To the Graduate Council:

I am submitting herewith a thesis written by Rosa Renee Rallos entitled "Framing Health Care Reform: An Analysis of White House Information Subsidies and AP News Stories." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Communications.

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FRAMING HEALTH CARE REFORM:
AN ANALYSIS OF WHITE HOUSE INFORMATION SUBSIDIES AND AP NEWS STORIES

A Thesis

Presented for the

Master of Science

Degree

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Rosa Renee Rallos

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DEDICATION

This thesis is dedicated to my parents

Dr. Enrico V. Rallos

and

Mrs. Carolyn L. Rallos

without their love and encouragement

all that I have accomplished may not

have been possible.

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ABSTRACT

This thesis was a text analysis using both thematic analysis and the computerized content analysis program, VBPro, to determine whether White House information subsidies on health care reform served as a framing influence on AP news stories. A census of all White House health care reform information subsidies and a random sample of AP news stories released between January 20, 1993, and September 30, 1994, were analyzed. The AP news stories were separated into two groups: those that cited the White House as a source first and those that did not. A computerized content analysis of these text files was done to determine how consistently the Clinton Administration's seven health care principles and five health care objectives were used in the subsidies and in the AP news stories.

The thematic part of the study found that the White House used economic and personal insecurity frames to identify the health care problem. The White House also blamed two groups, insurance companies and government bureaucracy, for causing the health care problem.

The computerized content analysis part of the study found that although the White House dominated as the first source cited in AP news stories on health care reform, the White House had only modest success in framing dominance for the proposed health care reform principles it offered.

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Chapter 1

Introduction

During every American's lifetime, he or she will come in contact with the health care industry. Most of that contact will take place in a doctor's office or hospital. It may be to immunize a child, set a broken bone, treat a sore throat or save a life.

Who pays for these vital services? Usually the services are paid through health insurance provided by an employer or through privately purchased insurance. But what happens if a person does not have health insurance? He or she must pay for services out of his or her own pocket, and that can be expensive when medical costs can run into the hundreds of thousands of dollars. The other option is to apply for Medicaid, a health insurance program financed by state and federal governments, which provides health care coverage to those who may be poor, disabled, aged, pregnant or the parent of a dependent. However, each state establishes its own Medicaid eligibility requirements and those requirements exclude from Medicaid approximately 60 percent of Americans who are below the federal poverty line (Parang, 1994).

According to the White House, in a country of 250 million people, 63 million citizens will lose health insurance coverage sometime during the next two years;

37 million citizens have no insurance; and 22 million citizens lack adequate coverage. This lack of coverage for so many citizens, rising health care costs and excessive bureaucracy have led Americans to demand health care reform.

"In a recent poll by Louis Harris & Associates Inc., 94 percent of those surveyed thought health care needed 'fundamental reform or to be completely rebuilt'" (Trafford, 1993).

Another poll conducted by the Robert Wood Johnson Foundation asked Americans about the causes of the health care crisis. "Thirty-five percent listed doctors. They also blamed malpractice attorneys (48 percent) and insurance companies (36 percent)" (Belkin, 1993).

This issue was so complicated that Americans turned to the media for explanations regarding health care reform plans, spiraling costs and blame. While the media may have influenced public opinion, who was providing frames for the media's agenda in the health care reform debate?

Statement of the Problem

This study is a text analysis using both thematic analysis and the computerized content analysis program, VBPro (Miller, 1993), to determine whether White House information subsidies on health care reform served as a framing influence on Associated Press wire stories.

Entman (1993) noted that "analysis of frames illuminates the precise way in which influence over a human consciousness is exerted by the transfer (or communication) of information from one location -- such as a speech, utterance, news report, or novel -- to that consciousness."

Many communication studies have focused on how mass media frame issues (Riechert and Miller, 1994; Iyengar and Simon, 1993; Voland, 1992; Entman, 1991; Berkowitz and Adams, 1990; Swenson, 1990). This study focuses on how government information subsidies may be used to frame issues for the media. Information subsidies are the communication vehicles that government information officers routinely use to communicate with journalists. Subsidies most often include news releases, news conferences, briefings and meetings (Turk and Franklin, 1987).

This study is guided by Entman's definition of framing (1993):

> Frames **... define problems** -- determine what a causal agent is doing with what costs and benefits....; **diagnose causes** -- identify the forces creating the problem; **make moral judgments** -- evaluate causal agents and their effects; and **suggest remedies** -- offer and justify treatments for the problems and predict their likely effects. A single sentence may perform more than one of these four framing functions, although many sentences in a text may perform none of them. And a frame in any particular text may not necessarily include all four functions.

Frames can be located in at least four places: the communicator, the text, the receiver and the culture (Entman, 1993). This research will study the use of frames located in text released as White House information subsidies on health care reform. Entman noted that text "contains frames, which are manifested by the presence or absence of certain key words, stock phrases, stereotyped images, sources of information, and sentences that provide thematically reinforcing clusters of facts or judgments."

The VBPro program is capable of locating "key words and stock phrases" as well as analyzing key words and stock phrases in the context of sentences and paragraphs. This study will conceptualize the broad solution and the seven principles articulated by the Clinton Administration's health care reform plan as key words, and it also will conceptualize President Clinton's health care five objectives as stock phrases.

President Clinton asserted that the implementation of universal coverage was essential in order to have meaningful health care reform in a September 1993 information subsidy. In an October 1993 information subsidy, President Clinton listed six of his health care principles: security, simplicity, quality, affordability, choice and responsibility. In another October 1993 information subsidy, President Clinton added savings as the seventh health care principle.

In a March 1994 information subsidy, President Clinton outlined his five health care objectives which included:

1. Guaranteed private insurance
2. Right to choose doctor/health care plan
3. Outlaw unfair insurance practices
4. Protect and strengthen Medicare
5. Link health benefits to workplace

These key words and stock phrases fall into Entman's "suggested remedies" category of the framing process. It was the "remedies" that President Clinton tried to sell to Congress and the American public with his Health Security Act.

The frequency of these key words and stock phrases were measured in both the White House information subsidies and in AP wire stories released between January 20, 1993, and September 30, 1994. The AP stories were randomly selected and downloaded from the DIALOG database. The frequency and consistency of use of key words and stock phrases were examined within the White House information subsidies and within the AP stories.

To measure whether the White House had a framing influence on AP news stories, the sample of AP stories were divided into two groups, those in which the first source mentioned was a White House source, and those in which the first source mentioned was not a White House source. If the first source mentioned was a White House or Clinton Administration official, the story was classified as a White House source AP story. If the first source mentioned

was not the White House or a Clinton Administration official, then the story was classified as a non-White House source AP story.

The first source mentioned was used as the criterion for separating the AP stories into two groups because an examination of the random sample of AP stories showed that the first source cited shapes the lead (see Appendices A and B for examples). Additionally, other researchers have used both headlines and news story leads as framing devices to study media framing effects (van Dijk, and Goshorn & Gandy, 1995).

Research Questions

Framing theory suggests that communicators seek to define a problem, diagnose causes, make moral judgments and suggest remedies. The first three research questions will be answered using thematic analysis of White House information subsidies. The answers will provide a backdrop for understanding the "remedies" that the Clinton Administration tried to promote by articulating seven principles and five objectives for its Health Security Act. The research questions reflect the categories developed in Entman's (1993) theory of framing:

1. What frame (s) did the White House use to **define** the health care reform problem?

2. What frame (s) did the White House use to **diagnose** the causes of the health care problem?

3. What frame (s) did the White House use to **make moral judgments** about the causes of the problem?

The fourth research question will be answered using computerized content analysis, searching for key words and stock phrases.

4. How consistently did the White House articulate its **suggested remedies** within its own information subsidies, as measured by frequency of occurrence of the principles and objectives in the subsidies and their proportionate representation?

Finally, if Entman (1993) and other framing researchers are correct that "framing ... plays a major role in the exertion of political power and the frame in a news text is really the imprint of power....," then we can test whether the Clinton Administration was a framing influence on AP news stories. This gives rise to the following hypotheses:

H1. President Clinton's suggested broad solution of universal coverage will be greater in the group of AP stories in which the White House was the first source cited than they will be in the group of AP stories in which the White House was not the first source cited.

H2. President Clinton's suggested remedy of "affordability" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the group of AP stories in which the White House was not the first source cited.

H3. President Clinton's suggested remedy of "savings" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the group of AP stories in which the White House was not the first source cited.

H4. President Clinton's suggested remedy of "simplicity" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the group of AP stories in which the White House was not the first source cited.

H5. President Clinton's suggested remedy of "responsibility" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the group of AP stories in which the White House was not the first source cited.

H6. President Clinton's suggested remedy of "security" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the group of AP stories in which the White House was not the first source cited.

H7. President Clinton's suggested remedy of "choice" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the group of AP stories in which the White House was not the first source cited.

H8. President Clinton's suggested remedy of "quality" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the group of AP stories in which the White House was not the first source cited.

The organization of the thesis is as follows.

Chapter 1 is the Introduction and Statement of the Research Problem.

Chapter 2 is a Literature Review organized around the following topics: the social and political context of the health care reform debate; framing theory; research on information subsidies; research on the President as an agenda-setter; and research on the use of AP wire stories as units of analysis.

Chapter 3 is the Methodology used in selecting the White House information subsidies; a random sample of AP wire stories; and the use of the VBPro program.

Chapter 4 is the Results of the thematic and content analyses.

Chapter 5 is a Discussion of the Findings and Recommendations for future research.

Chapter 2

Literature Review

The literature pertinent to this study includes the social and political context of the health care reform debate; framing theory; research on information subsidies; research on the President as an agenda-setter; and research on the use of AP wire stories as units of analysis.

Health Care Reform

Health care reform has been an issue for politicians since the early 1900s, when the American Medical Association, the Socialist Party and President Theodore Roosevelt began lobbying for government-financed health insurance. For the next 70 years, different presidents called for health care changes from the beginning of private health insurance in 1935 to the formation of Medicare and Medicaid in the 1960s. Former President Richard M. Nixon introduced a proposal that would require most employers to insure their employees in 1974; however, the proposal fell by the wayside because of Watergate. This was the last health care reform attempt until 1992.

In 1992, with 37 million Americans uninsured, health care reform became a hot topic for presidential candidates. After his election, President-elect Bill Clinton said,

"We are kidding each other. We are all just sitting here making this up if we think we can get control of this budget if we don't do something about health care. It is going to bankrupt the country" (Flanigan, 1993).

According to a 1992 Congressional Budget Office report, "unless the health care system is changed, health spending in the U.S. will reach $1.7 trillion by 2000, up from $800 billion this year" (Murray, 1992). From the viewpoint of the national economy, the cost of health care, which represented about 6 percent of the national income in 1950, has risen to the point where it now represents over 14 percent and is still rising" (Intriligator, 1994).

Contributing to spiraling medical costs have been several other factors. "The practice of medicine has become encumbered by an overwhelming mass of paperwork, second-guessing by insurance companies anxious to avoid spending, government oversight, increasing bad debt from patients who lost insurance or have inadequate coverage, and courts pursuing malpractice charges" (Stout, 1993).

"Already doctors are being driven to distraction by insurance companies calling to complain that Smith with the abdominal hernia has been in the hospital for 3 days, whereas regulations stipulate 2.2 days and so what if his blood pressure is 80/50" (Krauthammer, 1993).

Shortly after President Clinton took office, he appointed a health care reform task force to develop a reformed health care system. This task force, led by Hillary Rodham Clinton and Ira Magaziner, designed the Health Security Act. It was introduced to Congress and the nation in September 1993.

The Health Security Act would provide comprehensive health coverage for all Americans. It also would create a system of regional and corporate health alliances that would coordinate the purchasing power of consumers and employers. "Under the act, health plans must meet national standards on benefits, quality and access to care.... It frees the health care system of much of the accumulated burden of unnecessary regulation and paperwork, allowing doctors, nurses, hospitals and other health providers to focus on providing high-quality care" ("Excerpts From," 1993).

Another goal of the health care act would be to set up incentives for physicians and hospitals to establish large networks that would provide all patient services for a prepaid fee and put an end to private practice or fee-for-service. The fee-for-service option allows doctors to charge for each service and have autonomy in their treatment of patients.

Some of the networks President Clinton wanted to set up already have been established through health maintenance

organizations (HMOs) and preferred provider organizations (PPOs). Doctors, hospitals and other health care providers contract their services into an HMO or PPO plan. Employers then will contract for a health plan and employees must choose their physicians and health services from that plan. If employees want to go outside their plan for a second opinion or a specialist not offered in their plan, they must pay a higher premium or co-payment.

President Clinton was not the only one pushing for health care reform. Several Congressional members developed their own reform plans, some of which were variations of President Clinton's plan, and other plans pushed for a single-payer system. Canada has a single-payer system in which taxes are collected to pay physicians, hospitals and other health services. The government also implements various forms of price controls and rate settings.

Physicians also were calling for reform. "In a switch akin to the National Rifle Association pushing for gun control, the AMA is now among the loudest proponents of changing the health care system" (Stout, 1993).

After President Clinton's inauguration in January 1993, "the AMA ran upbeat newspaper ads announcing a 'new partnership' to work for health care reform. But the AMA was quickly shut out of the process once the White House

task force headed by Ira Magaziner set forth to work behind closed doors" (Gibbs, 1993).

Thus, the AMA developed its own reform plan, Health Access America, which called for universal coverage, cost containment and employer-provided health care for workers. The organization also launched a $7 million lobbying effort to promote changes in President Clinton's plan and among the organization's objections were the imposition of cost controls, the establishment of new bureaucracies and the lack of financial limits in malpractice suits.

"I'm always concerned when the government tries to fix something," said internist Joseph Cunningham. "You can't write enough laws to make a good doctor. All you can do is hassle people trying to do a good job" (Anders & Stout, 1993).

After months of squabbling between the White House, Republicans and Democrats, the medical profession, and the insurance industry, the health care reform issue succumbed to defeat when Senate Majority Leader George Mitchell said he would not introduce health care legislation during the remainder of the Congressional session in September 1994. "As the 103rd Congress adjourned, its unwillingness to act upon what President Clinton described as his most important domestic priority stood as the most conspicuous symbol of Clinton's failure to implement the ambitious reform agenda" (Priest & Weisskopf, 1994). Democrat and Republican

legislators pledged to address the health care issue in the next session; however, much depended on the outcome in the November 1994 elections.

"Although the next Congress may be able to pass some pieces of reform, any more comprehensive approach may have to wait until at least the 1996 presidential elections, when Mr. Clinton or his successor will have a chance to win some mandate from the public" (Rogers & Stout, 1994).

This inability to act on health care brings to a close another chapter in health care reform history.

Framing Theory

The central concept in framing theory suggests that frames "serve to construct or define a version of reality for the audience, rather than a true picture of reality" (Voland, 1992).

> Frames reside in the specific properties of the news narrative that encourage those perceiving and thinking about events to develop particular understandings of them. News frames are constructed from and embodied in the keywords, metaphors, concepts, symbols, and visual images emphasized in a news narrative. Frames can be detected by probing for particular words and visual images that consistently appear in a narrative and convey thematically consonant meanings across media and time (Entman, 1991).

Besides a consistent flow of themes using words and images, another important component of framing is sizing. Sizing signals the event's overall salience to the news media's agenda. How much information about the event is given? Where or how prominently is it displayed? "The essence of framing is sizing -- magnifying or shrinking elements of the depicted reality to make them more or less salient" (Entman, 1991).

Jennifer Swenson (1990) conducted a preliminary study of framing in abortion stories during two different time periods to assess the relations between the political struggle and framing changes. In this study, she analyzed over 160 news stories and editorials on abortion from the Eugene Register Guard and The New York Times during the years 1985 and 1989.

The data was coded in four ways. First, for gender of the author of the article. Second, for placement of the news piece. Third, for terms used to refer to both sides of the abortion issue. Lastly, for terms used by the author or as a quoted source. (Swenson, 1990).

"Every article must frame an issue in some way. Because of reporter routines, some of the framing takes place by virtue of the tendency toward coverage of events, rather than discussion of issues" (Swenson, 1990).

Swenson's examination of the data indicated an emerging change in the news coverage of the abortion issue.

She found that during the two time periods coverage moved toward a pro-choice-oriented framing. However, she also suggested that while framing changes had occurred, there was not enough evidence to indicate a change in how women's rights were being portrayed.

Another framing study examined how the news media framed the suitability of gay men and lesbians for U.S. military service. Howard Voland (1992) analyzed The New York Times, Washington Post, and the Los Angeles Times and consulted two electronic newspaper indices for news articles from September 1989 through April 1991. "This study looked for characteristics of framing devices common to much of the mainstream coverage of this issue, and it looked for the common journalist's routines and assumptions about news which influence the use of these framing devices" (Voland, 1992).

Voland's research indicated that framing devices were found and reflect "contemporary social standards or the status quo" (1992). His research also suggested that the print news media has framed this debate as the Department of Defense (DOD) versus a sexually deviant minority. "It's a frame that serves to legitimize these social standards and the DOD policy and because of this, the frame works to maintain the marginal status of gay and lesbian service members and all members of the gay and lesbian minority" (Voland, 1992).

Terri S. Fine (1992) studied the concept of framing in survey questions associated with equal opportunity programs. The purpose of her study was to assess whether, and to what extent, issue framing affected affirmative action. Fine analyzed data from the 1986 American National Election study administered by the Center for Political Studies at the University of Michigan. The data was a questionnaire that included "several questions gauging support for compensatory programs geared toward helping blacks" (Fine, 1992).

Her findings revealed that both whites and blacks seek to compensate for past discrimination. "It appears that the white public focuses on the question of compensation rather than the method of implementation. Conversely, the black public is primarily concerned with the program" (Fine 1992). She added that these findings "contribute to public opinion research by showing that issue framing affects equal opportunity program support" (Fine, 1992).

Robert M. Entman (1991) looked at contrasting news frames utilized by U.S. media outlets in two foreign airline incidents. The first occurred in 1983 when a Soviet fighter plane shot down a Korean Air Lines (KAL) plane. The second incident occurred in 1988 when a U.S. Navy ship shot down an Iranian Air Flight plane. Entman proposed that the news frames in the KAL incident emphasized the "moral

bankruptcy and guilt" of the Soviets. However the news frames in the Iranian incident de-emphasized guilt and instead highlighted the technical aspects of operating military high technology.

> Comparing media narratives of events that could have been reported similarly helps to reveal the critical textual choices that framed the story but would otherwise remain submerged in an undifferentiated text. Unless narratives are compared, frames are difficult to detect fully and reliably, because many of the framing devices can appear as 'natural,' unremarkable choice of words or images (Entman, 1991).

His study analyzed two issues of Time and Newsweek following both incidents, "CBS Evening News" newscasts for the same two-week period and news articles for The New York Times and Washington Post. Entman's analysis identified four salient aspects of the test that aided in creating the frames for the two incidents.

> The consistent use of words and images that portrayed responsibility for the reported action, or 'agency;' that encouraged or discouraged 'identification' with those directly affected by the act; that advanced a particular 'categorization' of the act; and that stimulated or suppressed broad 'generalization' from the act (Entman, 1991).

The remainder of his study developed these aspects in greater detail by contrasting the differences of the news frames in both events with each other. Finally, he suggested there should be more research in three areas: audience autonomy, media autonomy and "content analysis

explicitly informed by theories of framing and of information processing" (Entman, 1991).

Information Subsidies

Journalists lead busy lives because everyday they must produce fresh news. Time is limited for information gathering and so reporters depend on information subsidies released by public information officers and public relations staffs. "Even the largest and best national newspapers such as The New York Times and Washington Post with their huge staffs of reporters and editors obtain over half their daily material from press releases, press conferences and other routine channels created by government agencies, corporations, and interest groups" (McCombs, 1994).

In order to get the president's message out to the public, the White House Public Information Office uses information subsidies as its vehicle to attempt to set the media's agenda. According to Turk and Franklin (1987), "The sources of raw material of information upon which journalists rely and from which they choose what to use have a great deal to do with media's content."

Oscar S. Gandy (1982) agreed in his book, Beyond Agenda Setting. "Reliance on bureaucratic sources is

facilitated by the tendency of journalists to accept information from these sources as factual" (1982).

These exchanges of information are also beneficial to government agencies as well. "Press releases, briefings, and press conferences are seen to be economically efficient because they provide sources with access to several reporters at the same time, saving time that would have been spent in individual interviews" (Gandy, 1982).

Dan Berkowitz and Douglas B. Adams (1990) conducted a study on the effects of information subsidies on a local television news station in Indianapolis during a four-week period in 1987. Gatekeepers were observed as they selected information subsidies for use. Over 1,000 information subsidies were analyzed for story type, news setting and originating organization. One of their findings revealed "that information from non-profit organizations and interest groups was kept most frequently, while that from government-related sources and businesses was kept least frequently" (Berkowitz & Adams, 1990). This finding diverged from previous studies, which found that media organizations were more likely to keep government-originated subsidies. They also found that "local relevance and the ability to provide concrete news events appeared to be keys to (a) successful information subsidy" (Berkowitz & Adams, 1990).

Judy VanSlyke Turk (1986) conducted a similar study on the effects of information subsidies from six Louisiana State Public Information Offices on the news media agendas of eight daily Louisiana newspapers for an eight-week period. She conducted a content analysis on 264 newspaper editions and 444 information subsidies.

One of her assumptions projected that when provided with information through information subsidies from government public information officers, daily newspaper gatekeepers are more likely to use than to discard that information.

Turk's findings for this assumption were supported by the data. "But published stories about government are not more likely to be based on 'official' handouts of information than on information obtained from other sources" (1986).

The President as an Agenda-Setter

Besides information subsidies, another external influence on the media is the President of the United States. "Presidents enjoy tremendous access to the mass media. Teddy Roosevelt essentially invented the presidential press conference as the operational definition of the presidency's bully pulpit" (McCombs, 1994).

Doris Graber (1993) wrote a book regarding the relationship between the media and American politics. "To gain and retain public support and maintain their power, executives and legislators want to influence what information is passed on to the public and to other officials. They want to define situations and project images of their own to further their objectives" (Graber, 1993). To do this government executives must turn to the media, which performs four basic functions for them.

1. Media informs government executives about current events and developments in other parts of government.

2. Media informs executive branch officials about the major concerns of American people.

3. Media allows executives to communicate their messages to the public and political elites.

4. Media enables chief executives to stay in front of the general public and display executives' human qualities and professional skills. (Graber, 1993).

Although media organizations sometimes perform these functions for the government, media organizations are not mouthpieces. Presidents use a variety of strategies to control news substance. First, they attempt to curry reporters' favor.

"Second, presidents try to shape the flow of news to make good publicity more likely and bad publicity less likely" (Graber, 1993).

Third, news releases may be distributed by presidents in a manageable manner.

"For national news, one of the major sources of this daily flow of news is the president, the nation's number one newsmaker. Being a major source of news, the president is in a strategic position to influence the agenda of the news media and the agenda of the public," (Gilberg, Eyal, McCombs, & Nicholas, 1978).

In order to test their hypothesis regarding the president's role as newsmaker and agenda-setter, they conducted a content analysis of President Carter's second state of the union address. They also identified and counted issues set forth by the news media for a two-month period before and after the president's address. Their findings suggested an unexpected trend whereby the issues emphasized by the news media are reflected in the president's priorities, rather than the opposite, presidential influence on the news media agenda.

Judy VanSlyke Turk (1987) conducted a study to determine the success of the president's influence on the news media. She hypothesized that the news media show preference for White House-provided information on certain subjects, such as foreign policy or economics, and least likely for subjects, such as education and political scandal.

Turk's study conducted a content analysis of information disseminated by the White House between June 1-28, 1986, with news media reports published during the same time period. Four issues of the "Weekly Compilation of Presidential Documents," which included written press releases, speech texts, interview press conference transcripts and proclamations, were coded for analysis. News media reports published by The New York Times, Washington Post, Norman (Okla.) Transcript, and those distributed by the Associated Press also were coded for analysis. White House documents that were duplicated either verbatim or paraphrased in a published news story were categorized as "used" (Turk, 1987).

Turk's research indicated that "the leads of those media stories that used White House information did emphasize more than half the time the same information as the leads of the White House handouts" (Turk, 1987). She also found that the White House was successful only part of the time in focusing the media's attention on subjects and specifics about which it wishes the audience to be informed (Turk, 1987).

Finally, her research suggested that "every handout used by the media and every story that includes information provided to journalists by the White House press staff is a success story for the White House to attempt to influence

the media agenda, a victory for the agenda-setting function of public relations sources" (1987).

Wayne Wanta (1992) took the president's influence on the media a step further by examining whether the president's agenda affected the public's agenda through the media's agenda. He examined the relationship between the president, the press and the public's agenda at 34 points in time from 1970 through 1988.

To determine each parties' agenda, he used a sampling from the Weekly Compilation of Presidential Documents, and The New York Times, CBS Evening News and Gallup polls during the same time frame.

Wanta's findings suggested that a complex relationship exists between the president, press and public. The president may indirectly influence the relationship between the press and the public, but previous news coverage also affects this relationship. Finally, if news media organizations set their own agendas based on their previous coverage, the president and the public may be intervening variables that exert only minor influence on the news media organization's agenda.

Gozenbach conducted a similar study (1992); however, his research focused on a specific issue -- the drug issue from 1985 through 1990. He examined the press, the president and the public's relationship to each other over time to separate the influence of each "within the

historical context of the issue." His study used a method where the "most important problem" survey results from nine organizations were combined into a time series of 70 monthly points to measure public agenda. He conducted a content analysis on the news media's agenda to count the frequency of coverage of the drug issue. The presidential agenda was based on similar analysis.

Gozenbach's findings suggested that public opinion immediately follows the press. He also found that the president follows the public agenda; however, the president also has strong immediate influence on the public's agenda. Finally, he suggested the president mirrors and follows the media agenda and public opinion.

Shull and Ringelstein (1993) conducted a study of the president's influence on the media regarding civil rights policy-making. "Presidents play a crucial role in shaping civil rights policy through their messages because only with presidential support are major and lasting policy changes likely" (Shull & Ringelstein, 1993).

In order to determine presidential attention, support and symbolism, presidential documents such as speeches, press conferences, letters and other public communication found in Public Papers of Presidents of United States for Dwight D. Eisenhower through George Bush were content analyzed. Shull and Ringelstein's study revealed large differences among presidents in tone and focus, which

suggested "the importance of time dimension in salience of civil rights" (Shull & Ringelstein, 1993).

"Presidents communicate to assert their policy preference and to establish their leadership position for posterity" (Shull & Ringelstein 1993).

Associated Press Wire Stories

Another source of news are wire services such as Associated Press (AP), United Press International (UPI), and the New York Times Service. These news agencies gather and transmit news around the world for more than five billion people. In 1989 AP had a $300 million budget, 3,500 employees and 2,900 subscribers in the U.S. alone. "The AP maintains 84 foreign bureaus in 70 countries and serves news outlets in 110 countries. The news agency estimates that its news is read, viewed, or heard by more than a billion persons each day" (Merrill, 1991).

Samuel Coad Dyer, Jr., M. Mark Miller and Jeff Boone (1991) examined the flow of news resulting from the Exxon Valdez crisis using information retrieved from two wire services, the Associated Press and Public Relations News Wire, between January 1988 and March 1990, approximately one year before and one year after the crisis. The researchers developed three categories of issues and terms connected with each issue after a reading of the stories.

The issues selected were environmental issues, economic issues and legal issues.

Using a computerized content analysis program, the stories were coded before and after the crisis "for frequency of each issue-related terms" (Dyer, Miller & Boone, 1991). This data then was placed in a 2x2x2x2x2 factorial design. The researchers' findings indicated that "the AP wire defined the crisis as an environmental one with broad legal ramifications. The organization in crisis, Exxon, also defined the crisis as an environmental one, but stopped short of extending its analysis to legal issues in a predictable advocacy role" (Dyer, Miller & Boone, 1991). Their findings also indicated that there are considerable consequences for U.S. businesses that recklessly destroy the environment.

G. Cleveland Wilhoit and David Weaver (1983) updated their 1979 study of foreign news coverage and two U.S. wire services that tracked foreign news flow from the two news wire organizations into a random sample of 11 Indiana daily newspapers. The focus of their study was to examine "the quantity and quality of news about foreign lands available to and used by small to medium-circulation newspapers" (Wilhoit & Weaver, 1983). The two wire services chosen for the study were AP and UPI since they provide the majority of foreign news to small U.S. newspapers. In general their study found that foreign news stories are

utilized proportionately by small newspapers to the items obtained from wire services.

Another study used wire services to examine the objectiveness of wire stories sent to U.S. newspapers regarding the U.S.'s withdrawal from UNESCO. Wire news organizations included AP, UPI, The New York Times News Service, the Washington Post/Los Angeles Times News Service (Giffard, 1986). Giffard conducted a content analysis on news wire stories published between December 1983 and December 1984. "Three-quarters of the published news reports were credited to one of the four agencies analyzed. Of all attributed reports (including duplicates) the largest number by far were from the AP" (Giffard, 1986).

Other findings in Giffard's study indicated that news wire reports were "highly critical of UNESCO and supportive of the withdrawal" (1986). Newspapers were inclined to choose from wire reports that were critical of UNESCO and not the ones that supported the organization.

Fan and Norem's (1991) study examined the relationship between news media opinion and catastrophic health legislation. Using the Nexis database, a random sample of relevant news stories were gathered from the AP, the Los Angeles Times, The New York Times and Washington Post between 1977 and 1989.

Their study suggested that AP ran the most stories on catastrophic health legislation and these stories did

not cast either a favorable or unfavorable light on the legislation (1991).

Chapter 3

Methodology

The purpose of this research was to determine whether White House information subsidies about health care reform served as a framing influence on Associated Press stories.

A thematic analysis of White House information subsidies and a content analysis of these subsidies and of a random sample of AP wire stories using the VBPro program was conducted. A census of all health care reform information subsidies released by the White House between January 20, 1993, and September 30, 1994, was analyzed. A random sample of AP stories between January 20, 1993, and September 30, 1994, also was analyzed. These dates were chosen for practical reasons. January 20, 1993, marks the beginning of President Clinton's Administration, and White House information subsidies were only available from his inaugural date on the White House World Wide Web page. The ending date of September 30, 1994, was chosen because it is the month in which the health care reform debate was declared a dead issue by former Majority Leader George Mitchell, who said it would not be acted on by the 103rd Congress.

Content analysis is a "systematic technique for analyzing message content and message handling -- it is a tool for observing and analyzing the overt communication

behavior of selected communicators" (Budd, Thorpe & Donohew, 1967).

Bernard Berelson (1952) identified three general assumptions about content analysis:

1. It assumes inferences about a relationship between intent and content or content and effect can validly be made, or actual relationships established.

2. It assumes that the study of manifest content is meaningful.

3. It assumes that quantitative description of communication content is meaningful.

Conducting a content analysis requires a researcher to classify words of text into fewer content categories. Analysis units may be a word, a sentence, a paragraph or a entire document. (Weber, 1990).

Several limitations of content analysis exist. First, it cannot serve as the lone premise for claims regarding media effects on an audience. Second, researchers limit their study to certain parameters and those who utilize different measurement tools will likely arrive at different conclusions. Third, content analysis can be time-consuming and expensive. A researcher can spend hours or days examining and categorizing large amounts of content material, and this can be slow and wearisome. Fourth, Entman (1993) notes that "content analysis informed by a

theory of framing would avoid treating all negative and positive utterances as equally salient and influential."

VBPro Program

It is the third and fourth limitations that prompted this researcher to use the VBPro program. The program, developed by Dr. M. Mark Miller, professor of communications at the University of Tennessee, Knoxville, analyzes large text files in a matter of minutes rather than hours or days. It tags words or phrases as instructed by the researcher. "VBPro produces files of key terms in the context of sentences, paragraphs or by user-defined cases. (It allows researchers to) do quantitative analysis by inspecting frequencies of words and coding text into numeric output for analysis in standard statistical packages" (Miller, 1993). It is the program's ability to identify key terms in the context of the sentence and paragraph that makes it a useful tool to identify frames.

A study of opinion polls during the last two presidential campaigns downloaded data into VBPro from three national newspapers, the Los Angeles Times, The New York Times and Washington Post. The study's focus was "to examine whether journalists attempted to devote less coverage to horserace and hoopla themes and more to

substantive policy issues during the 1992 presidential campaign" (Denham & Miller, 1993).

The VBPro program searched key terms out of context and also "contextually to determine whether each was consistently associated with horserace or issue coverage during election years" (Denham & Miller, 1993). They also performed a qualitative analysis of newspaper's reportage in opinion poll articles about issues. The researchers' aim was not only what was reported, but also how it was reported. The Denham and Miller findings suggested that early in the 1992 campaign more coverage was given to substantive issues. However, after recognizing the front-runners in the campaign, the newspapers returned to horserace themes as they had in previous campaigns.

Another study used VBPro to examine the scope of magazine coverage of pesticide issues. The researchers chose specialty publications such as Audubon, Nutrition, and Successful Farming, and one general news magazine, Time (Riechert & Miller, 1994). VBPro was used to analyze 161 magazine stories for 18 key pesticide terms. "Inspective lists of words in alphabetical and frequency order were produced with the VBPro program and reviewed for obvious themes and emphases found in the magazines individually and as a group" (Riechert & Miller, 1994). Their study did not reveal any inaccuracies of pesticide coverage by magazines, but different magazines emphasized different

images. "Specialized magazines may inform citizens and policy debaters on important topics such as these, but they may not provide complete issue coverage to face the debate" (Riechert & Miller, 1994). The researchers also suggested that social issues, such as pesticide use, may be reported more completely in general news media.

White House Information Subsidies

This research analyzed White House information subsidies that included interviews, speeches, remarks, background briefings, policy statements, reports, schedules, press briefings, fact sheets, principal statements and executive acts made by President Bill Clinton, Vice President Al Gore, First Lady Hillary Rodham Clinton and White House staff members between January 20, 1993, and September 30, 1994. Two hundred fifty-three information subsidies were downloaded from the White House World Wide Web page from the Publications Section on the Internet at http://www.whitehouse.gov/.

The White House World Wide Web Page on the Internet provides a great deal of information about the President's policies and activities. The White House Page has six sections, which includes the Executive Branch, the First Family, Tours, What's New, Publications and Comments.

There are also welcome messages from the President and the Vice President, and a Citizen's Guest Book.

The data for this research was downloaded from the Publications Section, which has several options. Among those options are daily releases, topical releases, major documents, national documents, subscription information and information about White House publications.

In order to look at information subsidies, select "retrieve White House documents via forms interface," which is found under the daily releases subsection. This will present another screen with several fields. These fields must be set in order to look at the documents. The fields include dates, categories, document type, presentations by staff or principals, and numerical limit to documents retrieved.

The date field is pre-set by the program for January 20, 1993, and November 8, 1996; however, these dates can be changed. The category field has several topics to include or exclude such as "economy," "environment," "security" or "social, including healthcare." For this research "social, including healthcare" was selected. The "document type" field has different types of documents to choose from, such as executive acts by the President, interviews, remarks or speeches. The "presentations by staff" field will retrieve documents presented by White House staff members, such as press briefings, background

briefings or reports. The "presentations by principals" field will allow a user to select the President, Vice President or First Lady as a principal speaker. Finally, a numerical limit or no limit can be selected for the number of documents to be retrieved.

For the purposes of this research, all combinations of "document type" and "presentations by principals" were downloaded and any duplication of documents was omitted from analysis.

The 253 files are a census of information subsidies released by the White House on health care reform. Three files were omitted from analysis because they were read-only files and could not be given a case number.

In order to answer the first three research questions, a thematic analysis of 100 White House information subsidies was conducted. The researcher read 100 White House information subsidies, which were chosen as representative of the study's time period. These 100 subsidies included 81 remarks or interviews by President Clinton, 17 press briefings by Dee Dee Myers, former press secretary, and one briefing by Mark Gearan, former communications director. Guided by Entman's definitions of framing, these information subsidies were analyzed in order to identify the health care reform themes set forth by the White House.

Additionally, the researcher used VBPro to conduct in-context searches of the broad health care solution, the seven principles and the five objectives articulated by President Clinton as the suggested remedies for problems in the health care system.

These principles and objectives were analyzed by VBPro in-context of the subsidies to determine how consistent the Clinton Administration was in using these terms and phrases in its own subsidies as health care reform remedies and objectives. The key terms chosen for this research were selected because they were used by President Clinton to identify his broad health care solution and principles. Some word variations of the health care principles were not retrieved by VBPro because their usage was not to discuss the health care principles. (see Table 1)

Files created by VBPro using key terms were searched again by VBPro for stock phrases within the White House information subsidies in order to identify President Clinton's five health care reform objectives. These key terms also were selected because they were used by President Clinton to identify his five health care objectives. VBPro retrieved these stock phrases in-context as they appeared in the White House information subsidies. (see Table 2)

Table 1: Search Terms Used to Identify White House Health Care Principles

Principles	Search Terms
Universal Coverage	Universal Universality Universally
Affordability	Afford Affordability Affordable
Savings	Saving (s)
Simplicity	Simplicity
Responsibility	Responsibility (ies) Responsible
Security	Security
Choice	Choice (s) Choose
Quality	Quality (ies)

Table 2: Search Terms Used to Identify White House Health Care Objectives

Objective	Search Terms
Guaranteed Private Insurance	Guaranteed Insurance Private
Right to Choose Doctor/Health Care Plan	Choice (s) Choose Doctor (s) Physician (s) Plan
Protect and Strengthen Medicare	Protect (ing) Strengthen (ing)
Outlaw Unfair Insurance Practices	Abuses Insurance Practices Pre-existing
Link Health Benefits to the Workplace	Benefits Business (es) Health

AP Wire Stories

This study also analyzed Associated Press news wire stories between January 20, 1993, and September 30, 1994, on health care reform. The entire time period was divided into more manageable time frames of three-month quarters for a total of seven quarters. Each quarter was randomly sampled using a different seed number and skip interval. With the help of Jane Row, assistant professor at John C. Hodges Library, these AP stories were electronically downloaded from the DIALOG database.

A total of 437 were downloaded from the database using the key terms "health," "care" and "reform." Certain types of stories were omitted from analysis and those included stories in which health care reform was not the subject, but mentioned health care reform; editorial briefs; and business stories that discussed stock prices of health care companies. Several stories were duplicated, but these were not omitted because it was difficult to differentiate between AP story versions to determine which was the final AP story. After sorting through the ineligible stories, 267 stories remained for analysis.

These AP stories were coded for the first source quoted. First source was used as the criteria because the routines of news reporters rely on government officials and careful attribution. In an inverted pyramid news story,

the first source quoted it the first point of view to be expanded in the body of the story.

The researcher and another coder analyzed the stories independently and sorted them into two groups: White House source AP stories and non-White House source AP stories. Intercoder reliability using Holsti's formula was 91 percent. If the first source quoted in a story was the President, Vice President, First Lady or White House staff member, it was coded as a White House source AP story. If the first source was not a member of the Clinton Administration, then it was coded as a non-White House source AP story. After coding these stories, it was decided to omit eight more stories because of their lack of substantive information on health care reform. This left 259 stories remaining for analysis. The coders agreed on 237 stories and disagreed on 22 stories. The coders examined the 22 stories in dispute and came to a decision about first source citation.

In order to differentiate between White House source AP stories and non-White Houses source AP stories, the researcher inserted a pseudo-term in each AP story. A pseudo-term is a word that would not normally occur in the AP stories. The pseudo-term for White House source AP stories was "*whiteh" and the pseudo-term for non-White House source AP stories was "*nonwh."

After inserting the pseudo-terms, the pseudo-terms were analyzed by VBPro by case in order to create a White House source AP story file and a non-White House source AP story file. Once these two files were created the same principles and objectives that were used to analyze the White House information subsidies were used to analyze these two sets of AP stories.

Finally, these two sets of AP stories were coded by VBPro into numerical output for each pseudo-term, principle and objective in order to administer a chi-square test to test for significant differences, if any, between AP stories that quoted White House sources first and those that did not.

Chapter 4

Results

This research used two methods to answer the research questions. The first method was a thematic analysis of 100 White House information subsidies. The second method was a computerized content analysis of all White House information subsidies and AP stories.

Thematic Analysis of White House Information Subsidies

The researcher read 100 White House information subsidies. These 100 subsidies were chosen as representative of this study's time period. Eighty-one subsidies were remarks made or interviews given by President Clinton. Eighteen subsidies were press briefings given by Dee Dee Myers, former White House press secretary. One subsidy was a briefing given by Mark Gearan, former White House communications director.

Overall, these White House information subsidies discussed the issues and possible remedies for the health care crisis. Approximately, one-fifth of the subsidies did not have the health care issue as its focus. Some of these subsidies focused on other issues as part of President Clinton's domestic agenda, such as an economic stimulus packages or welfare reform. Also, some of these subsidies

focused on the financing details of President Clinton's Health Security Act and most of Dee Dee Myers' press briefings explained the President's progress with Congress on the health care problem; the President's agenda; or clarified President Clinton's or First Lady Hillary Rodham Clinton's remarks on the health care debate.

What frame (s) did the White House use to define the health care reform problem?

Two frames dominated the White House discussion of the health care problem. President Clinton framed the health care problem as an economic problem. He also framed the health care problem in terms of Americans' personal insecurity about the health care system.

For example, President Clinton said, "We must reform our health care system so that you and every American will be assured not only of economic security, but the security of knowing that health care is always there for you. We also have to reform health care because we're spending tens of billions of dollars on things that do not make us healthier, but, instead endanger our economy further" (Case #049).

> President Clinton also said, We are not going to get a hold of the fact that 100,000 Americans are losing their health insurance a month. We are not going to get a hold of the fact that a lot of these costs just involve our paying more for the same health care every year. We're spending a dime on the dollar more than any other country on sheer paperwork. Ten cents on the dollar

that nobody else in the world pays (Case #170).

In a press briefing Dee Dee Myers explained the President's position on health care. "He thinks it's critical not only to the health of individual citizens of this country, but as he made clear, important to our long-term fiscal health -- that unless you can do something to contain the costs of entitlements ... then you can't bring the deficit down and you can't instill the kind of fiscal responsibility that he thinks is critical to long-term economic health in this country" (Case #074).

In Case #033 President Clinton said, "Only in America do we spend over 14 percent of our income on health care. Canada's at 10, Germany and Japan below nine; going up more rapidly than any other country; going up twice as fast as inflation" (Case #033).

In the same subsidy President Clinton added, "It is the primary cause of the exploding federal deficit. It is the primary cause of many of our biggest companies' inability to compete overseas" (Case #033).

The second frame used by the White House was the personal insecurity Americans have about the health care system. "During any given time in the year there will be a total of 58 million Americans without any health insurance. There are 81 million Americans in families with pre-existing conditions. One hundred and thirty-three million Americans ... have insurance policies with lifetime

limits, which means they can out-run their limits if they have someone in their family really sick," said President Clinton (#059).

President Clinton added, "Even though we have this many people, 58 million, who are without insurance, our country spends a higher percentage of its income on health care -- 40 percent more -- than any other country in the world. Yet, we are the only major country that hasn't been able to figure out how to give insurance to everybody" (Case #059).

> More than anything else, if you look to the heart now, of our federal budget deficit, if you look to the heart now of the economic problems of many of our leading exporters, and if you look to the heart of the gnawing insecurity that grips hardworking American families, you will find lurking behind it all the most expensive, least efficient health care system in the entire Western world, said President Clinton (Case #033).

"The combination of the rising cost of care and the lack of care and the fear of losing care are endangering the security and the very lives of millions of our people. And they are weakening our economy every day," said President Clinton (Case #039).

These two frames, that the cost of health care is bad for the American economy and that Americans have personal insecurity about the health care system, established the White House's frames for the health care problem.

What frame (s) did the White House use to diagnose the causes of the health care problem?

The White House used four frames to diagnose the causes of the health care problem. The four "cause" frames included:

1. The "terrible" financing of the health care system.
2. The abundance of bureaucracy and paperwork.
3. Cost shifting.
4. Too many insurance companies.

"Terrible" Financing of Health Care

In Case #060, President Clinton talked about the United State's "terrible" system for financing health care. "But nobody who has seriously analyzed (the health care system) can doubt that we have the worst and most inefficient system of financing health care of any of the advanced countries. No other country spends more than 10 percent of its economy on health care -- we spend 14.5 percent of our income" (Case #060).

In Case #118 President Clinton said, "We pay 30 percent more for health care than the people of any other nation of the face of the Earth. And most of the extra unnecessary cost is simply in the form of paperwork and bureaucracy" (Case #118).

In Case #051 President Clinton said, "Since 1980, our nation's health care costs have nearly doubled. Without reform, health care spending could consume as much as one

of every four dollars in the Federal budget by the year 2000" (Case #051).

Abundance of Bureaucracy and Paperwork

In Case #060 President Clinton explained how the abundance of bureaucracy and paperwork caused the health care problem. "A part of it stems from the fact that we have a system that is plainly inefficient and which in paperwork burdens alone, may cost as much as a dime on the dollar more than any other system in the world. We are also the only advanced country in the world that has not figured out how to provide health care to all its citizens" (Case #060).

In Case #036 President Clinton said, "You see the enormous burden of paperwork squandering more and more hours of nurses and doctors, requiring more and more precious health care dollars to be diverted to clerical expenses instead of to investing in the health of our people" (Case #036).

"Don't take my word for it, ask any doctor or nurse or hospital administrator about the growth of unnecessary paperwork in the last decade, mandated by both government and insurance companies," said President Clinton (Case #001).

Cost-Shifting

Cost-shifting means those who have health insurance pay higher insurance premiums to compensate for those who do not have insurance. "When the uninsured low-risk people do get sick or have accidents, they still get health care, but it's too late, too expensive at the emergency room, and very often they can't afford to pay for it themselves. So their costs get passed on from medical providers back through the insurance system, back on to the Americans who are still paying insurance. And the premiums rise again," said President Clinton (Case #163).

In Case #036 President Clinton said, "There are untold billions of dollars being spent that should not be spent by the people who pay the full price and more for health care because they have to pay for somebody else's health care who's not covered when it's too late and too expensive...." (Case #036).

Too Many Insurance Companies

The fourth "cause" frame pinpoints the large number of individual insurance companies that compete with each other for a share of the market and the tactics they use to survive economically.

In a joint appearance with President Clinton, Vice President Al Gore said, "One reason (the present health care system) doesn't work is that all of the insurance

companies that are trying to serve their patients and at the same time make money are competing with each other to exclude people, to exclude conditions, and to shift costs over to other people, wherever they can. And their weapon in doing that is paperwork" (Case #118).

President Clinton supported the Vice President's statement. "Only in America do we have 1,500 separate insurance companies writing thousands of different policies, creating mountains of different paperwork and always, looking for ways not to cover the people who bought their insurance" said President Clinton (Case #033).

Speaking at a hospital, President Clinton talked about the amount of paperwork the hospital must complete for insurance companies. "There are departments in this hospital that spend all their time trying to satisfy hundreds of different insurers. There are 1,500 in America, by the way; no other country has that many. This hospital I think deals with over 300. Each of them want a slightly different piece of information and in a slightly different way...." (Case #038).

In addition to hospitals spending time on paperwork, doctors and nurses are also spending more time filling out paperwork. "Insurance company red tape has created a nightmare for doctors and nurses ... The average doctor's office spends 80 hours a month pushing paper. And nurses often have to fill out as many as 19 forms to account for

one person's hospital stay," said President Clinton. (Case #051).

These four frames, the "terrible" financing of health care; the abundance of bureaucracy and paperwork; cost-shifting; and too many insurance companies, led the White House to make moral judgments about the causes of the health care problem.

What frame (s) did the White House use to make moral judgments about the causes of the problem?

The White House assigned blame for the health care problem to government bureaucracy and insurance companies. In making this moral judgment, the White House framed the blame for the health care system going awry on three factors:

1. Insurers and government created rules, forms and many times required prior approval before treatment from doctors and hospitals.

2. Insurance companies created paperwork for physicians and other health care professionals, who are spending more time on paperwork and dealing with insurance companies, and spending less time with their patients and practicing medicine.

3. Because of the increasing paperwork, doctors' offices and hospitals were spending more for administrative overhead, and those costs were passed along to the patient.

In Case #038 President Clinton said:

> To make sure that sick patients were getting the best care, government regulators and private insurers created rules and regulations, and with them came forms to make sure you were following the rules and regulations. To make sure doctors and nurses then didn't see the patients that were getting the best care too often, keep them in the hospital too long, or charge them too much, there were more rules and regulations, and along with them, more forms. Instead of all this paper and all these medical forms assuring that the rules are followed and people get healthy, we're stuck in a system where we're ruled by the forms and have less time to make children and adults healthy (Case #038).

In Case #115 President Clinton spoke about how much control insurance companies have over doctors' practices. "The fact is, increasingly, insurance companies set your fees. They second-guess your clinical decisions. More and more they make you get prior approval from someone who's thousands of miles away; who's never seen your patient; and who doesn't have a clue about what really ought to be done" (Case #115).

In Case #038 President Clinton spoke about how many more patients could be treated at Children's Hospital in Washington, D.C. if there was not so much paperwork.

"The doctor said he estimated that each doctor practicing in this hospital, 200 in total, spent enough time on paperwork unrelated to patient care every year to see another 500 patients for primary preventive care -- times 200. You don't have to be a mathematical genius to

figure out that's another 10,000 kids who could have been cared for, whose lives could be better," said President Clinton (Case #038).

In Case #033 President Clinton described how much time physicians spend on paperwork rather than treating patients. "Only in America are the doctors who hired out to keep people well and help people who are sick spending more and more countless hours -- some of them as much as 25 hours a week now -- filling out forms and paperwork" (Case #033).

In reaction to additional paperwork and regulations, physicians, hospitals and insurance companies have hired more employees to keep up with the red tape. These added expenses are passed along to the patient in the form of higher prices.

President Clinton said the United States spends more on health care in part "for the way we financed health care which employs hundreds of thousands in doctor's offices, clinics, hospitals and insurance companies to read the fine print" (Case #153).

"Only in America have in the last 10 years, we seen the work of clerical workers in the hospitals grow at four times the rate of new doctors and health care providers. That is not happening anywhere else," said President Clinton (Case #033).

President Clinton personalized the situation by talking about a friend who is also a physician. "I have a doctor friend in Washington who recently hired somebody not even to do paperwork, but just to stay on the phone to call insurance companies every day to beat them up to pay what has already been covered -- money right out of the pockets of the nurses that work in his clinic" (Case #033).

In response to those who blamed physicians for the health care problem, President Clinton said several times it was not the quality of care that was the problem but the system for financing health care. In Case #118 President Clinton said, "Let me just say one thing about this to try to hammer home what I think is a very important point. All the stories you've heard today have nothing to do with the quality of American health care, but everything to do with the system of insurance we have. It's not a reflection on our doctors, our nurses, our health care providers. It is the system by which we insure against risk" (Case #118).

President Clinton explained why physicians' fees have gone up, not because of greed, but to pay for bureaucracy. "People complain about doctor fees going up. I'll give you one interesting statistic. In 1980, the average physician in America took home 75 percent of the revenues that were generated in a clinic. By 1990, that number had dropped

from $.75 on the dollar to $.52. Where did the rest go? Most of it went to forms" (Case #038).

The White House also said that health insurers were controlling the choices people have and that people lose their freedom to choose because of pre-existing conditions that make it impossible for people to change jobs.

"Right now in America, 81 million out of 255 million are in families where there is a so-called 'pre-existing condition,' where somebody in that family has been sick, which means either they're paying higher insurance costs, they can't get insurance at all, or they can't change the job they're in, because if they do, they can't get insurance in the next job," said President Clinton (Case #061).

President Clinton had a name for those who could not change jobs -- job-lock syndrome. He said eventually this syndrome could affect the nation's economy as much as it affected people's choices. In Case #045 President Clinton said:

> For a long time we have been the only advanced industrial country that didn't provide basic health care to all of our citizens; the only one that puts people in the trap of not being able to change jobs if anybody in their family has ever been sick.... That's a huge handicap in a world where the average 18-year-old will change work eight times in a lifetime. And where, because of global competition, most new jobs are created by small businesses.... (Case #045).

President Clinton had harsh words for current health insurance practices. "There ought to be a clear outlawing of insurance practices which have cost so much misery and caused so many Americans to fall between the cracks" (Case #1l5).

He added, "That's why among other things we're going to insist upon different insurance practices -- no more pre-existing conditions, no more lifetime limits, no more higher rates for those who have had someone in their family sick or those who are older. No more overcharging of small employers or dropping them because one person in the workplace has a medical problem. No more avoiding people that might cost some money" (Case #1l5).

According to President Clinton, insurers are in control not the policyholders. "In today's health care system, insurance companies call the shots. They pick whom they cover and how they cover them. They can cut off your benefits when you need your coverage the most. They are in charge" (Case #12l).

President Clinton warned what would happen if the health care system was not reformed. "The price of doing nothing about health care is far too high. Doing nothing means more and more Americans losing their coverage. Doing nothing means allowing insurers to dictate prices, charging whatever they want to whomever they want. Doing nothing means continuing a system in which anonymous bureaucrats

peer into every hospital and doctors' offices and second-guess medical decisions" (Case #049).

In summary, the White House used two frames to describe the health care problem. The first frame was the current health care system's negative effect on the national economy and the second frame was Americans' personal insecurity about the health care system. The causes of the health care problem were framed as the "terrible" financing of the health care system; the abundance of bureaucracy and paperwork; cost-shifting; and too many insurance companies. President Clinton said he blamed insurance companies and government bureaucracy for the health problem. He also said he did not blame physicians, nurses or other health care providers for the health care problem nor did he think that the quality of health care was a problem. How the White House proposed to resolve the health care problem is the subject of the next section.

Computerized Content Analysis of White House Information Subsidies

This section of the results reports the computerized content analyses of White House information subsidies and AP news stories. The analysis of the White House subsidies was performed to determine if President Clinton's proposed health care remedies were used consistently within the

subsidies themselves. The analysis of the AP stories was to determine whether the White House was able to influence the AP's coverage of President Clinton's proposed health care remedies. The Clinton Administration articulated seven principles and five objectives in detailing the mechanics of his proposed remedies to the health care problem. The broad health care solution was to provide universal coverage while the details involved making health care affordable, simple, finding savings, and making employers and individuals responsible for providing coverage. These remedies were President Clinton's solution to the economic problem caused by rising health care costs. In addressing the problem of personal insecurity, President Clinton proposed that the health care system be made secure for all Americans; give Americans a choice about their doctor and insurance plan; and continue quality health care.

Universal Coverage

Using VBPro, the terms universal, universally and universality were retrieved from the subsidies. These terms were used in 95 subsidies or in 38.0 percent of the 250 White House information subsidies.

Universal coverage became the line in the sand for the Clinton Administration. President Clinton said he would not sign any legislation that did not have universal

coverage. "But the answer to your question is, if we're not going to cover everybody -- if we can't find a way to find universal coverage, there is no point in doing this" (Case #117).

In Case #112 President Clinton predicted what would happen without universal coverage. "If we do nothing, if we don't go to universal coverage the following things will happen: More Americans will continue to lose their health insurance; medical inflation will continue to make less and less coverage available, especially to small businesses" (Case #112).

In a press briefing given by then Press Secretary Dee Dee Myers, she said the President would accept nothing less than universal coverage. "The President is unwilling to compromise on the issue of universal coverage. If anybody wants to have a fight about whether the coverage should be universal, that's a fight we're going to have" (Case #003).

In the same subsidy, Ms. Myers said, "The main enemy is anybody who is against universal coverage, a minimum -- or a comprehensive package of benefits that can never be take away" (Case #003).

In a briefing with Lloyd Bentsen, secretary of the Treasury, he defined universal coverage. "I think universal coverage, when you define it, what we're talking about is

guaranteeing to every American the right of insurance" (Case #184).

In Case #016 President Clinton said, "So you can argue about all these other things, but it seems to me delaying the time of universal coverage will aggravate the price battle, not make it better. We assume that universal coverage will cost more when every other country that has universal coverage is paying much less than we are and having less inflation" (Case #016).

Economic Solutions

The principle affordability and its word variations, afford and affordable, were used in 117 subsidies or in 46.8 percent of the 250 White House subsidies. The White House wanted to make health care affordable for all Americans.

> I do ask the Congress to act and to act now, this year, to guarantee private health insurance to all Americans; to provide a choice of doctors and plans to American citizens; to allow, as California is doing, small businesspeople, farmers and self-employed people to join in big co-ops and to buy insurance on the same competitive basis that big business and government folks can do so they can afford to purchase health care without going broke, said President Clinton (Case #123).

In Case #222 President Clinton said, "But we are going to stand firm on what the American people need, they need guaranteed health security, comprehensive benefits,

affordable health insurance that increases their choices and improves the quality of care" (Case #222).

President Clinton also said by guaranteeing affordable health coverage to Americans there would also be health security. "And so by making a requirement for employers and individuals to make payments into the system, and by requiring that everybody have health insurance, and by setting in motion processes to make that affordable, we are guaranteeing that health security" (Case #218).

The principle simplicity was used the least among the 250 White House subsidies. It was used in 10 subsidies which was only 4.0 percent of the subsidies. The Health Security Act would simplify the health care system, which also would encourage security and savings.

President Clinton illustrated what simplicity would do for the health care system in Case #212. "Simplicity means reducing the paperwork that frustrates all of us and wastes countless hours and billions of dollars" (Case #212).

President Clinton also wanted to streamline the forms and procedures that he said complicate the whole health care system. "By having a standardized package so that everybody knows what's covered and what's not, so you get rid of all the paperwork wars between companies that want to sluff off coverage to somebody else; get rid of all this effort to document whether a condition was pre-existing

or not we get rid of most of that unnecessary paperwork and bureaucracy," said President Clinton (Case #118).

The principle savings and its singular form, saving, were used in 85 subsidies or in 34.0 percent of the 250 subsidies. The White House wanted to reform the health care system to create savings that would assure America's economic future.

President Clinton said, "...Until every American is insured and does have health security, there cannot be the kind of cost-effective approaches to providing health care that we expect to achieve savings so that as we move through the system, we can begin to enhance quality while, indeed, we provide security" (Case #017).

In Case #148 President Clinton said reforming the health care system will produce savings well into the next century. "If we fix the health care system, you can keep the deficit on a downward path, as the nonpartisan Congressional Budget Office showed, saving unbelievable amounts of money by the first decade of the next century" (Case #148).

In Case #204 President Clinton described how his plan would create savings. "Well, we believe the way to effect those savings, first of all, is to stop cost-shifting by having everybody covered, which will save a lot of money; and secondly, to give the presently uninsured small business, self-employed people, and farmers the opportunity

to have the same bargaining power that people in bigger units do" (Case #204).

The principle responsibility and its word variations, responsible and responsibility, were used in 133 subsidies or in 53.2 percent of the 250 subsidies. The White House wanted Americans to take more responsibility for their own health care. "We're going to ask people who don't pay anything now to assume more responsibility for their own health care," said President Clinton (Case #001).

In Case #023 President Clinton summarized what would happen if no one took responsibility for health care problem. "The bottom line is simple: Every American pays when a company or individual fails to assume responsibility for health coverage or when insurance companies price people out of the market. Restoring responsibility is vital to providing health security for every American" (Case #023).

In Case #172 President Clinton told Americans they would never be secure unless they took on the responsibility to make changes. "Economic security, health care security, personal security -- none of us can be secure until we are prepared to take personal responsibility for making these changes, and of building a new sense of community, each in our own way" (Case #172).

Personal Insecurity Solutions

The remedy security was used the most. It was used in 176 subsidies or in 70.4 percent of the 250 subsidies. The White House defined security as providing Americans with the peace of mind in knowing that they would never lose their health care coverage for any reason.

In Case #047 President Clinton said, "And I believe that once we succeed in providing health security to each of you, every family will have a chance to prosper and dream again, freed from today's fears -- freed from the fear that if you lose your job, you'll lose your health care...." (Case #047).

In Case #049 President Clinton blamed current health costs for Americans' insecurity. By reforming the health care system, Americans' insecurity and a sound national economy would be restored. "Health care costs are draining the nation's coffers and robbing too many Americans of the security they need and deserve. Reforming our health care system is not only the best way to reduce costs, reign in our federal deficit and provide security for our citizens; it's also good for our economy" (Case #049).

President Clinton said, "Unless we do that and guarantee every American private health insurance that can never be taken away, we'll never be able to control this deficit in the long run, never have the money we need

to invest in the future and our jobs, and never provide real security to America's working families" (Case #128).

The principle choice and its word variations, choices and choose, were used in 135 subsidies or in 54.0 percent of the 250 subsidies. The White House wanted people to have a choice about the health care they receive, especially when it came to choosing a physician or health care plan.

In Case #017 President Clinton said why it was important to give Americans a choice. "If we preserve choice, what we have done is not only to give the power for making that decision to the individual, we have given the responsibility to the individual. We need to provide incentives for them to do so, and choice is the principle that will lead them in that direction" (Case #017).

In Case #059 President Clinton talked about people losing the right to choose their health care provider. "Under our plan, we would preserve the choice of physicians, something that is rapidly disappearing today with the growth of managed-care networks. More and more people are losing the right to choose their doctors, actually being forced to give up their family doctors and go to someone else" (Case #059).

In Case #231 President Clinton talked about giving Americans a choice of health care plans. "What I want to do is to extend the system we have now -- guaranteed private health insurance for all Americans -- and to

extend the choices we have now, give every American family at least three choices every year of doctors and health care plans" (Case #231).

The principle quality and its plural, qualities, were used in 102 subsidies or in 40.8 percent of the 250 subsidies. The White House did not imply that quality was an issue in the health care debate, but rather the White House wanted to protect the quality of health care that already exists. In Case #001 President Clinton said, "We're going to protect quality and choice, but we're going to make some changes" (Case #001).

"Today, everything that's wrong with our health care system is threatening what's right with American health care -- high-quality care and the right to choose our doctor," said President Clinton (#051).

In Case #173 President Clinton expressed his desire not to interfere with the quality of health care that Americans already receive. "We don't want to do anything to undermine the quality of health care. If you cover everybody, if you give them primary and preventive health care services, if you do as our plan and you increase investment in medical research, you can improve quality" (Case #173).

Stock Phrases

A second computerized content analysis using VBPro was performed on the five objectives articulated by the White House. The five objectives included guaranteed private insurance; right to choose doctor/health care plan; protect and strengthen Medicare; outlaw unfair insurance practices; and link health benefits to the workplace. These objectives were action statements that summarized President Clinton's proposed health care solutions. These were harder to analyze than the single word principles because the words in the phrases did not always occur in the order as presented; therefore, it was necessary to create files within files to capture significant terms. For example, within the file containing the term insurance, another search retrieved the terms guaranteed and private to retrieve the stock phrase "guaranteed private insurance."

The first health care objective was guaranteed private insurance. The term insurance was used in 178 subsidies out of 250 subsidies. Among those 178 subsidies, the terms guaranteed and private were used in 84 subsidies or in 33.6 percent of the 250 subsidies. The White House used this phrase to indicate that it wanted insurance provided from the private sector rather than government-provided insurance.

In a press briefing Dee Dee Myers outlined what the President would accept as an acceptable health care reform plan. "He believes that any bill that comes to him must include guaranteed private insurance for every American and benefits that cannot be taken away" (Case #069).

In Case #143 President Clinton stated that guaranteed private insurance was the only way to reform health care. "Guaranteed private insurance for every American is the only way we'll ever be able to control the cost of this system, simplify it, and provide the American people with security of health benefits that can never be take away" (Case #143).

The second health care objective was the right to choose a doctor and a health care plan. To retrieve these phrases, two content analyses were performed. First, the researcher retrieved the terms doctor, doctors, physician, and physicians from the White House information subsidies. The researcher also retrieved the term plan from the subsidies. Second, the terms choice, choices and choose were retrieved from the file that contained the term doctor and its word variations, and from the file that contained the term plan.

The term doctor and its word variations were used in 116 subsidies. Within those 116 subsidies, the term choice and its word variations was used in 55 subsidies or in 22.0 percent of the 250 subsidies. The White House wanted

Americans to choose their health care provider based on personal preference and not be forced to use the provider offered in their health care plan.

"You'll also be able to choose your doctor no matter what plan you decide to join because you can follow your doctor into whatever plan he or she joins," said President Clinton (Case #001).

In Case #059 President Clinton said that his plan would allow Americans to choose their physician. "Under our plan, we would preserve the choice of physicians, something that is rapidly disappearing today with the growth of managed-care networks. More and more people are losing the right to choose their doctors, actually being forced to give up their family doctors and go to someone else" (Case #059).

In Case #183 President Clinton explained why Americans should choose their own physicians and health care plans. "We ought to have guaranteed private insurance; we ought to keep the choice of doctors and health care plans in the hands of consumers -- people who are actually having to deal with the care, not their employers or the insurance companies...." (Case #183).

The White House also wanted the American people to choose their health care plan and not have one chosen for them based on what an employer could afford. The term plan was used in 205 information subsidies. Among those 205 subsidies, the term choice and its word variations

were used in 50 of the subsidies or in 20.0 percent of the 250 subsidies.

"What we want to see is a system in which the employer does not make the choice as to what plan is available for the employee, the employee makes that choice for him or herself" said President Clinton (Case #009).

The Health Security Act would have allowed consumers to make their own choices. "Under our plan, individuals, not their employers, have the freedom to choose the health plan that best meets their needs and desires," said President Clinton (Case #234).

In Case #115 President Clinton explained why it was important to have the freedom to choose.

> And I think the more we can put doctors into the management decisions of the HMO, and the more choice we can give to the people who themselves will be patients, who have personal contact with their doctors -- keep in mind, this is a huge deal, letting the employees themselves make this choice instead of their employers, means that somebody will be choosing; every plan will be chosen by someone who has had a personal relationship with a physician who has doubtless discussed this with him or her (Case #115).

Another White House objective was to keep what was good about the health care system and change what was wrong. The White House thought the Medicare program was working in the present health care system. Thus, the White House sought to protect and strengthen Medicare. The term Medicare was used in 103 subsidies. Among those 103 subsidies,

the terms protect, protecting, strengthen and strengthening were used in 11 subsidies or in 4.4 percent of the 250 subsidies.

In Case #112 President Clinton said, "We would protect the Medicare program for elderly people, and not fold it in because it works and most senior citizens like it" (Case #112).

In Case #183 President Clinton said, "Let me also say that I know we can strengthen Medicare and make some savings in the Medicare program, but only -- listen to me -- only if we cover everybody and if everyone has medical inflation go down" (Case #183).

The fourth health care objective was to outlaw unfair insurance practices. The term insurance was used in 178 subsidies out of 250 subsidies. Among those 178 subsidies the following terms were retrieved: unfair, practices, abuses and pre-existing. The term abuses was included because of its negative connotation and the term pre-existing was included because of its association with the insurance industry's practice to exclude those who have been sick. Among the 178 subsidies, these four terms were used in 40 subsidies or in 16.0 percent of the 250 subsidies. The White House asserted that the present health insurance system was taking advantage of policyholders and, in order to have effective health care reform, current insurance practices would need to be reformed.

In Case #133 President Clinton said, "In health care, I thought we ought to keep what's good about our system and change what's wrong -- the crazy financing system; get rid of unfair insurance practices and do it in a way that wouldn't make the insurance companies go broke" (Case #133).

In Case #212 President Clinton said, "We must -- and we will -- outlaw insurance company practices that discriminate against consumers and small businesses, and make care available to all Americans, no matter where they live or how old or sick they are" (Case #212).

Case #250 outlined some abusive insurance practices. "The Health Security Act will outlaw insurance company practices -- ranging from price gouging to refusing to insure entire industries -- that make it impossible for small business owners to get insurance today for their families or employees" (Case #250).

The last health care objective, link health benefits to the workplace, was the most difficult to search because the White House used other words to represent the same objective. Thus, the researcher changed the search term workplace to business and businesses in hopes of retrieving a higher response for this objective. The terms, business and businesses were used in 187 subsidies. Among those 187 subsidies, the terms health and benefits were used in 101 subsidies or in 40.4 percent of the 250 subsidies. The White House believed that providing health insurance at

the workplace was the most logical choice rather than implementing government-provided health coverage.

"And small business owners throughout our nation want to provide health care for their employees and families but can't get it or can't afford it," said President Clinton (Case #212).

In Case #049 President Clinton said he did not expect businesses to provide insurance immediately. "When we talk about health care reform, we mean giving businesses who don't currently provide insurance plenty of time to phase-in coverage for their employees" (Case #049).

President Clinton also hoped that employers and employees would share the responsibility of providing health care at work. "I favor guaranteeing these health benefits at work, with employers and employees bearing a portion of the contribution, and more or less the ratio they do with major companies today, but with discounts to small businesses who couldn't afford it otherwise" (Case #059).

Computerized Content Analysis of AP Stories

In order to determine how successful the White House was or was not in framing its health care remedies to the media, the researcher performed another computerized content analysis on a randomly selected sample of 259 AP

stories using VBPro. Prior to performing the content analysis, the researcher and another coder looked at each story to identify the first source quoted in the story. If the story quoted the President, Vice President, First Lady or White House staff member, it was coded as a White House source story. If the story quoted anyone besides a member of the White House, it was quoted as a non-White House source story. The 259 stories were separated by VBPro into two categories: White House source AP stories and non-White House source AP stories. There were 131 White House source AP stories and 128 non-White House source AP stories. Each of these two files were analyzed for the health care principles and objectives that were identified as proposed remedies in the White House information subsidies. Again those principles were universal coverage, affordability, simplicity, savings, responsibility, security, choice and quality. The stock phrases were guaranteed private insurance; right to choose doctor/health care plan; protect and strengthen Medicare; outlaw unfair insurance practices; and link health benefits to the workplace. Finally, a chi-square test was used to determine if a significant difference existed between the mentions of the White House health care principles and objectives in the White House source AP stories and the non-White House source AP stories.

Universal Coverage

The term universal and its word variations, universally and universality, were retrieved because the White House framed it as its broad solution to the health care problem. The term universal and its word variations was used in 31 stories or in 23.7 percent of the 131 White House source AP stories.

"From the beginning, Clinton has identified universal coverage as the linchpin of workable national health insurance" (Case #2611).

"Clinton was trying to tie his health care plan to some of his other major proposals as he and other administration officials conducted a national sales blitz for the plan to provide universal health coverage by the end of 1996" (Case #0701).

"Still, the debate begins with an historic political consensus: Democrats and Republicans alike share Clinton's goal of universal health coverage and 'portability,' meaning that losing a job doesn't mean losing health care" (Case #0791).

Among the non-White House source AP stories, universal and its word variations was used in 48 stories or in 37.5 percent of the 128 AP non-White House source AP stories.

"We want to hear the Clinton Administration out on what direction they want to go 'in paying for universal

access, Colorado Gov. Roy Romer, the governors' association chairman, said in an interview" (Case #0230).

"Clinton, asked three times whether he was standing by a threat to veto any bill didn't guarantee universal insurance coverage, (and he) refused three times to answer" (Case #2390).

"Most Republican lawmakers have opposed a requirement that employers provide health insurance, a critical element of the Clinton bill, and have said universal coverage is not feasible" (Case #2670).

A chi-square was used to test for significant differences between the mentions of universal in the White House source AP stories and the non-White House source AP stories. The Pearson value with continuity correction was 0.02. However, the difference was not in the direction hypothesized as non-White House source AP stories mentioned the term universal more than White House source AP stories. The continuity correction was used because there was one degree of freedom. (see Table 3)

Affordability

Among White House source AP stories, affordability and its word variations, afford and affordable, were used in 23 stories or in 17.6 percent of 131 stories.

"... The administration's goals include making sure people aren't prevented from getting insurance because of

Table 3: Percent of AP Stories Containing Universal Frame Words By Primacy of White House Source*

	SOURCE			
	Non-White House First	White House First		Total Percent-age
	62.5	76.3		69.5
	37.5	23.7		30.5
N	128	131	259	100

Chi-Square = 5.21, $p \leq 0.02$

*Column percentages may not add to 100 because of rounding error.

pre-existing conditions, allowing people to buy more affordable insurance through big purchasing cooperatives, reducing the morass of paperwork associated with health insurance...." (Case #0091).

"The report contains compelling evidence of the need to restructure our health care system so that all Americans can receive the care they need at an affordable cost,..." (Case #1031).

"It offers the promise of secure, affordable coverage, yet raises worries about more limited medical choices and higher costs for some" (Case #0771).

Among the non-White House source AP stories, the principle affordability and its word variations were used in 23 stories or in 18.0 percent of the 128 non-White House source AP stories.

"RNC Chairman Haley Barbour acknowledged considerable differences between the major Republican plans but said all would lead to more affordable health coverage without socialized medicine or crippling the economy" (Case #1620).

"The sponsors contend their insurance reforms and tax changes would make affordable coverage more readily available and cover most of the nation's uninsured" (Case #2170).

"Dole's bill, a mini-version of the mainstream plan, contains subsidies and insurance reforms designed to help

those who can't afford coverage or can't get it because of pre-existing medical conditions" (Case #2390).

A chi-square was used to test for significant differences in the mentions of affordability between White House source AP stories and non-White House source AP stories. The Pearson value with continuity correction was 1.00. The continuity correction was used because there was one degree of freedom. (see Table 4)

Simplicity

The White House principle simplicity was used in six stories or in 4.6 percent of the 131 White House source AP stories. The White House used simplicity as a health care remedy because it believed the present health care system had become too complicated and costly.

"One group's charge is to find ways to ensure the quality and simplicity of the new system, including giving doctors and hospitals information to coordinate care, and giving purchasers ways to evaluate the caregivers" (Case #0221).

Among the non-White House source AP stories, simplicity was used in one story or in 0.8 percent of the 128 non-White House source AP stories.

"Just demand that we pass one that has security and simplicity, Clinton implored an audience...." (Case #1730).

Table 4: Percent of AP Stories Containing Affordability Frame Words By Primacy of White House Source*

	SOURCE			
	Non-White House First	White House First		Total Percent-age
	82.0	82.4		82.2
	18.0	17.6		17.8
N	128	131	259	100

Chi-Square = 0.00, $p \leq 1.00$

*Column percentages may not add to 100 because of rounding error.

The number of AP stories containing the term simplicity was insufficient to perform a valid chi-square test.

Savings

The principle savings and its singular form, saving, were used in 29 stories or in 22.1 percent of the 131 White House source AP stories. The White House hoped a reformed health care system would generate savings for the entire nation.

"Panetta said some of Clinton's advisers believe that the health care reform package will produce enough savings to not only expand coverage to the uninsured, but also to reduce the budget deficit" (Case #0191).

"Clinton has acknowledged that it might be necessary to phase in some benefits more slowly if he cannot get the savings he anticipates" (Case #0701).

"A Treasury official says the success of President Clinton's health reform plan depends of the savings it can wring from the most inefficient system in the world" (Case #0751).

Among the non-White House source AP stories, savings were used in 17 stories or in 13.3 percent of the 128 non-White House source AP stories.

"One of the drug industry's favorite arguments against lower prices is the possibility that research critical to

developing life-saving medicines would be shortchanged" (Case #0010).

"Many have been in the same health plans for years and aren't willing to disrupt personal relationships with several doctors, even if it would mean saving some money" (Case #0370).

"The GAO said that managed care plans tend to attract younger, healthier employees, and therefore the cost savings that do result may be because of the health status of those enrolled, rather than cost containment" (Case #1630).

A chi-square test was used to test for significant differences in mentions of saving between White House source AP stories and non-White House source AP stories. The Pearson value with continuity correction was 0.09. The continuity correction was used because there was one degree of freedom. (see Table 5)

Responsibility

The principle responsibility and its word variations, responsible and responsibilities, were used in 16 stories or in 12.2 percent of the 131 White House source AP stories. The White House wanted Americans to take control of and accept responsibility for their health care.

"It is an absolutely critical part of this plan that people become responsible" (Case #0261).

Table 5: Percent of AP Stories Containing Savings Frame Words By Primacy of White House Source

	SOURCE			
	Non-White House First	White House First		Total Percent-age
	86.7	77.9		82.2
	13.3	22.1		17.8
N	128	131	259	100

Chi-Square = 2.90, $p \leq 0.09$

*Column percentages may not add to 100 because of rounding error.

"In some of her strongest language to date on 'personal responsibility,' Mrs. Clinton said the White House package will require more of everyone from small businesses that don't currently cover their workers to 25-year-olds who choose to go without coverage" (Case #0271).

Among the non-White House source AP stories, responsibility and its word variations were used in 18 stories or in 14.1 percent of the 128 non-White House source AP stories.

"If we give our energy, our hearts, our souls to the next few weeks and make it clear that the American people want what the members of Congress have, guaranteed health insurance paid for with an employer-employee shared responsibility system, we will get it for every single American" (Case #2560).

"One of Chafee's allies, Sen. Bill Bradley, D-N.J., said there should be 'a shared responsibility' by employers and employees" (Case #2010).

"It all boils down to this: Do you consider health care a basic right of all citizens, or the personal responsibility of each individual?" (Case #2590).

A chi-square was used to test for significant differences in the mentions of responsibility between White House source AP stories and non-White House source AP stories. The Pearson value with continuity correction

was 0.80. The continuity correction was used because there was one degree of freedom. (see Table 6)

Security

The principle security was used in 50 or in 38.2 percent of the 131 White House source AP stories. The White House wanted Americans to feel secure with their health care coverage.

"In her speech in Nebraska, Mrs. Clinton said Americans are losing a sense of security about health care because of skyrocketing costs" (Case #0541).

"We must get beyond the partisan posturing and distortions to reform a health care system that is draining the nation's coffers and robbing too many Americans of the security they need and deserve," Clinton said in the draft (Case #1231).

"Security was the major theme in Clinton's introduction of his health care reform plan, the administration's No. 1 domestic initiative" (Case #1681).

Among the non-White House source AP stories, security was used in 19 stories or in 14.8 percent of the 128 non-White House source AP stories.

"Thomas also engineered a vote on the original 1,342-page Clinton Health Security Act" (Case #1800).

"We're going to vote out of the Ways and Means Committee before we go home for the July 4th recess, a

Table 6: Percent of AP Stories Containing Responsibility Frame Words By Primacy of White House Source

	SOURCE			
	Non-White House First	White House First		Total Percent-age
	85.9	87.8		86.9
	14.1	12.2		13.1
N	128	131	259	100

Chi-Square = 0.07, $p \leq 0.80$

*Column percentages may not add to 100 because of rounding error.

health security act for all the nation with no major tax increases, the Florida Democrat said" (Case #2010).

"Clinton's Health Security Act doesn't explicitly mention abortion, but says 'pregnancy-related services' would be included in the benefit package" (Case #2050).

"To that end, the new Democratic ad ends with the narrator urging viewers to tell Congress you want what they already have the security of affordable, universal health care" (Case #2650).

A chi-square was used to test for significant differences in mentions of security between White House source AP stories and non-White House source AP stories. The Pearson value with continuity correction was 0.00. The continuity correction was used because there was one degree of freedom. (see Table 7)

Choice

The principle choice and its word variations, choices and choose, were used in 37 stories or in 28.2 percent of the 131 White House source AP stories. The White House wanted to provide Americans with more choices about their physicians and health care plans.

"President Clinton's health care plan will put strong emphasis on the ability of Americans to choose their own doctors, administration officials say" (Case #0571).

Table 7: Percent of AP Stories Containing Security Frame Words By Primacy of White House Source*

	SOURCE			
	Non-White House First	White House First		Total Percent-age
	85.2	61.8		73.4
	14.8	38.2		26.6
N	128	131	259	100

Chi-Square = 16.84, $p \leq 0.00$

*Column percentages may not add to 100 because of rounding error.

"Americans would choose among a variety of plans offered by regional health groups, with lower-cost options likely to be health maintenance organizations and higher premiums for plans in which people pick their doctors" (Case #0681).

"The ad is a response to a Health Insurance Industry of America ad campaign that contends Clinton's proposal will restrict consumers' choice of doctors and other health care providers" (Case #0981).

"The plan would create non-profit regional health alliances where most businesses and individuals would go to choose their plan from a variety of options, including both health maintenance organizations and fee-for-service medicine" (Case #1071).

Among the non-White House source AP stories, the principle choice and its word variations were used in 30 stories or in 23.4 percent of the 128 non-White House source AP stories.

"Two-thirds of Americans think a national health program should allow people to choose their own doctors, an Associated Press poll found" (Case #0070).

"Managed care plans seek to hold down costs by requiring participants to choose from among a network of doctors who have agreed to set fees, and by closely monitoring the delivery of medical services and requiring pre-admission approval for hospital stays" (#0330).

"The report released Wednesday by the Alan Guttmacher Institute found that two-thirds of the health plans surveyed from health maintenance organizations to large plans that allow patients to choose their doctors routinely cover abortions" (Case #1860).

A chi-square was used to test for significant differences between the mentions of choice in White House source AP stories and non-White House source AP stories. The Pearson value with continuity correction was 0.46. The continuity correction was used because there was one degree of freedom. (see Table 8)

Quality

The principle quality and its plural, qualities, were used in 18 stories or in 13.7 percent of the 131 White House source AP stories. The White House wanted to preserve the quality of health care that Americans receive.

"Just as President Clinton has been trying to focus on the principles he's working for on his deficit-reduction package, Mrs. Clinton laid out her chief principles on health care quality, cost controls and that all Americans have the security of coverage" (Case #0261).

"The administration also hopes that standardizing the forms will make it easier for states to monitor the quality of care patients receive" (Case #0981).

Table 8: Percent of AP Stories Containing Choice Frame Words By Primacy of White House Source

	SOURCE			
	Non-White House First	White House First		Total Percent-age
	76.6	71.8		74.1
	23.4	28.2		25.9
N	128	131	259	100

Chi-Square = 0.55, $p \leq 0.46$

*Column percentages may not add to 100 because of rounding error.

"The essence of this is a competitive system for price and quality, and I think it will work," said Clinton (Case #1601).

Among the non-White House source AP stories, quality and its plural were used in 10 stories or in 7.8 percent of the 128 non-White House source AP stories.

"It's not adversarial, but it's business, based on competitive pricing, quality products and proper service" (Case #0280).

"In 1987, Minnesota set out to do for Minnesotans what President Clinton wants to do for all Americans: guarantee quality health care at a reasonable cost" (Case #0360).

"Instead of accepting bids, the alliances will grade plans submitted by insurance companies, HMOs, doctors and hospitals to help participating employers get good quality at the price they're willing to pay" (Case #0610).

"They are threatened, and concerned that Clinton's government-run health care system will not only adversely affect them, but reduce the quality of health care received by their patients," Barbour said (Case #1380).

A chi-square was used to test for significant differences between the mentions of quality in White House source AP stories and non-White House source AP stories. The Pearson value with continuity correction was 0.18. The

continuity correction was used because there was one degree of freedom. (see Table 9)

Another content analysis was performed in order to determine if the five stock phrases used by the White House were found in AP stories. The objectives were guaranteed private insurance; right to choose doctor/health care plan; protect and strengthen Medicare; outlaw unfair insurance practices; and link health benefits to the workplace. After retrieving the sentences that contained the search terms for the stock phrases, the researcher read each occurrence of the search terms to determine if the terms found articulated the objectives. To ensure reliability, another coder read a sample of the sentences retrieved. Lastly, a chi-square was used to test for any significant differences between a White House source AP story and a non-White House source AP story mention of the objectives.

Guaranteed Private Insurance

The first objective was guaranteed private insurance. The White House wanted to guarantee every American private insurance rather than implement government insurance. Among 131 the White House source AP stories, there were 117 stories that contained the search terms guaranteed, insurance or private. Among those 117 stories, the objective, guaranteed private insurance, was used in 14

Table 9: Percent of AP Stories Containing Quality Frame Words By Primacy of White House Source*

	SOURCE			
	Non-White House First	White House First		Total Percent-age
	92.2	86.3		89.2
	7.8	13.7		10.8
N	128	131	259	100

Chi-Square = 1.78, $p \leq 0.18$

*Column percentages may not add to 100 because of rounding error.

stories or in 10.7 percent of the 131 White House source AP stories.

"And when we guarantee health security for every American guaranteed private insurance that can never be taken away then people will no longer be afraid that they'll lose their medical coverage...." (Case #1961).

"'I don't want the government to run it,' Clinton said, noting his plan would preserve the system of private insurance" (Case #2251).

"'People like Amanda and her family are the reason we have to guarantee private, not government, health insurance for every American,' Clinton said" (Case #2471).

Among the 128 non-White House source stories, there were 115 stories that contained the same search terms. Among those 115 stories, the objective, guaranteed private insurance, was used in 13 stories or in 10.2 percent of the 128 non-White House source AP stories.

"Dean says Vermont's economy could not tolerate the 12.5 percent payroll tax he said would be needed to abolish private insurance and install a Canadian-style, single-payer system" (Case #1270).

"An administration official, speaking on condition of anonymity, said it was unclear whether Moynihan's emerging proposal would meet Clinton's criteria of guaranteed private health insurance for all Americans" (Case #2000).

"The 1,410-page Mitchell plan would overhaul insurance rules and provide subsidies to help millions of Americans buy private insurance" (Case #2460).

A chi-square was used to test for significant differences in mentions of guaranteed private insurance between White House source AP stories and non-White House source AP stories. The Pearson value with continuity correction was 1.00. The continuity correction was used because there was one degree of freedom. (see Table 10)

Right to Choose Doctor/Health Care Plan

The second health care objective was right to choose a doctor and a health care plan. The White House wanted Americans to make their own choices about their health care rather than have those choices made for them. Among the 131 White House source AP stories, there were 116 stories that contained one or more of the following search terms, choice, choices, choose, doctor, doctors, physician, physicians or plan. Among those 116 stories, the objective, right to choose doctor/health care plan, was used in 15 stories or in 11.5 percent of the 131 White House source AP stories.

"He said his health care reform plan, due in May, would expand medical coverage to all Americans by the end of his first term and preserve people's right to choose their doctors" (Case #0061).

Table 10: Percent of AP Stories Containing Guaranteed Private Insurance Frame Words By Primacy of White House Source

	SOURCE			
	Non-White House First	White House First		Total Percent-age
	89.8	89.3		89.6
	10.2	10.7		10.4
N	128	131	259	100

Chi-Square = 0.00, $p \leq 1.00$

*Column percentages may not add to 100 because of rounding error.

"President Clinton's health care plan will put strong emphasis on the ability of Americans to choose their own doctors, administration officials say" (Case #0571).

"'The increased choice will come in the fact that so many Americans, a significant percentage of working Americans, are locked into their employer's choice of plan,' said one of the officials, who briefed reporters on the condition of anonymity" (Case #0571).

"The plan would create non-profit regional health alliances where most businesses and individuals would go to choose their plan from a variety of options, including both health maintenance organizations and fee-for-service medicine" (Case #1071).

Among the 128 non-White House source AP stories, there were 113 stories that contained the same search terms. Among those 113 stories, the objective, right to choose a doctor and a health care plan, was used in 15 stories or in 11.7 percent of 128 non-White House source AP stories.

"'They hope that this is something positive and they continue to wish Clinton well with this, but they have growing reservations,' including worries about being able to choose their own doctor, Kohut said" (Case #1440).

"The bipartisan bill would not require employers to pay their workers' insurance, but it would require them to offer at least two plans with a standard benefits

package, one allowing unlimited choice of doctors and one with a high deductible" (Case #2430).

"It is this competition that's supposed to reduce health care costs on the assumption that people will choose the best plan at the lowest price" (Case #0370).

"He also said his proposal would give people a choice of at least three insurance plans from which to choose, in contrast to the current situation today where workers must accept or reject a single plan that an employer offers" (Case #2490).

A chi-square was used to test for significant differences in the mentions of right to choose doctor/health care plan between White House source AP stories and non-White House source AP stories. The Pearson value with continuity correction was 1.00. The continuity correction was used because there was one degree of freedom. (see Table 11)

Protect and Strengthen Medicare

The third objective was to protect and strengthen Medicare. The White House believed that Medicare was a positive program and that efforts should be made to preserve it in health care reform legislation. Among the 131 White House source AP stories, there were 38 stories that contained the term Medicare. None of those 38 stories

Table 11: Percent of AP Stories Containing Right to Choose Doctor/Health Care Plan Frame Words By Primacy of White House Source

	SOURCE			
	Non-White House First	White House First		Total Percent-age
	88.3	88.5		88.4
	11.7	11.5		11.6
N	128	131	259	100

Chi-Square = 0.00, $p \leq 1.00$

*Column percentages may not add to 100 because of rounding error.

used the search terms protect, protecting, strengthen or strengthening in connection to the Medicare program.

Among the 128 non-White House source AP stories, the term Medicare occurred in 32 stories. None of those 32 stories used the same search terms in connection to the Medicare program. Since there were no occurrences of the objective, protect and strengthen Medicare, no additional analysis was done.

Outlaw Unfair Insurance Practices

The fourth objective was to outlaw unfair insurance practices. The White House proposed that in order to have substantive health care reform some current health insurance practices would need to be reformed. Among the 131 White House source AP stories, no stories contained the search terms abusive, insurance, practices or pre-existing. Abusive and pre-existing were included in this search because of their negative connotation.

Among the 128 non-White House source AP stories, there were 125 stories that contained the same search terms. Among those 125 stories, the objective, outlaw unfair insurance practices was used three times or in 2.3 percent of 128 non-White House source AP stories.

"Among the reforms governors said should be passed this year were: Insurance reforms to guarantee that health coverage goes with an employee from job to job and access

to coverage for people with preexisting medical conditions" (Case #1980).

Former Senator George Mitchell said, "Congress could accomplish a lot by changing unfair insurance practices and reversing the 'tragic downward trend' in coverage, particularly among children and pregnant women" (Case #2390).

Republican's "chief alternative is a proposal by Senate Minority Leader Bob Dole, R-Kan., to reform exclusionary insurance practices and provide $100 billion over five years to help low-income people buy insurance" (Case #2670).

Because the objective, outlaw unfair insurance practices was not used in White House source AP stories, no additional analysis was done.

Link Health Benefits to the Workplace

The fifth objective was to link health benefits to the workplace. The White House proposed that the workplace was the most logical place to receive health coverage. Because the term workplace is so specific it was changed to the terms business and businesses. Among the 131 White House source AP stories, there were 126 stories that contained the search terms benefits, business, businesses or health. Among those 126 stories, there were five stories

that articulated this objective which was 3.8 percent of the 131 White House source AP stories.

"Clinton plans to require all employers and employees to help pay for health insurance with subsidies for low-wage workers and small businesses" (Case #1101).

In Case #2541 there were two references to the objective, link health benefits to the workplace. "Contrary to President Clinton's critics, many small businesses support his plan requiring employers to pay for their workers' health care coverage, Commerce Secretary Ronald Brown said Monday" (Case #2541).

"The Clinton plan requires employers to pay at least 80 percent of their full-time workers' health coverage, but puts caps on the premiums for small businesses, limiting their costs to between 3.5 percent and 7.9 percent of their payrolls" (Case #2541).

Among the 128 non-White House source AP stories, there were 128 stories that contained the same search terms. Among those 128 stories, none used the same search terms that articulated this objective. No additional analysis was done.

Chapter 5

Discussion

This thesis was a text analysis using both thematic analysis and computerized content analysis to determine whether White House information subsidies on health care reform served as a framing influence on AP news stories.

The theory of framing hypothesizes that textual themes can be identified by examining word usage, the presence of key words and stock phrases or images that serve to construct a particular version of reality. Information subsidies are the vehicles that non-media organizations use to try and influence the media's agenda.

A thematic analysis was done to identify the White House's view of what the health care problem was, what its causes were and who was to blame. A quantitative analysis was done to determine whether the White House's proposed remedies for the ailing health care system were influential in helping to frame the Associated Press's version of how to fix the health care system.

President Clinton's proposed remedies were embodied in seven principles and five objectives that his Administration identified as the foundation for health care reform. The key words and stock phrases that embodied President Clinton's principles and objectives were thought to lend themselves well to computerized content analysis

because the researcher could enter key words and do a search in both information subsidies and AP news stories to look for possible congruence of usage. A similar reasoning process pertained to President Clinton's five objectives. One of the lessons of the research project, however, is that a key word search may not necessarily capture "a theme" or "frame." A larger list of words (20 to 30 words that contribute to the boundaries of a frame) probably is necessary to capture the depth and dimension of a frame. A key word seems to give a unilateral rather than a multilateral view of a frame's dimensions. Nevertheless, the thematic and quantitative content analyses provided a valuable look at Clinton Administration rhetoric on health care reform.

Thematic Analysis

The Problems

The researcher found that the Clinton White House framed the health care problem as an economic problem. The reason the health care system had to be fixed was because the current health care system was jeopardizing the economic health of the country and crippling the ability of the U.S. to compete in a global economy. President Clinton's repeated references to health care costs as a major factor in the growing budget deficit and to this

country's health care system as being the most expensive in the world served to frame the health care problem as an economic problem in search of a solution. An analysis of White House subsidies for word usage oriented toward economic concerns, such as deficit, costs, cost, budget, competitiveness and economy, indicated that 92.4 percent of the White House information subsidies used these terms.

A second frame had economic overtones as well but focused on Americans' personal insecurity about the health care system. President Clinton said that millions of Americans were at risk of losing or already had lost their health coverage because of skyrocketing health care costs. He also said many Americans were afraid to change jobs for fear of losing health benefits and that many could not get coverage because of pre-existing medical conditions. An examination of White House word usage related to security concerns indicated that 70.4 percent of the White House information subsidies used this term. (see Table 12)

The Causes

The White House used four frames to identify the causes of the health care problem. First was the haphazard or "terrible" method of financing the health care system in this country. President Clinton said the U.S. has the most inefficient health care system in the world because it costs more to maintain than other countries and does

Table 12: Summary of "Problem" Frames in White House Information Subsidies

"Problems"	Percentage Use of Frame in Subsidies	Search Terms
Economic	92.4	Budget Competitiveness Cost (s) Deficit Economy
Security	70.4	Security

not provide all of its citizens with health coverage. The second was cost-shifting, which means that those with health coverage pay more in premiums to compensate for those who need medical treatment but do not have health coverage. The third was too much bureaucracy and paperwork, and the fourth was too many insurance companies competing for health care dollars. (see Table 13)

The Guilty Parties

The White House blamed insurance companies and government bureaucracy for creating a severely flawed health care financing infrastructure. Insurance companies and government bureaucracy were responsible for doctors and nurses charging more to cover the costs of increased paperwork and regulatory compliance and spending less time with patients. Insurance companies were responsible for trying to find mercenary ways to exclude people from health care coverage if they had a pre-existing condition or a low paying job. These same insurance companies, and the government, also were limiting people's right to choose their doctor and health care plan. (see Table 14)

The Proposed Remedies

President Clinton's overarching remedy was to give everybody coverage in the system. President Clinton said he would not sign any health care reform legislation that

Table 13: Summary of "Cause" Frames in White House Information Subsidies

"Causes"	Percentage of Use Frame in Subsidies	Search Terms
Financing Method	14.8	Financing
Cost Shifting	8.8	Cost Shifting
Bureaucracy & Paperwork	38.0	Bureaucracy Paperwork
Too Many Insurance Companies	7.6	1,500*

*The search term "1,500" was used by President Clinton to illustrate that there were too many insurance companies in the U.S. The terms "insurance" and "companies" without the qualifier "1,500" incorporated more concepts than the very focused concept of "too many insurance companies."

Table 14: Summary of "Blame" Frames in White House Information Subsidies

Guilty Parties	Percentage Use of Frame in Subsidies	Search Terms
Insurance Companies	25.2	Insurance Companies
Government Bureaucracy	1.6	Government Bureaucracy

did not include universal coverage. He articulated seven principles for a new health care system that would be affordable, secure, responsible, simple and in which Americans would receive quality care from the doctor and health care plan of their choice.

Originally, the White House presented six health care principles as remedies for the health care problem. Those remedies were affordability, choice, quality, security, responsibility and simplicity. At some point during the debate, the White House dropped simplicity as a remedy and added savings. The White House also began using universal coverage, which became the Clinton Administration's broad solution to the health care problem. President Clinton said there could not be meaningful health care reform without universal coverage and he would not sign any health care legislation that did not include it. Universal coverage was President Clinton's line in the sand.

VBPro Analysis

In order to determine if the White House was able to influence AP stories with its version of health care reform remedies, the researcher conducted a computerized content analysis using VBPro. The AP stories were separated into two categories, those that quoted the White House as a source first, and those that did not. If the White House

was successful in framing a remedy in the health care debate, a chi-square test would indicate a significant difference in mentions between the two sets of AP stories. Because the chi-square tests had one degree of freedom, it was necessary to report the continuity correction.

The researcher failed to reject the null hypotheses for the following proposed health care reform remedies:

H2. President Clinton's suggested remedy of "affordability" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the AP stories in which the White House was not the first source cited. $p \leq 1.00$.

H5. President Clinton's suggested remedy of "responsibility" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the AP stories in which the White House was not the first source cited. $p \leq 0.79$.

H7. President Clinton's suggested remedy of "choice" will be greater in the group of AP stories in which the White House than they will be in the AP stories in which the White House was not the first source cited. $p \leq 0.46$.

H8. President Clinton's suggested remedy of "quality" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the AP stories in which the White House was not the first source cited. $p \leq 0.18$.

Chi-square tests of these principles were not found to be significantly greater in AP stories that quoted the White House as a source first than those that did not quote the White House as a source first. A chi-square test was

not used for "simplicity" because it only appeared in seven AP stories. Thus, there was insufficient data to perform a valid chi-square test.

The researcher did reject the null hypothesis for security as a proposed health care reform remedy.

> H6. President Clinton's suggested remedy of "security" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the AP stories in which the White House was not the first source cited. $p \leq 0.00$.

The principle security was found to be significantly greater in AP stories that quoted the White House as a source first and it was significant at the 0.00 level. The White House appears to have been successful in framing security as a central feature of the reformed health care system.

The researcher found that the proposed health care reform remedy, savings, tended toward significance.

> H3. President Clinton's suggested remedy of "savings" will be greater in the group of AP stories in which the White House was the first source cited than they will be in the AP stories in which the White House was not the first source cited. $p \leq 0.09$.

The use of the phrase universal coverage also was found to be significantly greater, but it was greater in AP stories that did not quote the White House as a source first. It appears that the cornerstone of the White House's health care reform plan may have been framed more

successfully by other health care reform participants, $p \leq 0.02$. At first glance, it would seem that the White House was not successful in framing universal coverage, however; non-White House sources may have been reacting to the White House's plan, but determination of the direction of influence is beyond the scope of this thesis. (see Table 15)

The researcher also conducted content analyses of the White House information subsidies for each of the proposed principles to determine if the White House used its health care principles consistently in its own subsidies. If the principles were not used consistently by the White House, then this may provide a possible explanation for the principles' lack of appearance in AP stories. The researcher defined a principle "used consistently" if the principle occurred in more than 50 percent of the subsidies.

Of these principles, security, responsibility and choice were used consistently by the White House in its information subsidies. The principle security occurred in the most subsidies (70.4 percent), and the principles responsibility and choice, occurred in 54.0 and 53.2 percent of the subsidies respectively. Security was the only principle that the White House framed successfully in both White House source AP stories and White House information subsidies.

Table 15: Summary Table of Proposed "Remedies" as Percentages in AP News Stories

Proposed "Remedy"	Non-White House Source AP Stories	White House Source AP Stories	Chi-Square	p value
Universal Coverage	38.0	23.7	5.21	$p \leq 0.02$
Afford-ability	18.0	17.6	0.00	$p \leq 1.00$
Simplic-ity	N/A	N/A	N/A	N/A
Savings	13.3	22.1	2.90	$p \leq 0.09$
Responsi-bility	12.2	14.1	0.07	$p \leq 0.80$
Security	14.8	38.2	16.84	$p \leq 0.00$
Choice	23.4	28.2	0.55	$p \leq 0.46$
Quality	7.8	13.7	1.78	$p \leq 0.18$
Guaran-teed Private Insurance	10.2	10.7	0.00	$p \leq 1.00$
Right to Choose Doctor/ Health Care Plan	11.7	11.5	0.00	$p \leq 1.00$
Protect and Strength-en Medicare	N/A	N/A	N/A	N/A

Table 15: (con't)

Proposed "Remedy"	Non-White House Source AP Stories	White House Source AP Stories	Chi-Square	p value
Outlaw Unfair Insurance Practices	N/A	N/A	N/A	N/A
Link Health Benefits to the Workplace	N/A	N/A	N/A	N/A

The remaining principles, affordability, quality, savings, simplicity and universal coverage were not used consistently in the White House information subsidies. The principle affordability was used in 46.8 percent of the information subsidies. The principle quality was used in 40.8 percent of the information subsidies. The principle savings was used in 34.0 percent of the information subsidies. The principle simplicity was used in 4.0 percent of the information subsidies which made it the least used principle. Universal coverage was used in 38.0 percent of the information subsidies. (see Table 16)

The researcher found two of these findings interesting. First, the principle savings was interesting because it tended toward significance in AP stories that quoted the White House as a source first. However, the White House did not use savings consistently (34.0 percent) in its own subsidies.

Second, it seems unusual that the phrase universal coverage was not used consistently by the White House in its own information subsidies, especially when it was so critical to the White House's health care reform plan. One issue that surrounded universal coverage in the information subsidies was the President and White House staff members' refusal to translate universal coverage into a numerical definition. White House staff members responded to media questions about numbers and universal coverage

Table 16: Summary of Proposed "Remedies" Frames in White House Information Subsidies

Proposed "Remedies"	Percentage Use of Frame in Subsidies	Search Terms
Universal Coverage	38.0	Universal Universality Universally
Affordability	46.8	Afford Affordability Affordable
Savings	34.0	Saving (s)
Simplicity	4.0	Simplicity
Responsibility	53.2	Responsible Responsibilities Responsibility
Security	70.4	Security
Choice	54.0	Choice (s) Choose
Quality	40.8	Quality (ies)
Guaranteed Private Insurance	33.6	Guaranteed Insurance Private
Right to Choose a Doctor	22.0	Choice (s) Choose Doctor (s) Physician (s)
Right to Choose a Health Care Plan	20.0	Choice (s) Choose Plan
Protect and Strengthen Medicare	4.4	Medicare Protect (ing) Strengthen (ing)
Outlaw Unfair Insurance Practices	16.0	Abuses Insurance Practices Pre-existing
Link Health Benefits to the Workplace	40.4	Benefits Business (es) Health

by saying only that universal coverage meant universal coverage for all Americans. Why the White House would not define universal coverage numerically is unclear and beyond the scope of this research.

The White House also presented five health care objectives as part of its health care solutions. Those objectives were guaranteed private insurance; right to choose doctor/health care plan; protect and strengthen Medicare; outlaw unfair insurance practices; and link health benefits to the workplace. The researcher performed content analyses on AP stories for these objectives. The researcher failed to reject the null hypotheses for any of the objectives. This failure to reject the null was likely caused by methodological problems in the study and the findings cannot be interpreted reliably as a complete failure on the part of the White House to frame the objectives in AP stories. The method used in this research can detect the presence of a single word more reliably than word-order-dependent phrases. Predictably, the health care objectives were not found to be used consistently in the White House information subsidies either.

Research Problems

This thesis used a weak method of detection, that is, the presence or absence of key words (President Clinton's principles) and stock phrases (President Clinton's objectives). Too few search terms may have increased the probability that a Type II error was made. A Type II error means an actual effect was missed. A mapping or cluster analysis could have been used to increase the statistical power of the procedures and reduce a possible Type II error.

Second, the search terms could have been expanded to include more word variations of the White House health care principles and objectives. However, the researcher wanted to retrieve terms that were consistent with the Clinton Administration's **stated** health care principles and objectives and test both for consistency of usage within the information subsidies and to detect any possible framing influences in AP stories.

Third, an examination of the antonyms of the White House's proposed health care principles and objectives and broader word clusters could have provided a richer data set.

Fourth, a larger randomly selected sample of AP stories could have been drawn to increase the possibility

of gathering a larger number of eligible AP stories for analysis.

Fifth, the chi-square test is most useful in large samples and some of the White House's proposed health care principles and objectives did not occur in AP news stories insufficient quantities to perform a valid chi-square test. (see Table 17)

Conclusions

The most important finding in this research project was that although the White House dominated as the first source cited in the AP news stories on health care reform during the period of the study, the White House had only modest success in framing dominance for the health care reform remedies it offered. Source dominance was measured by being the first source cited. Framing dominance was measured by whether the reform remedies were phrased in terms that the White House articulated.

The White House was the first source cited in half (50.6 percent) of all AP stories while all other sources on health care reform were cited first in 49.4 percent of the AP stories. Despite this source dominance, the White House seems to have had only very modest success in achieving framing dominance for its proposed reform remedies. The White House appears to have been successful

Table 17: Summary of Frequencies of Proposed "Remedies" Occurrences in White House Information Subsidies and AP News Stories

Proposed "Remedies"	White House Subsidies n = 250	Non-White House Source AP Story n = 128	White House Source AP Story n = 131
Universal Coverage	95	48	31
Afford-ability	117	23	23
Savings	85	17	29
Simplicity	10	1	6
Responsi-bility	133	18	16
Security	176	19	50
Choice	135	30	37
Quality	102	10	18
Guaranteed Private Insurance	84	21	31
Right to Choose Doctor/ Health Care Plan	69	20	18
Protect and Strengthen Medicare	11	0	0
Outlaw Unfair Insurance Practices	40	3	0
Link Health Benefits to the Workplace	101	0	5

in framing security as a desired feature of a reformed health care system. Security was one of seven principles and five objectives that the White House had proposed as the core of its proposed reform remedies. Universal coverage also made it into AP coverage of health care reform, but mention of universal coverage occurred more frequently in AP stories that did not cite the White House as a source first.

What this may mean for organizations trying to frame issues and influence the Associated Press agenda is that source dominance, even by the nation's number one newsmaker, is no guarantee of framing dominance. Although there were methodological problems with the study in terms of assessing the effects of White House information subsidies on the AP news agenda during the time period under study, we can still assess through frequency analysis that the White House was inconsistent in its usage of vocabulary that was intended to articulate the core principles and objectives of it reform remedies. This inconsistency violate the cardinal rule of persuasion campaigns -- to speak simply, consistently and with one voice.

The researcher found inconsistencies in the White House's message because some of its proposed health care principles were dropped and others were added during the course of the health care reform debate. For example, simplicity was dropped as a principle while savings was

added. The White House also began discussing universal coverage as its broad solution to the health care problem, but did not include it as an original health care reform principle.

The reason the President Clinton might not have been successful in framing the principles of affordability, savings, simplicity, responsibility, security, choice and quality was because of inconsistent usage in his own Administration's information subsidies. The White House used the principles responsibility, security, and choice, in more than 50 percent of its subsidies. Security was used in 70.4 percent of the subsidies and, responsibility and choice were used in 54.0 and 53.2 percent of the subsidies respectively. The White House used the principles affordability and quality in 46.8 and 40.8 percent of the subsidies respectively. The principles universal coverage and savings were used in 38.0 and 34.0 percent of the White House subsidies respectively. The simplicity principle was used in only 4.0 percent of the White House subsidies.

The five objectives, guaranteed private insurance; right to choose doctor/health care plan; protect and strengthen Medicare; outlaw unfair insurance practices; and link health benefits to the workplace, also were not used consistently in White House information subsidies. The objective link health benefits to the workplace was used in 40.0 percent of the subsidies. The White House used

guaranteed private insurance in 33.6 percent of its subsidies. Right to choose doctor/health care plan was used in 27.6 percent of the subsidies. Outlaw unfair insurance practices were used in 16.0 percent of the White House information subsidies. The White House used the objective protect and strengthen Medicare in only 4.4 percent of its subsidies.

These low percentages of usage are probably an indication that the White House was trying to promote too many principles and objectives in its information subsidies on health care, and that it was not speaking with one voice.

The White House also was contradictory in two of its health care objectives, guaranteed private insurance and in his objective to protect and strengthen Medicare. President Clinton said he wanted guaranteed private health insurance for all Americans, and he wanted the private sector to provide the insurance. In order to ensure guaranteed private insurance, the White House proposed creating a new bureaucracy, but at the same time, the White House wanted to reduce the amount of bureaucracy and paperwork it took to maintain the current health care system.

A second contradiction was President Clinton's objective to protect and strengthen Medicare, but he also

wanted to cut entitlement programs that he felt were a substantial portion of the budget deficit.

Additionally, President Clinton modeled the Health Security Act on the Social Security Act at a time when many Americans were disenchanted with the Social Security system because they did not believe it would remain solvent into the next century.

There were several factors that contributed to a crowded agenda on health care reform plan. First was the presence of competing health care reform plans.

The AMA introduced Health Access America, which had six goals and 16 key points. Some of Health Access America's goals and key points, such as to expand health coverage and access to all Americans; ensure individual freedom of choice; and control rising health care costs, coincided with President Clinton's health care reform plan. However, some of the plan's goals and key points diverged from the Clinton Administration's plan such as, professional liability reform and to position the AMA as a leader in the health care reform debate (Parang, 1994).

The Health Insurance Association of America spent $14 million for the ad campaign, "Harry and Louise." These ads suggested "that Congress should find a way to health reform that covers all without 'forced' insurance purchasing groups and premium caps" (Jamieson & Cappella, 1995).

Members of Congress also developed their own health care reform plans. There were "no fewer than 27 legislative bills (that) were identified by 110 different names" (Jamieson & Cappella, 1995). All of these competing plans made for a crowded news agenda on health care reform.

In addition to competing health care reform plans, there were other issues vying for media attention. Those issues included approving the Clinton Administration's first federal budget; an economic stimulus package designed to jumpstart the nation's economy; controversy surrounding the U.S. military's intervention in Haiti after Haitian military generals ousted the democratically elected president; the emergence of Whitewater allegations that seemed to implicate President Clinton in financial wrong-doing while he was governor of Arkansas; and the Clinton Administration's battle with Congress to pass the North American Free Trade Agreement (NAFTA).

In summary, this research provides the following insights. First, non-media organizations that seek to frame issues in the media should use simple frames consistently during the entire debate. Second, public relations practitioners could use VBPro as one method of monitoring and evaluating their own information subsidies at different points to determine if the practitioners are using consistent frames and to measure outcomes. Third, the President may be the nation's number one newsmaker, but

that alone will not guarantee the President framing dominance in a debate. Fourth, future research on this issue should focus on the need to measure themes in multidimensional terms and to take advantage of VBPro's ability to map and cluster words that are indicative of a theme instead of searching for single words or 4-5 word phrases. These do not seem to capture the richness or dimension of a "theme" in the same way that a cluster analysis might.

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APPENDICES

APPENDIX A

Examples of AP stories that were coded as White House Source AP News Stories

The pseudo-term "*whiteh" has been inserted into those AP news stories that quote the White House as a source first.

#0091
*whiteh Hillary Rodham Clinton spent Monday on the farm listening to rural families ' stories of soaring insurance costs and thinly spread medical services .
The price of health insurance , one man told her : ' ' A cow every month .

' ' In a living - room chat with five farm families and at a more formal public hearing later in the day , Mrs. Clinton saw a human side of the country's health - care problems and the special difficulties in rural areas .

It's not just taking down the families , it's taking down our whole community , ' ' farmer Craig Bolinger of Creston told Mrs. Clinton . Bolinger and his wife Ruth took extra jobs , off their farm , to help pay for health insurance premiums that now are nearly $7,000 a year , he said . Chelsea farmer Jim Kaplan told Mrs. Clinton he doesn't like to go into town any more , ' ' because I just can't see how I'm going to buy anything because all my money's going to health care .

' ' ' ' You've got to sell a cow every month to pay for health insurance , ' ' Kaplan said . ' ' A big one , a big fat feeder calf . All those juicy steaks you like to eat .

' ' Over and over , Mrs. Clinton heard about the problems of self - employed farm families in paying high medical premiums , particularly when a family member has a serious health condition that makes it hard to switch insurance companies . Patients and doctors alike spoke about thinly stretched medical services in rural areas .

Mrs. Clinton , who is chairing a presidential task force charged with drafting a health care reform plan by May , cautioned that the reforms would not be easy or universally popular . And she quipped that while she's been working on the problem for six weeks , ' ' I feel like it was six years .

' ' She told a morning gathering of families at the home of Phil and Evelyn Lehman in Slater : ' ' We're all going to have to figure out how to get a better system that takes better care of all of us , but it may not be exactly what you or I would have sat down in our kitchen and written up .

' ' She said the administration's goals include making sure people aren't prevented from getting insurance because of pre - existing conditions , allowing people to buy more affordable insurance through big purchasing cooperatives , reducing the morass of paperwork associated with health insurance , and offering incentives to make sure the right mix of doctors are available .

' ' Hopefully we'll be able to get a situation so that ya'll can feel more secure , ' ' she said .

Mrs. Clinton was in Iowa for the second in a series of public forums on the country's health care needs sponsored by the Robert Wood Johnson Foundation . Monday's hearing at the Des Moines Area Community College featured panels on rural health , controlling costs and people's need for ' ' peace of mind .

' ' The last two hearings are set for Dearborn , Mich. , on March 22 and Washington on March 26 - 27 . The first was last Friday in Tampa . Some of the most striking numbers at Monday's forum came from farmer Betty Lange of Garner , who said her family spent nearly $9,000 of its $12,000 income in 1993 on health insurance premiums . She said the family can't get another company to insure them because her husband and daughter are diabetic .

Mrs. Clinton double - checked the premium figures that Mrs. Lange cited , then shook her head grimly .

Employers and doctors also voiced frustration with the present system .

Tom Child , president of the 41 - employee Des Moines Stamp Co. , told the panel that his company was forced to increase employees ' insurance premiums dramatically to pay for the medical costs of a few seriously ill workers .

' ' We lose good employees who just can't afford our plan , ' ' he said . However , he added : ' ' I hate to leave on such a sorry note . The good news is we have insurance and it's a good plan and it's taken care of the people who have needed it so desperately in the past four - five years .

' ' Dr. Gerard Stanley , a family practitioner from Onawa , said his clinic has four medical care givers and four and one - half ' ' insurance paperwork handlers , ' ' He estimated that 26 cents of every dollar the clinic spends goes to paperwork expenses .

He also said incentives are needed to keep doctors in rural areas , noting that neither he nor the other doctor at the clinic would be there without a special government loan repayment program for doctors in medically underserved areas .

#0191
' ' *whiteh Higher taxes on alcohol and cigarettes will probably be needed to pay for President Clinton's health care reform program , White House budget director Leon Panetta said Friday .

' ' It's a little bit early to say , but I suspect that some of the sin taxes probably are going to be used for that , ' ' Panetta told the Senate Budget Committee .

Panetta's comment came in response to Sen. Trent Lott , R - Miss . , who had asked whether tax increases would be needed to finance the package . The term ' ' sin taxes ' ' refers to taxes on alcohol and tobacco products .

Treasury Secretary Lloyd Bentsen said Thursday that the Clinton administration was considering raising the levies on alcohol and tobacco to pay for a national health plan . But he did not say whether he believed such increases would be necessary .

Higher alcohol and tobacco taxes were not among the $246 billion in revenue increases Clinton proposed this week as part of his economic recovery package .

A task force headed by the president's wife , Hillary Rodham Clinton , hopes to propose a reform package later this year .

Clinton wants to change the nation's $800 billion - a - year medical system in hopes of driving down its costs , which currently are rising at several times the rate of overall inflation .

But he also wants a system that will extend coverage to the 35 million Americans who have no health insurance which is likely to cost tens of billions of dollars annually .

Panetta said some of Clinton's advisers believe that the health care reform package will produce enough savings to not only expand coverage to the uninsured , but also to reduce the budget deficit . ' ' I don't particularly share that view , ' ' said Panetta .

The budget director said he believed that any savings from health care reform would ' ' largely have to be committed to expansion of coverage of health care itself .

#0571
*whiteh President Clinton's health care plan will put strong emphasis on the ability of Americans to choose their own doctors , administration officials say .

The plan is still being developed , but three officials who released some details Friday said the changes would give most people more choices than they now have .

The increased choice will come in the fact that so many Americans , a significant percentage of working Americans , are locked into their employers ' choice of plan , ' ' said one of the officials , who briefed reporters on condition of anonymity .

' ' The employer says , ' Here's what we're offering , you've got to take it , ' ' ' the official said . ' ' In what we're proposing , individuals ... will have the choice of that company's plan or plans or may always go to a health alliance to purchase from among those plans .

' ' The package originally was due to be unveiled May 3 , but that deadline was postponed because of the complexity of the project and because first lady Hillary Rodham Clinton had to attend to her father in the weeks before his death Wednesday .

Mrs. Clinton is chairing the health care reform task force . The health plan is expected to be unveiled some time in May .

The chief goals of Clinton's health reforms are to extend health coverage to the 37 million Americans without insurance , to provide all Americans with the security that their insurance cannot be put at risk if they become ill or change jobs , and to rein in skyrocketing costs that are a drain on the U.S. economy .

Under Clinton's plan , all Americans would eventually have a ' ' health security card ' ' that guarantees them access to a standard set of health benefits laid out by the federal government .

Employers would have to offer insurance to their workers and their families , but workers would be able to choose between a variety of plans offered by their employer or through a local health - purchasing alliance . Employers would pay the bulk of the health - care premiums , and workers would pick up the rest .

Administration officials stressed that insurers would not be able to charge more for people who were sick or turn away people with pre - existing medical conditions .
However , they said the administration hasn't decided whether to allow companies to charge different rates for people of different ages .

Other details released Friday : Consumers will have the right to change plans , probably once a year .

People will have access to some sort of ' ' report card ' ' rating the performance of various health plans and laying out what sort of complaints they have generated .

Local health alliances , from which employers and individuals will buy health care , will offer a variety plans .
Some would be networks of doctors who treat patients for a flat annual fee , much like existing health maintenance organizations . But there also would be ' ' fee - for - service ' ' plans available that allow people to see specific doctors , who would be reimbursed separately for each service and visit . It is unclear whether the ' ' fee - for - service ' ' plans would cost more .

Medicaid , the federal - state system that ensures health care for the poor , would be gradually phased out .
' ' The death of a program people are unhappy with is to be applauded , ' ' one official said .

Poor people ultimately would get their health coverage through the same purchasing alliances as other people , with help from government subsidies .

Recipients of Medicare , the health insurance program for the elderly , may see their coverage enhanced in some ways but the government does not ' ' want to mess it up ' ' by making radical changes in the short term , one official said .

The plan will include special efforts to attract and retain doctors and other medical workers for areas with inadequate health care , such as rural counties and inner cities .
There also will be efforts to set up referral systems to ensure people in these areas have access to nearby medical specialists and specialized medical facilities .

Administration officials cautioned that it would take ' ' some number of years ' ' to fully implement the health reforms and to extend health coverage to all uninsured Americans .

#0691
*whiteh President Clinton pushed his health care reform plan today as one that would provide equal or better benefits to 63 percent of all Americans and offer more secure medical coverage to everyone .

' ' No matter how good your coverage is today , you can lose it , ' ' Clinton said in his weekly radio address , taped a day earlier . ' ' You can lose it all at once or it can be gradually taken away , year after year .

' ' Sen. Christopher Bond of Missouri , delivering the official Republican Party response , said Clinton ' ' is right to focus on the problem .

' ' But Bond promoted a rival GOP health care reform plan that he said would be less costly and less burdensome to U.S. businesses .

Clinton , hoping to reassure Americans nervous about how health reform would affect them personally , stressed that most people who already have good benefits should fare well , although some may pay more .

' ' If you get good health care , if you like your benefits , if your employer pays 100 percent of your health care costs , nothing will change , ' ' he said .

Those likely to pay more , he said , will be ' ' people who are getting a free ride today , ' ' including businesses that contribute nothing to cover their employees or offer only bare - bones coverage with big deductibles and co - payments .

In addition , young , single adults are likely to pay more , ' ' especially those who are in the best of health and don't see any reason to buy health insurance the ones who , when they end up in the emergency room without insurance , pass those costs on to the rest of us , ' ' he said . Overall , he said , 63 percent of Americans should pay the same or less for benefits that are the same or greater than they receive today .

Clinton's plan is designed to ensure all Americans have access to medical coverage by the end of 1997 without regard to their income or medical status . Employers would have to pay at least 80 percent of their workers ' premiums , and employees would pay the rest . Small businesses and low - income workers could receive subsidies to help them pay their share.

In his remarks , Bond cautioned Americans to be wary of the cost of the plan the administration is pushing . ' ' We do

want to work on a bipartisan basis in Congress to do the job right , ' ' he said . ' ' We should focus squarely on two problems controlling health costs and securing health coverage for every American .

' ' ' ' As President Clinton challenges Americans to change , so should Americans challenge people in Washington to change , ' ' Bond said . ' ' Too often , government tries to do too much , too quickly , at too great a cost to Americans .

#0731
*whiteh President Clinton's call for a drastic overhaul of the nation's health care system reverberated across the nation today , igniting a debate over how much can be done at what cost . ' ' We have to do it right and we have to do it right now , ' ' Clinton declared .

' ' Our work is beginning , ' ' the president told more than 1,000 allies who gathered on the White House lawn for a kickoff pep rally this afternoon . ' ' The real celebration will be when you come back in even larger numbers to this lawn when I sign a bill .

' ' Clinton conceded a difficult road ahead to find compromise on ' ' a matter of mind boggling complexity on the one hand and simple truth on the other . ' ' But he confidently predicted , ' ' We are going to get it done .

' ' With talk shows and a cross - country sales blitz , the administration's marketing campaign was under way in earnest. Clinton was headed to Tampa , Fla. , tonight for nationally televised town hall on his health - care plan .

At the invitation of the administration nearly 60 radio talk show hosts broadcast this morning from the White House lawn. They set up shop on dozens of portable tables and chairs , some of them only a few yards from the Oval Office .

Vice President Al Gore told the White House rally that America for the first time has ' ' clearly within view the possibility of a bipartisan national effort to pass a comprehensive health care reform .

' ' Earlier , he was on television before breakfast to argue that the plan would create a simpler , more efficient system. The Republican leader of the Senate countered that it was ' ' a little overgenerous and underfunded . ' ' Administration officials suggested they were open to compromise , but they were unwilling to tip their hand this early in the debate .

APPENDIX B

Examples of AP stories that were coded as non-White House Source AP News Stories

The pseudo-term "*nonwh" has been inserted into those AP news stories that do not quote the White House as a source first.

#0050
*nonwh A thousand doctors paid house calls on Congress Thursday , pleading not to be ' ' squeezed out ' ' in the rush to reform the health system .

' ' It's important that doctors in the trenches make known their concerns , ' ' said Dr. Kim Hetsko , a Madison , Wis. , internist , as he plied the congressional corridors with four colleagues from Wisconsin .

They were among 1,000 physicians who answered the American Medical Association's call to make sure that Congress and the Clinton administration listen to their views about restructuring the health system .

The Wisconsin doctors , accompanied by two executives from their state medical society and an AMA lobbyist , and most of the lawmakers agreed to let a reporter eavesdrop on their conversations .

' ' So , health care reform ... , ' ' said Sen. Herb Kohl , D - Wis . , as he sat down with his visitors .

' ' We need it , ' ' said Dr. Richard H. Ulmer , a cardiologist with the Marshfield Clinic in Marshfield , Wis. , and chairman of the Wisconsin Medical Society .

But they don't want reform to hit ' ' doctors and hospitals and exclude all the other players , ' ' said Ulmer , who broke off a vacation in Tucson , Ariz. , to answer the AMA's call to lobby Congress .

Hetsko said insurance that costs families $3,500 in Wisconsin can go for $9,000 to $12,000 in other parts of the country . ' ' We certainly hope in an attempt to squeeze this down , we're not squeezed out , ' ' he told Kohl .

They spoke of their concerns for treating patients in rural Wisconsin and inner - cities , and rising malpractice insurance premiums that discourage doctors from delivering babies .

' ' I'm not concerned about my future , ' ' Dr. Kermit L. Newcomer , a kidney specialist with the 290 - physician Gundersen Clinic in La Crosse , Wis. , said in an interview . But health reforms may ' ' make for awkward situations in managing patients .

' ' ' ' When you're sitting in an office across from a patient and family with a serious problem , it's going to be hard to tell them certain services or procedures may have to be limited to meet the cost containment objectives of any plan , ' ' Newcomer said .

Wisconsin is much better off than most states when it comes to health care . Its residents ' life expectancy is longer and infant mortality rates lower . Health insurance costs are 22 percent below the national average .

But the doctors expressed concern that their state could be penalized for its relative frugality if the Clinton administration imposes an across - the - board freeze on their fees and hospital charges . When a Kohl aide prodded the doctors on what forms of price controls they could live with , the physicians suggested the government somehow make patients more cost - conscious .

Dr. Timothy T. Flaherty , a Neenah , Wis. , radiologist , said he has seen that work with Kimberly - Clark employees whose company used to pay all their medical bills .

Now , ' ' they're making informed decisions that affect their back left pocket when they make a health care decision , ' ' said Flaherty , sporting a green pin that signified he contributed $100 to the AMA's political action committee .

Two doctors left at midday to get back to their hospitals , but Flaherty , Ulmer and Dr. Pauline M. Jackson , a psychiatrist from La Crosse's Gundersen Clinic and president - elect of the medical society , joined Rep. Thomas E. Petri , R - Wis . , for lunch in the members ' dining room .

Petri interrupted the meeting twice to vote on the House floor .

Afterwards , Ulmer and Jackson saw Rep. David R. Obey , D - Wis . , while Flaherty sought out Rep. Thomas Barrett , a first - term Democrat from the Milwaukee area .

The same bill that interrupted Petri’s lunch was keeping Barrett close to the House floor , so he met his visitors in the Rayburn Room , just outside the House chamber .

Lawmakers and other lobbyists had already filled the seats , so Barrett leaned against a window and listened to Flaherty’s pitch .

’ ’ My gut says the closer you are to primary care , the better off you are going to be , ’ ’ said the congressman .

When the radiologist noted that the Clinton administration has already lashed out at drug makers and the insurance industry , Barrett interjected , ’ ’ You might be next .

’ ’ The plight of the nation’s uninsured is ’ ’ not the engine driving this machine . It’s not altruism . It’s the growth in the deficit , ’ ’ said Barrett .

And after listening to President Clinton’s comments Tuesday about providers having to give up some of the money they’ll make from reforms , Barrett offered this advice : ’ ’ I wouldn’t take a lot of long vacations if I were you in the course of this debate .

’ ’ Replied Flaherty : ’ ’ All we’re trying to do is stay in the loop .

#0150
*nonwh Despite wider use of cost controls , health care benefits rose 10 percent last year to an average of $3,968 per worker , a study found .

' ' The good news is that the 10 percent rise in total health plan costs was the lowest rate since 1987 , ' ' John Erb , author of the study by the consulting firm Foster Higgins , said Monday . ' ' But it's still three times the inflation rate . That's the bad news .

' ' The cost of providing care through health maintenance organizations averaged $3,313 per worker last year , up 8.8 percent from 1991 . The cost of traditional health insurance rose 14.2 percent to an average of $4,080 per worker .

Still , the study showed that HMOs and other managed care programs which hold down costs by requiring approval for hospital stays and medical procedures and by closely monitoring other medical services are beginning to live up to their promise of delivering significant cost savings , Erb said .

' ' The fact that more employers and workers are accepting managed care bodes well for health care reform efforts in Washington , ' ' he said .

The survey found that about 51 percent of employees were enrolled in HMOs or other programs that prohibit or severely limit an employee's choice of doctors , hospitals and labs .

The Clinton administration wants to overhaul the nation's health care system to stem rising costs and provide coverage to an estimated 35 million uninsured Americans .

The survey polled more than 2,440 companies that provide health benefits to more than 24 million workers and their dependents .

New York was the most expensive city in terms of health care costs , with indemnity insurance averaging $4,852 per worker and HMO coverage costing $3,448 .
The Minneapolis - St . Paul area was the least expensive , with indemnity plans averaging $3,347 per employee and HMO costs averaging $2,969 .

#0230
*nonwh The nation's governors are coming to town looking for a seat on President Clinton's health reform task force and pushing for dramatic changes to end Medicaid's drain on their budgets .

The governors convene their annual meeting Saturday and will sit down with Clinton at the White House on Monday to grapple with the health care crisis , the deficit and other problems they share in common .

The National Governors ' Association already has joined mayors , state legislators and business groups in lining up behind the idea of ' ' managed competition ' ' as a partial cure for the ails of America's $939 billion health care system . And the group has lent its backing to the controversial idea of making employees pay income tax on part of their health care benefits and paring the employers ' tax break as well .

But they are shying away from one idea the Clinton administration has under strong consideration : imposing a cap on all public and private health costs and forcing doctors , hospitals and other providers to live within its limits .

And they will hold their peace on just how the country would pay for bringing the 36 million uninsured Americans into the system , as Clinton has promised .

First , ' ' we want to hear the Clinton administration out on what direction they want to go ' ' in paying for universal access , Colorado Gov. Roy Romer , the governors ' association chairman , said in an interview .

Romer praised Clinton , a former fellow governor , for putting his wife , Hillary Rodham Clinton , in charge of the National Health Care Reform Task Force and inviting congressional leaders from both parties to join in its deliberations . ' ' The governors want to be there as well , the same as Congress , ' ' said Romer . ' ' We're partners in administering the program . ... The states need to be at the table and help design it .

' ' Clinton made health reform a cornerstone of his presidential campaign , pledging to ensure that all Americans have access to comprehensive medical benefits and that costs are brought under control after years of double - digit inflation .

Candidate Clinton initially backed ' ' play - or - pay ' ' legislation to force employers to provide insurance for their workers or be subject to a new payroll tax .

But later he stressed the idea of managed competition in which individuals and businesses could buy insurance from non - profit cooperatives .

These coops would have the clout to negotiate the best prices and services for their subscribers .

Some experts believe managed competition is incompatible with any mandatory medical spending ceiling . Romer says , ' ' Let's get the information and then decide . ' ' A proposed statement the governors will consider cautions , ' ' At this time , it may be unrealistic to set a strict national health care expenditure budget , especially one that includes mechanisms to enforce budget limits .

' ' On another topic , Medicaid for years has been a major headache for the governors , including Clinton back in Arkansas .

The federal - state health insurance program for the poor ' ' is hurting our budgets the most , ' ' said Romer . The combined Medicaid costs have rocketed to an estimated $144 billion today from $50 billion five years ago .

Romer created a governors ' association task force on health care last August chaired by South Dakota Gov. George S. Mickelson and Vermont Gov. Howard Dean , a medical doctor . The association on Dec. 15 joined state and local government groups , the Business Roundtable and others in endorsing a cost containment strategy built around managed competition .

The 50 governors now will refine that policy in their annual meeting , which runs through Tuesday .

Their proposed statement on health reform and cost containment calls for : Federal minimum standards for regulating health insurance , including ' ' guaranteed (policy) renewability , portability and availability .

' ' State - organized health insurance purchasing cooperatives .

A single national claims form and electronic billing .

A core benefits package ' ' comparable to those now provided by the most efficient and cost - effective health maintenance organizations .

' ' Limits on the tax deduction and tax exemption of health insurance for both employers and employees .

#0490
*nonwh The Clinton administration may be rushing to produce a health care reform package that could be tough to sell to Congress and the American public , House Speaker Thomas S. Foley said Monday .

' ' I'm troubled because the country is not ready for the challenge of providing the kind of coverage that we want to do to ensure universality , ' ' Foley told the annual meeting of The Associated Press .

Foley , D - Wash . , also said most pieces of President Clinton's economic stimulus bill , which failed in the Senate last week , should eventually be approved ' ' in one form or another .

' ' One measure , which would create summer jobs for students , should ' ' come across pretty quickly , ' ' he said .

Discussing health care , Foley echoed comments of other congressional leaders who have said it might take more time than the president has indicated to pass a sweeping reform package .

Clinton's goal is to tame skyrocketing health care costs in the long term while extending coverage to 36 million uninsured Americans . The legislative package is expected to require higher taxes to cover the initial added costs .

Clinton had set a target of May 1 to present the health care plan , although now it is not expected until later in the month . The president said his plans to fix the economy depend on Congress passing the health care package this year .

Foley said , however , that it would be unwise to set deadlines for producing such a complex measure .

' ' I think it's more important to get it right than to get it on time , ' ' Foley said , adding that he was worried the administration ' ' may be pushing it a bit . ' ' In an interview after his speech , Foley said many Americans expect they will be able to maintain their same level of health care services and that they won't have to pay new taxes .

' ' That is an expectation that can't be met , ' ' he said . ' ' This program in the short term is going to cost more money .

' ' But Foley said he wasn't sure the public would accept those terms .

’ ’ Many senior citizens did not accept the notion that they should pay additional costs in order to have the benefit of catastrophic care , ’ ’ he said . ’ ’ And the political reaction to that was so strong that Congress repealed the legislation .

’ ’ Foley said it’s not clear where taxes would be raised , ’ ’ but to some extent the public has to understand that it’s coming .

#0670
' ' *nonwh Key lawmakers welcomed Hillary Rodham Clinton to Capitol Hill today , pledging their efforts to enact a comprehensive health care plan for all Americans .

' ' I pledge that I will commit all of my energy and resources to meet this challenge and to enact health care reform legislation before this Congress adjourns next year , ' ' Rep. Dan Rostenkowski , D - Ill . , chairman of the Ways and Means Committee , said in a prepared statement .

' ' Many are skeptical , but it can and must be done . It would be a tragedy for this country if we fail , ' ' he said , as Mrs. Clinton sat at the witness table ready to testify before his panel .

Venturing where only two first ladies have gone before , Mrs. Clinton was taking her case for reshaping America's health care system directly to key congressional committees over the next several days .

Even more than Eleanor Roosevelt and Rosalynn Carter , she appeared on Capitol Hill not only as an advocate for her husband's policies , but as an architect .

Befitting what has been until now a rare occasion , five House and Senate committees clamored for the privilege of hearing first from Mrs. Clinton .

She opted to appear first before the House Ways and Means Committee and later today before the House Energy and Commerce Committee . Two more Senate stops and a third House panel are on tap Wednesday and Thursday .

Mrs. Clinton chaired the White House task force that devised President Clinton's health security plan . She has already met with lawmakers on several occasions to lay the groundwork .

' ' She spent most of the weekend preparing and I think she feels ready to go , ' ' said Lisa Caputo , the first lady's press secretary . ' ' She is going in with a very open mind.

' ' Even though there was a bit of history in the air , Mrs. Clinton was certain to face close questioning by Republicans who want to know more about a plan that would constrict medical spending while forcing employers to pay most of their workers ' health premiums .

Only four of the 38 Ways and Means members Rostenkowski ; ranking Republican Bill Archer of Texas ; Pete Stark , D -

Calif . , the chairman of the health subcommittee ; and Bill Thomas , R - Calif . , the subcommittee's top Republican were to speak before Mrs. Clinton .

Ordinarily , all of the committee members have the prerogative to comment before a witness gets a turn at the microphone .

' ' She'll be treated with respect , ' ' said Archer. ' ' But we have a responsibility to probe and get answers to questions because this is a massive restructuring of the best health care system in the world .

' ' But ' ' there are things we agree on , ' ' said Archer , who cited the need to change insurance laws to allow workers to stay covered when they change jobs and to buy insurance regardless of their medical history .

When Mrs. Clinton took on the health reform portfolio last January , some lawmakers wondered aloud about the etiquette of challenging the president's wife on tough issues .

But as she did back in Arkansas when she was pushing education reforms , Mrs. Clinton has impressed even ideological foes with her command of a complex subject and her willingness to answer tough criticism .

' ' Believe me , she's smart enough to hold her own with any senator , ' ' said Senate Majority Leader George J. Mitchell of Maine .

' ' She's not asked for any special treatment , ' ' said Rep. John Dingell , D - Mich . , chairman of the House Energy and Commerce Committee . ' ' She's established her worth , her talent , her knowledge and her leadership .

' ' Sen. Bob Packwood of Oregon , the top Republican on the Finance Committee , said GOP lawmakers never treated Mrs. Clinton ' ' as the social - tea first lady ' ' during earlier discussions on health .

' ' We were treating her as the president's point person on health care , and we're still going to ask pointed questions , ' ' said Packwood , who will get a chance to question her Thursday .

Sen. John Chafee , R - R.I. , author of a rival GOP plan , predicted ' ' she's going to get some stiff grilling on the cost estimates ' ' of Clinton's plan .

Eleanor Roosevelt testified before the House District Committee on the plight of welfare institutions within the

District of Columbia , and Rosalynn Carter went before a Senate health subcommittee to urge more funding for mental health facilities .

' ' None of them have done it to the extent and detail that Mrs. Clinton will be doing it , ' ' said Carl Anthony , a historian of first ladies .

VITA

Rosa Renee Lucille Rallos was born in Beckley, West Virginia on March 6, 1971. She attended elementary schools in the Tridelphia (Man, West Virginia) District and graduated from Man Senior High School in June 1989. The following August she entered The University of North Carolina at Asheville and in May 1993 received the degree of Bachelor of Arts in Mass Communication. In August 1993 she entered The University of Tennessee, Knoxville and in December 1995 received a Master of Science degree in Communications.