special interests. And I will work  
111 to build that movement throughout my campaign and as your President. Because in the end, change is just  
112 a word unless you have the strength and experience to make it happen. These are new times and this is a  
113 new plan.

114 And when it comes to health care reform, I believe I have exactly the experience we need to get it done in  
115 my first term as President. While I was disappointed by what happened in 1994, I did not give up. I  
116 continued to fight. I worked to expand coverage step by step, person by person. I began working to expand  
117 and improve health care for children, helping to create the State Children's Health Insurance Program. It's  
118 known as the HAWK-I program here in Iowa. That program provides insurance for more than six million  
119 low-income children. And I worked to create the Vaccines for Children Program. Today, childhood  
120 immunizations are at an all-time high. I worked to ensure that new prescription drugs are tested not just  
121 for adults, but for children too. And I wrote legislation in the Senate to get that accomplished, because  
122 children should have access to the best and safest treatment and cures available. I also worked as First Lady  
123 to ensure that breast and cervical cancer treatment would be covered by Medicaid. And I helped to  
124 establish the commission that recognized Gulf War Illness as the serious problem it is for our vets who  
125 served in the first Gulf War, and we began to address it.

126 In the Senate I've worked to expand health care to our men and women in uniform. Believe it or not, many  
127 of our National Guard and Reserve members, the men and women who have been called to fight in Iraq  
128 and Afghanistan did not have health insurance for themselves or their families when they were activating.  
129 I'm proud of the legislation I passed to address that glaring problem. I've been fighting more generally to  
130 improve health care for veterans because it is outrageous that so many service members are returning  
131 home and being told to take a number and wait in line for the health care they need. And I will pass what's  
132 called the Heroes at Home legislation that helps those affected by traumatic brain injury and supports their  
133 families. I'm fighting to improve care for our seniors, to lower prescription drug costs by empowering  
134 Medicare to negotiate with drug companies and by allowing imports of our drugs from Canada at lower  
135 prices. And finally, following the horrific attacks of 9/11, I fought the EPA and the Bush administration when  
136 they claimed that the air at Ground Zero was safe -- safe for our first responders and emergency workers;  
137 safe for our construction and building trade workers; safe for our residents and our volunteers. It wasn't. So  
138 I fought for health care for all of the first responders, the workers, the volunteers and residents who have  
139 gotten sick and some have even died. And I will keep fighting to protect them until they have the care they  
140 need.

141 I know that reforming health care takes a consensus for change. That's what I've been doing -- building that  
142 consensus vote by vote, working to bring people together, to get my colleagues from across the aisle to join  
143 our cause. Unfortunately back in 1993 and '94 too many of our opponents adopted a strategy that allowed  
144 them to "just say no." They said no, not just to our health care plan, but any health care plan. And the  
145 current administration hasn't even tried. In fact, the President's most newsworthy contribution on health  
146 care was his recent threat to veto coverage for low-income children.

147 Well, today Americans are impatient. We've seen that doing nothing makes the problem worse. We've  
148 gone from 39 million uninsured in 1994 to 47 million today. From spending 14% of our Gross Domestic  
149 Product for health care to spending 16%. And now we are spending 50% more per person than the next  
150 highest spending country in the world, Switzerland, which has high quality and good outcomes for the  
151 people there. So today we are spending more money and covering fewer people and too many of our  
152 families are paying the price. We know we have to act. And so the question is, if union leaders and  
153 employers can come together, that the Mayo Clinic has just done an extensive survey including 400 experts  
154 coming to a report urging that we have health care reform, if Democratic and Republican Governors and

155 legislatures can work together on health care, if doctors, nurses, patients, hospital administrators, CEOs,  
156 small business owners can all agree that it is time for a change, then why can't Washington?

157 I believe that together we can change Washington by sticking to our principles and reaching out to find  
158 common ground. America faces a choice: continue the status quo as more and more people lose coverage  
159 or change our system to cover all of our people. I believe that is America's choice, to do something about  
160 health care -- America's choice to tackle problems of cost, quality, and coverage. It should be every  
161 American's choice to have the kind of health care that they want. That choice is at the heart of my plan.

162 I call my plan, the American Health Choices plan. This plan is the result of a thorough analysis of the nature  
163 and extent of the health care crisis, starting with the reality that roughly eight in ten of the uninsured,  
164 those who come through the doors of this Medical Center, come from working families, most are middle  
165 class. And families earning between \$25,000 and \$75,000 dollars a year are the fastest growing group of the  
166 uninsured. We all know that younger adults, ages 25-34 and older adults, ages 45-64, are the most  
167 susceptible to losing insurance coverage, indicating that it's hard to obtain coverage when you first start  
168 out in the world of work and harder to maintain it as you age and experience health problems. Finally,  
169 employer sponsored health insurance is on the decline. In 2007, 60% of employers offered health benefits,  
170 down from 69% six years ago. This is at a time when people are changing jobs more frequently than ever  
171 before. Many Americans are now self-employed, running businesses out of their homes and they struggle  
172 to buy health insurance. My plan takes all of these realities into account and addresses them head on. And  
173 this plan isn't just my plan. It's the product of hundreds of discussions with thousands of people in  
174 hospitals, and union halls, homes and businesses across America and going forward in this campaign and  
175 then as President, I'm going to keep reaching out, asking for ideas, not just in improving and enacting the  
176 plan, but in the daily work to make it a reality.

177 Now here's how this plan would work. If you have private insurance you like, nothing changes -- you can  
178 keep that insurance. If you like the doctor you have, you can keep seeing that doctor. If you like the hospital  
179 where you receive care, you can keep receiving care at that hospital. If, however, you don't have health  
180 insurance or you don't like the insurance you have, you can choose from the same wide variety of private  
181 plans that members of Congress choose from. I'm calling it a Health Choices Menu. So essentially the  
182 Congressional health care plan becomes the American health care plan. The idea here is simple. The  
183 American people should have access to the same array of health care choices and benefits as the Senators  
184 and Representatives they elect.

185 You will also have as one of those choices a public plan, just like Medicare is a public plan. You will have  
186 access to a public plan that will provide a stable, competitive alternative to private insurance if that is your  
187 choice. My plan does not create a single new government department, agency, or bureaucracy. It is not a  
188 government takeover of health care. It is a public-private partnership that provides more choices.

189 If you're an employer, you choose whichever plan is best for your business. If you're an individual, you  
190 choose whichever plan is best for you and your family and we will provide tax credit to ensure that you can  
191 pay for it. Now whether you keep the insurance you have, or you choose one of the options in the Health  
192 Choices Menu, you will have the following guaranteed:

193 First, you will never be denied coverage because of preexisting conditions or risk factors. Insurance  
194 companies will no longer be allowed to discriminate against high risk patients or charge exorbitant

195 premiums to screen them out. So whether you were sick in the past or a genetic test shows you may get  
196 sick in the future, you will never again have to worry about finding affordable coverage.

197 Second, your coverage will be guaranteed. If you pay your premiums and follow the rules your insurance  
198 company will be required to renew your coverage each year at a price you can afford, even if you lose your  
199 job, even if you decide to start your own business or stay home with your children for a few years.

200 Third, your coverage will be affordable. My plan provides tax credits to make health care both universal and  
201 affordable for everyone. These new tax credits guarantee that you'll never pay more than a certain  
202 percentage of your income for your premium. No more worrying that one illness or one accident will lead  
203 to financial ruin.

204 Fourth, you will always have an option for coverage that is fully affordable. I will require insurance  
205 companies in the Health Choices Menu to let you take your plan with you as you move from job to job or  
206 even state to state. Now exactly, how will all of this be possible?

207 Well it's going to take shared responsibility. Everyone with a stake in our health care system will have to  
208 step forward and do their part. While I will be requiring all Americans to have health care, I will be calling  
209 on employers to do their part as well. Today, large American companies compete in a global economy  
210 against companies in countries that impose far lower health care burdens on employers and many of our  
211 manufacturers are struggling to pay for retiree health commitments that our foreign competitors simply  
212 don't have. Under my plan, large companies will be required to help pay for their employees' health care.  
213 Those that do so can simply maintain their current policy that they choose. Those that don't, will need to  
214 contribute towards the cost of covering their employees on a sliding scale based on their size and average  
215 wages.

216 My plan also helps American manufacturers become more competitive by providing a tax credit for those  
217 struggling with the high cost of retiree health benefits. These costs are making it virtually impossible for  
218 American manufacturers to compete with their foreign counterparts, who don't have these kinds of costs.  
219 How can we possibly compete if a car company like General Motors pays \$1,635 in health care cost per car  
220 produced while Toyota is only paying \$215 per car? And think about the retirees who rely on these benefits  
221 today. People have accepted lower wages over the years in return for the promise of a secure retirement.  
222 The tax credit I provide will help employers cover catastrophic costs above a certain threshold -- costs  
223 incurred by a few retirees with the most of your health problems, costs that can run hundreds of thousands  
224 of dollars for a single person. This relief will be a temporary measure designed to address the needs of the  
225 aging baby boomers and it will be available not just to qualifying private sector manufacturers but to states  
226 to help pay retiree costs for teachers, police officers, fire fighters, and others.

227 In return for this assistance, companies will have to modernize their plans with initiatives to cut waste and  
228 improve quality -- and they will have to show that they're using the tax credits to enhance their  
229 competitiveness and support their workers. We also know that health care costs are plaguing too many of  
230 our small businesses. That's a serious problem, because small businesses are now the engine of job  
231 creation in America. According to the Federal Reserve, since 1990, companies with fewer than 20  
232 employees were responsible for 80% of the additional new jobs in America -- jobs that often cannot be  
233 outsourced. But at the same time, small businesses face higher premiums because of their limited  
234 purchasing power, and they tend to employ lower-income workers. As a result, they cover far fewer of their



235 employees. And that coverage is eroding. Since 2000, the percentage of small businesses offering benefits  
236 has fallen from 57 percent to 45 percent.

237 Now, under my plan, we won't require small businesses to cover employees. Instead we will provide tax  
238 credits to ensure that many of them do. These tax credits will be based on size and average wages, so that  
239 small businesses can provide health care without destroying their bottom line. This credit could be as high  
240 as 50% of premiums for firms with fewer than 25 employees. It's a good start that small businesses are  
241 leading the way in creating new jobs. My goal is for them to create new jobs with good health care benefits  
242 as well.

243 Government also needs to do its part to promote shared responsibility. Under my plan, the government will  
244 provide tax-credits to insure that every single American can afford health insurance. The government will  
245 also invest in measures to improve health care quality and cut costs. This will result in dramatic savings  
246 which I will use to continue to make health care affordable. I outlined my cost-saving measures in a speech  
247 back in May. I proposed a seven-point plan to save \$120 billion nationally each year by bringing our health  
248 care system into the twenty-first century: by transitioning from outdated paper records to an electronic  
249 medical records system; by getting our chronic disease management costs under control; by allowing  
250 companies to compete for Medicare's prescription drug business, and more.

251 Last month in New Hampshire, I laid out my agenda to improve health care quality: a plan to raise  
252 standards, educate patients and help our doctors and nurses provide world-class care. Taken together  
253 these policies could save hundreds of dollars a year for the average American family, and make Americans  
254 healthier.

255 Individuals will have to share the responsibility as well. Much like drivers in most states are required to  
256 purchase car insurance, all Americans will have a responsibility to get and keep health insurance in a system  
257 where insurance will now be affordable. The sad reality is that the uninsured don't just struggle with costs  
258 themselves, they impose costs on the rest of us. It's a hidden tax. The high cost of emergency room visits  
259 that could have been prevented by a much less expensive doctor's appointment, the cost of unpaid medical  
260 bills that lead insurance companies to raise rates on the rest of us. Covering these individuals is the only  
261 way to get rid of these hidden taxes. The only way to guarantee affordable coverage for everyone is to  
262 cover everyone, and that is the choice we need for America.

263 Finally, I'll call on drug companies and insurance companies to do their part as well. It is time that we put  
264 patients, not drug companies and insurance companies, first. That means changing the way they do  
265 business. Now clearly with drug companies we have to do more to get generic drugs to market, including  
266 the new biologics that are coming into the marketplace and are often extremely expensive. We do have to  
267 provide more negotiation to get drug prices down and to import from Canada and other countries that are  
268 similar to ours. Because ultimately, the American tax payer pays for the development of a lot of these drugs  
269 through NIH grants and other kinds of research grants; we pay for the clinical trials, and then we pay the  
270 highest prices in the world. And we're going to begin to rein that in.

271 It also means changing the way insurance companies do business in America. I will start by banning  
272 insurance company discrimination. Right now, insurance companies have free reign to cherry pick the  
273 healthiest patients and shut out anyone who seems to them like a bad risk. Insurance companies spend \$50  
274 billion a year on elaborate calculations and schemes to figure out how not to insure people. \$50 billion  
275 trying to shut out those who need care the most. And everyday they deny people coverage because of pre-

276 existing conditions or the result of genetic testing. Think about what this might mean down the road with  
277 advances in genetic testing. The vast majority of us could wind up being bad risks because genetically most  
278 of us will probably show we are susceptible to something and therefore we will become uninsurable.

279 So one of the urgencies behind this plan now is that the insurance industry as it has been constructed and  
280 executed over decades now will no longer be able to take care of increasing numbers of Americans if they  
281 stick with the policy that eliminates our fellow citizens. This legalized discrimination against the sickest of  
282 Americans is unfair and immoral and it defeats one of the central purposes of insurance, which is to share  
283 risk.

284 My plan puts an end to this. It forces insurance companies to compete based on cost and quality, not how  
285 skillfully they can weed out the sickest patients. My plan also has a prevention initiative, requiring the  
286 insurance industry and public programs like Medicare and Medicaid to promote wellness as well as treat  
287 illness and provide every American with comprehensive preventive care.

288 Today we pay doctors and hospitals to treat diseases and injuries but not to prevent them from occurring in  
289 the first place. In fact, we've made it increasingly difficult for doctors to do that because of the way  
290 insurance companies reimburse physicians. Diabetes care is a perfect example. Many insurance companies  
291 won't pay for a diabetic to see a nutritionist to learn how to eat properly or a podiatrist to get their feet  
292 checked, but if you wind up having to have your foot amputated from complications due to diabetes, the  
293 insurance company will pay for that. And if you ask why, the insurance company will tell you, they don't  
294 want to pay for preventive health care because the patient might switch to a different company and they  
295 will lose the benefit of the investment in prevention. But if a patient needs his foot amputated, the reason  
296 he goes, the insurance company is pretty much stuck with that on their watch. Now that is upside down  
297 and backwards and I'm going to change it because I think it's time we focused on keeping people healthy,  
298 not just on treating them when they become sick.

299 Now I know that these proposals will not make me the insurance industry woman of the year. But I don't  
300 think I've been in the running for that title since 1993. At the same time, I truly believe there are plenty of  
301 people in the insurance industry who wish their companies did not make a profit by excluding the woman  
302 who discovers she's genetically predisposed towards getting breast cancer, or by burdening the family  
303 whose child has autism with unmanageable premiums.

304 The idea is not to put the health insurance industry out of business, but to help it find a better way to make  
305 a living. Under my plan, insurance company employees will have a whole new set of incentives. They will  
306 wake up everyday and focus on making profits by providing the highest quality care at the lowest cost and  
307 they'll never again be torn between turning a profit and improving the health care of individuals who make  
308 sure of communities and our country.

309 Now, how will I pay for this plan? First let me tell you how I will not pay for it. I won't pay for it by pouring  
310 money into a broken system. I won't pay for it by raising taxes on middle class families who are already  
311 struggling with rising costs and stagnant wages. Instead, I'll pay for part of it by implementing the cost  
312 saving measures I outlined in May. And I will pay for some of it by rolling back part of President Bush's  
313 fiscally irresponsible tax breaks for the highest income Americans. And I'll pay for some of it by limiting the  
314 tax breaks for people making over \$250,000 a year to the same level that ordinary, middle class Americans  
315 get. Right now, the highest income Americans get some of the most generous health care benefits and the  
316 most generous tax deductions to go with them. Well-off Americans should be able to deduct the cost of the

317 same quality health plan that middle-income families can deduct. If they want to receive extra benefits  
318 beyond what most middle income families get, they should pay for it themselves, not have tax payers foot  
319 the bill for them.

320 Announcing my plan today is just one step in a larger process. In the coming months, I will continue to  
321 reach out to people all across America and ask for their ideas and their reactions. Because, to truly reform  
322 health care in America, we need more than a plan. We need a movement -- a movement of people  
323 determined to change the system who will not rest until we succeed. Lisa Scott from Greenville, Iowa,  
324 whom I met back in May, is one of those people.

325 Six years ago, Lisa's daughter, Janelle, began having chest pains and black outs. She was sick for almost a  
326 year. Janelle requested a chest x-ray, but she never received it, because while she was working two jobs,  
327 she didn't have health insurance, and she couldn't afford to pay for it out of her own pocket,

328 One week after being denied the chest x-ray, at the age of 18, Janelle died. Her death certificate listed the  
329 cause of death as unknown, because Janelle was never able to afford a proper diagnosis, a diagnosis that  
330 with care might have saved her life.

331 It's too late to help her daughter, but Lisa Scott hasn't stopped speaking out and calling on us to come  
332 together and fix our health care system. She is determined to help other families, to spare them the loss  
333 and pain that her family felt.

334 Now that is who we are at our best. We are a nation where people help those they've never even met.  
335 Where we do understand we are all in this together, that when a child is sick and can't see a doctor, the  
336 family loses everything because someone had an accident, when a mother or a father lies awake at night  
337 worrying about how they possibly care for the people they love. That diminishes all of us. Now after 1994,  
338 when people asked me if I was going to give up on health care reform, I always had the same answer. Why  
339 would I give up on America and the American people? For so many years I have listened to their stories. I  
340 carry these stories with me everyday.

341 And perhaps more than anyone else, I know just how hard this fight will be. But that is why I'm running for  
342 President, because I'm ready with you to help write a new story. The story about how we finally put aside  
343 our differences to face up to one of our greatest challenges. The story of how people of good faith and  
344 good will came together and worked out a solution because they cared too much about our country and  
345 their fellow citizens to let this crisis continue.

346 The story of how everyone took responsibility, we all did our part, and we became a healthier, stronger,  
347 more prosperous nation because of it. We owe that to the Rose family. We owe that to the memory of  
348 Janelle and to her family. We owe that to every family in America. Today, we have an opportunity to make  
349 history together. As President, I will seize that opportunity and I hope all of you will join me.

350 Thank you and God bless you.

## Appendix b – Transcript of Barack Obama’s speech on health care

1 I want to thank the University of Iowa for having us here, and I want to give a special thanks to Amy and Lane for joining  
2 me today to tell their story.

3 A few hours north of here, Amy and Lane run a small business that offers internet service to their community. They were  
4 the very first company to provide broadband access in their remote corner of northeastern Iowa, and every day,  
5 hundreds of people count on the services they provide to do their jobs and live their lives.

6 But today they are on the brink of bankruptcy - a bankruptcy that has nothing to do with any poor business decision they  
7 made or slump in the economy they weren't prepared for.

8 Lane was diagnosed with cancer when he was twenty-one years old. He lost a lung, a leg bone and part of a hip.  
9 Seventeen years later, he is cancer-free, but the cost of health insurance for him, his wife and his three kids is now over  
10 \$1,000 per month. Their family's premiums keep rising hundreds of dollars every year, and as hard as they look, they  
11 simply cannot find another provider that will insure them.

12 Amy and Lane are now paying forty percent of their annual income in health care premiums. They have no retirement  
13 plan and nothing saved. They can no longer afford to buy new clothes or fill up their cars with gas, they have racked up  
14 more credit card debt than they know what to do with, and Amy wrote to us and said that the day she heard the loan  
15 officer say the word "bankruptcy" was one of the worst in her life.

16 "My heart was in pain," she said. "This is not who we are. We have done everything right. We have done everything we  
17 were supposed to do. This is not who we are."

18 Amy is right. This is not who we are. We are not a country that rewards hard work and perseverance with bankruptcies  
19 and foreclosures. We are not a country that allows major challenges to go unsolved and unaddressed while our people  
20 suffer needlessly. In the richest nation on Earth, it is simply not right that the skyrocketing profits of the drug and  
21 insurance industries are paid for by the skyrocketing premiums that come from the pockets of the American people.

22 This is not who we are. And this is not who we have to be.

23 In the past few months, I've heard stories like Amy's at town halls we've held in New Hampshire, and here in Iowa, and  
24 all across the country. Stories from people who are hanging on by a thread because of the stack of medical bills they  
25 can't pay. People who don't know where else to turn for help, but who do know that when it comes to health care, we  
26 have talked, tinkered, and let this crisis fester for decades. People who watch as every year, candidates offer up detailed  
27 health care plans with great fanfare and promise, only to see them crushed under the weight of Washington politics and  
28 drug and insurance industry lobbying once the campaign is over.

29 Well this cannot be one of those years. We have reached a point in this country where the rising cost of health care has  
30 put too many families and businesses on a collision course with financial ruin and left too many without coverage at all; a  
31 course that Democrats and Republicans, small business owners and CEOs have all come to agree is not sustainable or  
32 acceptable any longer.

33 We often hear the statistic that there are 45 million uninsured Americans. But the biggest reason why they don't have  
34 insurance is the same reason why those who do have it are struggling to pay their medical bills - it's just too expensive.

35 Health care premiums have risen nearly 90% in the past six years. That's four times faster than wages have gone up.  
36 Like Ami and Lane's family, nearly half of all Iowans have said that they've had to cut back on food and heating expenses  
37 because of high health care costs. 11 million insured Americans spent more than a quarter of their salary on health care  
38 last year. And over half of all personal bankruptcies are now caused by medical bills.

39 Businesses aren't faring much better. Over half of all small businesses can no longer afford to insure their workers, and  
40 so many others have responded to rising costs by laying off workers or shutting their doors for good. Some of the biggest  
41 corporations in America, giants of industry like GM and Ford, are watching foreign competitors based in countries with

42 universal health care run circles around them, with a GM car containing seven times as much health care cost as a  
43 Japanese car.

44 This cost crisis is trapping us in a vicious cycle. As premiums rise, more employers drop coverage, and more Americans  
45 become uninsured. Every time those uninsured walk into an emergency room and receive care that's more expensive  
46 because they have nowhere else to turn, there is a hidden tax for the rest of us as premiums go up by an extra \$922 per  
47 family. And as premiums keep rising, more families and businesses drop their coverage and become uninsured.

48 It would be one thing if all this money we spend on premiums and co-payments and deductibles went directly towards  
49 making us healthier and improving the quality of our care.

50 But it doesn't. One out of every four dollars we spend on health care is swallowed up by administrative costs - on  
51 needless paperwork and antiquated record-keeping that belongs in the last century. This failure to update the way our  
52 doctors and hospitals store and share information also leads to costly errors. Each year, 100,000 Americans die due to  
53 medical errors and we lose \$100 billion because of prescription drug errors alone.

54 We also spend far more on treating illnesses and conditions that could've been prevented or managed for far less. Our  
55 health care system is turning into a disease care system, where too many plans and providers don't offer or encourage  
56 check-ups and tests and screenings that could save thousands of lives and billions of dollars down the road.

57 Of course, the biggest obstacle in the way of reforming this skewed system of needless waste and spiraling costs are  
58 those who profit most from the status quo - the drug and insurance companies who pocket a growing chunk of the  
59 medical bills that people like Amy and Lane are going bankrupt trying to pay.

60 Since President Bush took office, the single fastest growing component of health care spending has been administrative  
61 costs and profits for insurance companies. Coming in a close second is the amount we spend on prescription drugs. In  
62 2006, five of the biggest drug and insurance companies were among the fifty most profitable businesses in the nation.  
63 One insurance company CEO received a \$125 million salary that same year, and has been given stock options worth  
64 over \$1 billion. As an added perk, he and his wife get free private health care for as long as they live.

65 Now, making this kind of money costs money, which is why the drug and insurance industries have also spent more than  
66 \$1 billion on lobbying and campaign contributions over the last ten years to block the kind of reform we need. They've  
67 been pretty good at it too, preventing the sale of cheaper prescription drugs and defeating attempts to make it harder for  
68 insurance companies to deny coverage on the basis of a preexisting condition.

69 Look, it's perfectly understandable for a business to try and make a profit, and every American has the right to make  
70 their case to the people who represent us in Washington.

71 But I also believe that every American has the right to affordable health care. I believe that the millions of Americans who  
72 can't take their children to a doctor when they get sick have that right. I believe that people like Amy and Lane who are  
73 on the brink of losing everything they own have that right. And I believe that no amount of industry profiteering and  
74 lobbying should stand in the way of that right any longer. That's not who we are.

75 We now face an opportunity - and an obligation - to turn the page on the failed politics of yesterday's health care  
76 debates. It's time to bring together businesses, the medical community, and members of both parties around a  
77 comprehensive solution to this crisis, and it's time to let the drug and insurance industries know that while they'll get a  
78 seat at the table, they don't get to buy every chair.

79 We can do this. The climate is far different than it was the last time we tried this in the early nineties. Since then, rising  
80 costs have caused many more businesses to back reform, and in states from Massachusetts to California, Democratic  
81 and Republican governors and legislatures have been way ahead of Washington in passing increasingly bolder initiatives  
82 to cover the uninsured and cut costs.

83 We've had some success in Illinois as well. As a state senator, I brought Republicans and Democrats together to pass  
84 legislation insuring 20,000 more children and 65,000 more parents. I authored and passed a bill cracking down on  
85 hospital price gouging of uninsured patients, and helped expand coverage for routine mammograms for women on  
86 Medicaid. We created hospital report cards, so that every consumer could see things like the ratio of nurses to patients,

87 the number of annual medical errors, and the quality of care they could expect at each hospital. And I passed a law that  
88 put Illinois on a path to universal coverage.

89 It's a goal I believe we can achieve on a national level with the health care plan I'm outlining today. The very first promise  
90 I made on this campaign was that as president, I will sign a universal health care plan into law by the end of my first term  
91 in office. Today I want to lay out the details of that plan - a plan that not only guarantees coverage for every American,  
92 but also brings down the cost of health care and reduces every family's premiums by as much as \$2500. This second  
93 part is important because, in the end, coverage without cost containment will only shift our burdens, not relieve them. So  
94 we will take steps to remove the waste and inefficiency from the system so we can bring down costs and improve the  
95 quality of our care while we're at it.

96 My plan begins by covering every American.

97 If you already have health insurance, the only thing that will change for you under this plan is the amount of money you  
98 will spend on premiums. That will be less.

99 If you are one of the 45 million Americans who don't have health insurance, you will have it after this plan becomes law.  
100 No one will be turned away because of a preexisting condition or illness. Everyone will be able buy into a new health  
101 insurance plan that's similar to the one that every federal employee - from a postal worker in Iowa to a Congressman in  
102 Washington - currently has for themselves. It will cover all essential medical services, including preventive, maternity,  
103 disease management, and mental health care. And it will also include high standards for quality and efficiency.

104 If you cannot afford this insurance, you will receive a subsidy to pay for it. If you have children, they will be covered. If  
105 you change jobs, your insurance will go with you. If you need to see a doctor, you will not have to wait in long lines for  
106 one. If you want more choices, you will also have the option of purchasing a number of affordable private plans that have  
107 similar benefits and standards for quality and efficiency.

108 To help pay for this, we will ask all but the smallest businesses who don't make a meaningful contribution today to the  
109 health coverage of their employees to do so by supporting this new plan. And we will allow the temporary Bush tax cut  
110 for the wealthiest Americans to expire.

111 But we also have to demand greater efficiencies from our health care system. Today, we pay almost twice as much for  
112 health care per person than other industrialized nations, and too much of it has nothing to do with patient care.

113 That's why the second part of my health care plan includes five, long-overdue steps we will take to bring down costs and  
114 bring our health care system into the 21st century - steps that will save each American family up to \$2500 on their  
115 premiums.

116 First, we will reduce costs for business and their workers by picking up the tab for some of the most expensive illnesses  
117 and conditions.

118 Right now, two out of every ten patients account for more than eighty percent of all health care costs. These are patients  
119 with serious illnesses like cancer or heart disease who require the most expensive surgeries and treatments. Insurance  
120 companies end up spending a lion's share of their expenses on these patients, and not surprisingly, they pass those  
121 expenses on to the rest of us in the form of higher premiums. Under my proposal, the federal government will pay for part  
122 of these catastrophic cases, which means that your premiums will go down.

123 Second, we will finally begin focusing our health care system on preventing costly, debilitating conditions in the first  
124 place.

125 We all know the saying that an ounce of prevention is worth a pound of cure. But today we're nowhere close to that  
126 ounce. We spend less than four cents of every health care dollar on prevention and public health even though eighty  
127 percent of the risk factors involved in the leading causes of death are behavior-related and thus preventable.

128 The problem is, there's currently no financial incentive for health care providers to offer services that will encourage  
129 patients to eat right or exercise or go for annual check-ups and screenings that can help detect diseases early. The real  
130 profit today is made in treating diseases, not preventing them. That's wrong, which is why in our new national health care

131 plan and other participating plans, we will require coverage of evidence-based, preventive care services, and make sure  
132 they are paid for.

133 But in the end, prevention only works if we take responsibility for our own health and make the right decisions in our own  
134 lives - if we eat the right foods, and stay active, and listen to our wives when they tell us to stop smoking.

135 Third, we will reduce the cost of our health care by improving the quality of our health care.

136 It's estimated that poor quality care currently costs us up to \$100 billion a year. One study found that in Pennsylvania,  
137 Medicare spent \$1 billion a year just on treating infections that patients contracted while at the hospital - infections that  
138 could have easily been prevented by hospitals. This study led hospitals across the state to take action, and today some  
139 have completely eliminated infections that used to take hundreds of lives and cost hundreds of thousands of dollars  
140 every year.

141 Much like the hospital report cards we passed in Illinois, my health care proposal will ask hospitals and providers to  
142 collect, track, and publicly report measures of health care quality. We'll provide the public with information about  
143 preventable medical errors, nurse-to-patient ratios, and hospital-acquired infections. We'll also start measuring what's  
144 effective and what's not when it comes to different drugs and procedures, so that patients can finally start making  
145 informed choices about the care that's best for them. And instead of rewarding providers and physicians only by the  
146 sheer quantity of services and procedures they prescribe, we'll start rewarding them for the quality of the outcomes for  
147 their patients.

148 Fourth, we will reduce waste and inefficiency by moving from a 20th century health care industry based on pen and  
149 paper to a 21st century industry based on the latest information technology.

150 Almost every other industry in the world has saved billions on administrative costs by computerizing all of their records  
151 and information. Every transaction you make at a bank now costs less than a dollar. Even at the Veterans Administration,  
152 where it used to cost nine dollars to pull up your medical record, new technology means you can call up the same record  
153 on the internet for next to nothing.

154 But because we haven't updated technology in the rest of the health care industry, a single transaction still costs up to  
155 twenty-five dollars.

156 This reform is long overdue. By moving to electronic medical records, we can give doctors and nurses easy access to all  
157 the necessary information about their patients, so if they type-in a certain prescription, a patient's allergies will pop right  
158 up on the screen. This will reduce deadly medical errors, and it will also shorten the length of hospital stays, ensure that  
159 nurses can spend less time on paperwork and more time with patients, and save billions and billions of dollars in the  
160 process.

161 Finally, we will break the stranglehold that a few big drug and insurance companies have on the health care market.

162 We all value the medical cures and innovations that the pharmaceutical industry has developed over the years, but it's  
163 become clear that some of these companies are dramatically overcharging Americans for what they offer. They'll sell the  
164 same exact drugs here in America for double the price of what they charge in Europe and Canada. They'll push  
165 expensive products on doctors by showering them with gifts, spend more to market and advertise their drugs than to  
166 research and develop them, and when a generic drug maker comes along and wants to sell the same product for  
167 cheaper, the brand-name manufacturers will actually payoff the generic ones so they can preserve their monopolies and  
168 keep charging the rest of us high prices.

169 We don't have to stand for that anymore. Under my plan, we will make generic drugs more available to consumers and  
170 we will tell the drug companies that their days of forcing affordable prescription drugs out of the market are over.

171 And it's not just the drug industry that's manipulating the market. In the last ten years, there have been over four hundred  
172 health insurance mergers. Right here in Iowa, just three companies control more than three-quarters of the health  
173 insurance market. These changes were supposed to increase efficiency in the industry. But what's really increased is the  
174 amount of money we're paying them.

175 This is wrong, and when I'm President, we're going to make drug and insurance companies compete for their customers  
 176 just like every other business in America. We'll investigate and prosecute the monopolization of the insurance industry.  
 177 And where we do find places where insurance companies aren't competitive, we will make them pay a reasonable share  
 178 of their profits on the patients they should be caring for in the first place. Because that's what's right.

179 We are a country that looks at the thousands of stories just like Amy and Lane's - stories we have heard and told for  
 180 decades - and realizes that our American story calls on us to write them a hopeful, happier ending. After all, that's what  
 181 we've done before.

182 Half a century ago, America found itself in the midst of another health care crisis. For millions of elderly Americans, the  
 183 single greatest cause of poverty and hardship was the crippling cost of their health care. A third of all elderly Americans  
 184 lived in poverty, and nearly half had no health insurance.

185 As health care and hospital costs continued to rise, more and more private insurers simply refused to insure our elderly,  
 186 believing they were too great of a risk to care for.

187 The resistance to action was fierce. Proponents of health care reform were opposed by well-financed, well-connected  
 188 interest groups who spared no expense in telling the American people that these efforts were "dangerous" and "un-  
 189 American," "revolutionary" and even "deadly."

190 And yet the reformers marched on. They testified before Congress and they took their case to the country and they  
 191 introduced dozens of different proposals but always, always they stood firm on their goal to provide affordable health  
 192 care for every American senior. And finally, after years of advocacy and negotiation and plenty of setbacks, President  
 193 Lyndon Johnson signed the Medicare bill into law on July 30th of 1965.

194 The signing ceremony was held in Missouri, in a town called Independence, with the man who issued the call for  
 195 universal health care during his own presidency - Harry Truman.

196 And as he stood with Truman by his side and signed what would become one of the most successful government  
 197 programs in history - a program that had seemed impossible for so long - President Johnson looked out at the crowd and  
 198 said, "History shapes men, but it is a necessary faith of leadership that men can help shape history."

199 Never forget that we have it within our power to shape history in this country. It is not in our character to sit idly by as  
 200 victims of fate or circumstance, for we are a people of action and innovation, forever pushing the boundaries of what's  
 201 possible.

202 Now is the time to push those boundaries once more. We have come so far in the debate on health care in this country,  
 203 but now we must finally answer the call issued by Truman, advanced by Johnson, and pushed along by the simple power  
 204 of stories like the one told by Amy and Lane. The time has come for affordable, universal health care in America. And I  
 205 look forward to working with all of you to meet this challenge in the weeks and months to come. Thank you.