

Health Care: The Stories We Tell

Framing Review

Presented to the Herndon Alliance
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I. INTRODUCTION

In order to reach a better understanding of the dominant stories commonly told in mainstream American public discourse about health care, the American Environics framing team (Dr. Pamela Morgan and Kenton de Kirby, in consultation with Ted Nordhaus) reviewed advocacy and media materials provided by members of the Herndon Alliance, supplemented by some other sources associated with health care.¹ The purpose of this framing analysis, conducted in March and April 2006, is to help inform the work of the Herndon Alliance in creating a Health Justice majority in America.

From that review we identified four pairs of major meta-narratives² focused primarily on health care, as well as several instances of health care being used as a proxy for other issues. One of each pair of meta-narratives is, loosely speaking, commonly associated with the ideological Left, and the other is similarly associated with the ideological Right. Of course, this organization oversimplifies the relationship between the issue of health care and the enormously complex world of political philosophies and alignments. Nevertheless, this organization highlights the observation that, in the public discourse, common meta-narratives often appear and develop in dialogue with each other, thus functioning as pairs. Centrist and moderate meta-narratives do not usually function in these dialogic relationships. It is important to emphasize, however, that we are not claiming that any group or individual using any form of the meta-narratives we identify in this report thereby necessarily label themselves as essentially liberal or conservative.

The four major pairs of meta-narratives we identified are the following:

- *“Who’s Getting Between You and Your Doctor?—Right: Government as Intruder”*

¹There are important subdivisions of the large topic areas of “health” and “health care,” such as those used by the FrameWorks Institute (www.frameworksinstitute.org/thc_arizona/): “health insurance,” “budget cuts,” “health disparities,” “health data and research,” and related to particular groups such as children or immigrants), as well as health services, treatments, and preventive care. In this report we are not making these distinctions, since all of these rest on basic meta-narratives that include all of these points of focus. In some situations, however, the differences in their specific sub-narratives can have significant effects.

Because of the large number of organizations participating in the Herndon Alliance, this report does not provide individual analyses of each group’s approaches to health care advocacy.

²We use the term “meta-narrative” to include not only the “narrative” that tells the basic story, but also the linked presuppositions and entailments that we include here. In this report we are not concerned with “sub-narratives,” or defined variants of the basic narrative that focus on only one aspect of it.

- “Who’s Getting Between You and Your Doctor?–Left: Corporations as Intruders”
- “Consumers of Health Care–Right: Consumer Empowerment”
- “Consumers of Health Care–Left: Consumer Protection”
- “Rights Meta-Narratives–Right: The Best Care When You Need It”
- “Rights Meta-Narratives–Left: Human Rights”
- “Government Dependency–Right: Irresponsible and Dependent”
- “Government Dependency–Left: Work Hard, Play By The Rules – And Still Not Make It (Social Contract)”

Within each pair, the meta-narratives are often put forward in response to each other, and often highlight one or more specific points of contestation.

The following table (Table 1) highlights the points of most significant contestation in each pair.

	BASIC CONTESTATION	RIGHT	LEFT
<i>Who’s Getting Between You and Your Doctor?</i>	Who is the intruder?	Government	Corporations
<i>Consumers of Health Care</i>	What kind of consumer, and the remedy?	Strong: empowerment	Weak: protection
<i>Rights</i>	What kind of right/for whom?	To take care of your family	Universal human right
<i>Government Dependency</i>	Who needs government help, and why?	Irresponsible and dependent people: because they are weak and made dependent	Good “working people”: because they are not getting what they were promised by the Social Contract

*Table 1
The Four Pairs of Meta-Narratives: The Fundamental Contestations*

In addition, meta-narratives used to discuss health care can actually be intended to raise other issues by proxy, such as (Left) *race, class, and gender*, or (Right) the problems seen with all *entitlements* or with *illegal immigrants*.

In this report, we discuss three elements of each meta-narrative:

- A brief statement of the **basic narrative** that seeks to explain who should or should not get health care and under what conditions, including who provides it and who is impeding access to it (“*Who’s Getting Between You and Your Doctor?*,” “*Consumers of Health Care*”) and for what reasons (“*Rights Meta-Narratives*,” “*Government Dependence*”);
- Some of the **presuppositions** on which each meta-narrative depends for its coherence and applicability;
- Some of the **entailments** of each meta-narrative, or what logically follows given the other two elements.

Other meta-narratives exist, but these are the most significant ones present in public discourse at the moment. There are two classes of meta-narratives that we elected not to include in this discussion. The first is comprised of “technocratic” meta-narratives that require a high level of knowledge about the workings of the health care system and advocate detailed and complex policy solutions. While this type of meta-narrative is undeniably prevalent in the health care discourse, it is usually intended for health care or policy professionals and is rarely offered in this form as a means of influencing or shaping public opinion directly. The second class contains meta-narratives that assume a strictly pragmatic stance in an implicit or explicit attempt to be ideologically neutral. These meta-narratives are often in simultaneous dialogue with many others on both the Left and Right and thus do not function in pairs, as do the Left-Right meta-narratives that we discuss in this report.

Many of the individual materials generated by advocacy groups on the Left rely on metaphors: metaphors of the health care system as a broken machine or a sick body;³ metaphors of wars over health care resources such as budget allocations; descriptions of the current situation as a “crisis” and the current system as a “safety net.” Although such metaphors are very common, they are not discussed in this report, since they only characterize the situation; they do not in and of themselves present stories. Facts and the metaphors that we use to understand them are powerful, and should not be ignored – but what people respond to is not facts or metaphors in and of themselves. Both facts and metaphors receive their *meaning* from being understood through stories.

³For example: (machine) *Imagine the U.S. health care system as a big, complicated machine, full of nuts and bolts and cogs and wheels and motors. . . . Imagine now that this machine – the U.S. health care system – is breaking down* (Universal Health Care Action Network, *Seeking Justice in Health Care: A Guide for Advocates*, 2004, p. 1.1); also (body) *Healing Our Health Care System* and *Our Ailing Health Care System* (Health Access California, “Healing Our Health Care System” [PowerPoint], March 2006, slides 1 and 2). We will not illustrate “war,” “crisis,” or “safety net” with quotations, since these are extremely familiar and easy to find.

II. THE FOUR PAIRS OF HEALTH CARE META-NARRATIVES

Shared Presuppositions – Left and Right

There is a statement of the problem and a few background assumptions that are shared by both Left and Right, no matter what the meta-narrative. These are particular beliefs that are essentially never questioned in the current health care discourse, although logical extensions of current Left and Right positions could lead to their being questioned, and although they have not always been accepted as basic ground rules about health care.⁴

The presupposed problem goes something like this:

The Problem: Nearly 46 million Americans, including more than 8 million children, are living without health insurance – forced to gamble every day that they won't get sick or injured. That's a risk no one should have to take. Uninsured Americans live sicker and die younger than those with health insurance. Just one serious illness or injury can wipe out an uninsured family's bank account, and the problem is getting worse. ("Cover the Uninsured Week: About the Week": <http://covertheuninsured.org/about/>)

The shared presuppositions include the following:

- I. It is impossible to overrate good health.
2. Therefore, it is critical to take care of our health – when we are truly sick or injured.
3. Everyone should be able to receive medical treatment for illness or injury.⁵

⁴It is noteworthy that the idea of “mental health” as an equal and non-stigmatized part of “health care” has only relatively recently been accepted as one of these shared presuppositions (e.g., by including it in insurance coverage), and that a fully developed idea of preventing illness (or injury) by a variety of means (e.g., nutritional, exercise programs) as an equally, or even more, important part of “health care” is still not as widely accepted, although it appears to be gaining ground.

⁵See also: *Today there is a legal and moral obligation on society to provide some level of health care to those who become ill* (Stuart M. Butler, Ph.D., Vice President of Domestic and Economic Policy Studies, The Heritage Foundation, “Laying the Groundwork for Universal Health Care Coverage,” testimony given before the Special Committee on Aging, United States Senate, March 10, 2003; <http://www.heritage.org/Research/HealthCare/test031003.cfm>; last accessed May 2006; and “Doctors need not stop lifesaving work to obtain information [about immigration status] from their patients,” he said [Rep. Dana Rohrabacher, R-CA, upon introducing a federal bill to require doctors and nurses to report undocumented immigrants]. “Nor would a hospital refuse lifesaving care to any

4. Given practicalities, any health care policies that are discussed will be large-scale (at least statewide).
5. The system that we have now has at least some problems.⁶

The remainder of this report gives some details about the basic narrative, presuppositions, and entailments for each of the four pairs of meta-narratives.⁷

illegal alien who is truly in an emergency situation" (Sergio Bustos and Susan Carroll, "Hospitals Would Report Migrant Care," *Arizona Republic*, May 11, 2004). *Note:* Source citations for quotations are normally given in the endnotes; the only exceptions are the sources for quotations that appear in footnotes, such as this one.

⁶These problems may relate to access, to cost, to misuse of the system, and so on, depending on one's perspective.

⁷The entailments describe the *characteristics* of the *kinds* of policies that result from the basic narrative and presuppositions; in most cases they do not suggest specific policies. Also, any "way" that is suggested as an entailment always means just that: *one* possible way that fits the criteria, not necessarily the only way.

Meta-Narratives 1a and 1b: “Who’s Getting Between You and Your Doctor?”

1a. “Who’s Getting Between You and Your Doctor?–Right: Government as Intruder”

When one reviews the professional literature relating to the medical “pay for performance” scheme [establishing government-imposed standards of care on Medicare physicians], . . . study after study suggests that there are various problems with this approach, including . . . the subversion of physicians’ professional judgment on individual patient care, the undermining of personalized health care, . . . and a weakening of the traditional doctor-patient relationship.^{8 i}

When learning how to treat patients, doctors are taught that they are first to “do no harm.” Lawmakers should follow suit.ⁱⁱ

1b. “Who’s Getting Between You and Your Doctor?–Left: Corporations as Intruders”

Private plans would deliver the care. They – not your doctor and you – could decide what drugs you get and how much they will pay for those drugs.ⁱⁱⁱ

Some HMOs retaliate by firing doctors who do not follow their rules even if their rules may be dangerous to patients. Some HMOs and insurance companies retaliate against doctors who send their patients to specialist[s] too many times, or too soon, or order expensive tests that the doctor feels [are] necessary but the HMO does not.^{iv}

The first pair of meta-narratives involves a shared narrative of “intrusion.” You and your doctor are not being left alone to make medical decisions about your

⁸Sometimes doctors’ frustrations are aimed at both government and corporations; see, for example, the comments of a doctor advocating faith-based health insurance: “If you look at what is really frustrating many doctors and patients throughout the health care system, it is the loss of personal or professional control over key decisions in an increasingly bureaucratized system. . . . whether it is Medicare, Medicaid, or private insurance” (in Phyllis Berry Myers, M.D., Richard Swenson, M.D., Michael O’Dea, Ph.D., and Robert E. Moffit, Ph.D., “Why It’s Time for Faith-Based Health Plans,” Heritage Lecture #850, Heritage Foundation, August 24, 2004; [http://www.heritage.org/Research/Health care/hl850.cfm](http://www.heritage.org/Research/Health%20care/hl850.cfm); last accessed May 2006). This doctor (Robert E. Moffit) attributes the “absence of personal control” to the “structure of the insurance market,” which “is rooted in the tax treatment of health insurance.” He thus ultimately lays the blame at the door of government, which through the tax system “compromises personal freedom – including the freedom to choose a health plan that is compatible with your ethical, moral, or religious convictions.”

health. Instead, another entity is getting in the middle, where no one should be. The Right says that this intruder is government; the Left says that it is health care-related corporations (HMOs and insurance companies). Notice that the basic narrative, presuppositions, and entailments are essentially identical, with only this one difference (Table 2). The difference is both explained and made significant by the further assumptions that each side holds about its “intruder”: the Right presupposes that Government is inefficient as well as inherently intrusive, and the Left presupposes that Corporations place their bottom line above any individual good. (See the concluding Discussion section of this report for some other remarks about the intersection of the larger *Role of Government* and *Economics* meta-narratives with these particular health care meta-narratives.)

	RIGHT	LEFT
	Government as Intruder	Corporations as Intruders
<i>Basic Narrative</i>	<i>The sacred relationship between you and your doctor is under threat by politicians who believe that the government should make your medical decisions, rather than you and your doctor. The Left thinks that “improving” the health care system means not letting you choose what doctor you should have, rationing care based on the government’s judgment of what you need and what you don’t, and otherwise intruding on your privacy and autonomy in making medical decisions. When the government decides what kind of health care the country needs and how it should get it, you and your doctor do not get to decide what is best for your health. Health care should be about the relationship between patients and doctors. The job of government is to let doctors do theirs.</i>	<i>The sacred relationship between you and your doctor is being interfered with by corporations who believe that they should make your medical decisions, rather than you and your doctor. The Right thinks that “improving” the health care system means not letting you choose what doctor you should have, rationing care based on a cost-benefit analysis of what you need and what you don’t, and otherwise intruding on your privacy and autonomy in making medical decisions. When corporations decide what kind of health care the country needs and how it should get it, you and your doctor do not get to decide what is best for your health. Health care should be about the relationship between patients and doctors, not about profits.</i>
<i>Some Relevant Presuppositions</i>	<ul style="list-style-type: none"> • You have a doctor. • Patients should be able to choose their doctors. • Outside parties should not have the right to meddle in an individual’s health choices. • Patients should have access to any test or treatment that they or their doctor decide is necessary. • Medical decisions should be made only according to the doctor’s judgment and the patient’s volition. No one else should have a voice. • Patients have a right to privacy, choice, and autonomy when it comes to their health – tempered only by their doctor’s medical judgment. • Health care is about individual decisions – it’s not one size fits all. • Government bureaucracy never works. • Government regulation of health care decisions means that government sets constraints on medical decisions and choices. • Constrained choices are usually not in the patient’s best interests. 	<ul style="list-style-type: none"> • You have a doctor. • You have corporation-provided health insurance. • Patients should be able to choose their doctors. • Outside parties should not have the right to meddle in an individual’s health choices. • Patients should have access to any test or treatment that they or their doctor decide is necessary. • Medical decisions should be made only according to the doctor’s judgment and the patient’s volition. No one else should have a voice. • Patients have a right to privacy, choice, and autonomy when it comes to their health – tempered only by their doctor’s medical judgment. • Health care is about individual decisions – it’s not one size fits all. • Corporate bureaucracy never works. • Corporate involvement in health care decisions means that corporations set constraints on medical decisions and choices. • Constrained choices are usually not in the patient’s best interests.

		<p>interests.</p> <ul style="list-style-type: none"> • Profit-based decisions are often in conflict with medical-based decisions. • When a conflict between a profit basis and a medical basis are made in a for-profit company, the profit basis always wins. • Without corporate protections (e.g., through protection against lawsuits), people would not tolerate such behavior. • People don't want to have needed medical care denied on profit-related grounds.⁹ • The relationship between you and your doctor will be mediated by someone – your health will be better protected by the government than by corporations.
Some Relevant Entailments	<ul style="list-style-type: none"> • Whatever the health care system is, it should leave individual health care decisions at the doctor-patient level. • More government provision or increased regulation of health care will lead to less participation in decision-making about your own health, such as choice of doctor. • More government provision or increased regulation of health care will also lead to rationing of services. • We do not need nor do we want government regulation to set health care policy. • We need to enact new legislation or repeal existing legislation in order to reduce the influence of government in health care. • Decisions made by health-related corporations (HMOs, insurance companies) in order to keep costs down are generally acceptable, even when they lead to “rationing” of services. 	<ul style="list-style-type: none"> • Whatever the health care system is, it should leave individual health care decisions at the doctor-patient level. • More corporate provision of health care will lead to less participation in decision-making about your own health, such as choice of doctor. • More corporate provision of health care will lead to rationing of services. • We need government regulation to prevent medical abuses by corporations. • We need to enact new legislation or repeal existing legislation in order to reduce the influence of corporations on health care. • Decisions made by the government in order to keep costs down are generally acceptable, even when they lead to “rationing” of services.

Table 2
“Who’s Getting Between You and Your Doctor?”: Basic Narratives, Presuppositions, Entailments

⁹ Another assumption that is related to this meta-narrative is the following: “One major reason that government regulation does not aid the patient is the effect of lobbying by the health care industry on elected officials (i.e., health care corporations and insurance companies have too large a voice with our policymakers).”

Meta-Narratives 2a and 2b: “Consumers of Health Care”

2a. “Consumers of Health Care—Right: Consumer Empowerment”

Power has presented us with a classic confrontation between the control freaks and those who would allow people to make decisions for themselves. . . . Patients are currently incidental to the process and we need to reverse that in my view: Put the patients at the top.^v

Congress should reform the flawed physician payment system . . . and introduce changes that reflect the real market conditions of supply and demand for medical services. In the provision of services, there is no greater mechanism than a free market in rewarding quality and providing benefit.^{vi}

2b. “Consumers of Health Care—Left: Consumer Protection”

Consumers need greater clarity and predictability about the basic protections that are guaranteed to them. Such clarity and predictability can only be created, without stifling state-by-state innovation, by establishing national minimum standards applicable to everyone. As with other fundamental principles that Americans believe should apply to everyone in the nation – such as civil rights laws and environmental laws – consumer protections should apply to everyone. National standards should establish a basic foundation that nobody can fall through.^{vii}

Pass consumer protections against hospital overcharging, and other aggressive billing and collections practices . . .^{viii}

A third critical factor was a strong, institutionalized consumer health advocacy voice in state health policy that has been built over the last twenty years. . . . Health Care for All assures a consumer presence in most aspects of state health decision-making. Strong working relationships between consumers and other health stakeholders have been built through successful collaboration on campaigns. . . .^{ix}

In this contrasted pair of meta-narratives, both versions see the situation as one in which health care is a commodity and the goal is for the consumers buying the commodity – whether that is an individual, or society seen metaphorically as a consumer of health care – to get their money’s worth. The important contrast here is between the Right’s view that the consumer is powerful when left alone and needs to be empowered by removing constraints on the market system, and the Left’s view that the consumer is basically a good person who is being victimized by the market system and needs to be protected.

The Left's view rests on the additional presupposition – derived from *"Human Nature-Left"* – that consumers are able to be victimized by rapacious corporations precisely *because* people are basically good, and good people are at a disadvantage in our predatory marketplace. (For the *"Human Nature"* meta-narratives, see Section 4 below; these meta-narratives directly and crucially provide the foundation for the Health Care meta-narratives around *"Government Dependency."*) Such people – who do not constantly coldly calculate profit and self-interest, and who therefore cannot work the system well because they are not the kind of bad people who work systems – must be protected.

However, this link in the chain of reasoning is never spelled out, and its absence can lead to the perception that the Left implicitly thinks that consumers need protection because they are *"weak"* in some way other than simple balance of power. This is especially true when the meta-narrative is viewed through the Right's *"weakness in action results from weakness in character"* *"Human Nature-Right"* meta-narrative.

This view of the need to protect consumers rests on a pre-capitalistic morality that involves both a moral obligation to protect the weak (however they are defined) and a blanket moral condemnation of money-centered activities and habits of mind. This two-branched morality story also underpins the Left's anti-corporation discourse in general.

Historically, these two moral positions – protecting the weak and the debasing influence of money – were found together, and today they often still are. It is possible for a person to give a higher priority to one or the other, however, and such prioritizing can lead to slightly different entailments. A person who emphasizes the debasing influence of money will have an extremely anti-corporate *"Consumers of Health Care-Left"* meta-narrative, and therefore may want to abolish the profit motive in health care entirely, resulting in many conclusions and recommendations that are essentially the same as those of the *"Rights Meta-Narrative-Left."* A person who emphasizes protecting the weak may put less focus on abolishing the profit motive and more on regulating it.

Table 3 presents the basic narratives, presuppositions, and entailments of the *"Consumers of Health Care-Right"* and *"Consumers of Health Care-Left"* meta-narratives.

	RIGHT	LEFT
	Consumer Empowerment	Consumer Protection
<i>Basic Narrative</i>	<p>Fixing our broken health care system means giving power back to consumers. Health insurance and health care are so expensive because people are not being allowed to make free choices in a free market. If government were not getting in the way of greater transparency and efficiency, health care providers would have to compete for your money like all other businesses, driving down costs and improving quality. Our wasteful and expensive health care system can be made efficient and affordable if consumers are able to exercise their power as consumers, free to use their money for health care as they see fit and to their best advantage. As it stands now, consumers can't spend wisely, since they don't know the costs and because it doesn't feel like their money.</p>	<p>Today America is spending trillions of dollars on its health care annually, and we're getting ripped off. We spend 15 percent of our GDP on health care, yet we have worse health outcomes as a society than many other societies in the world: high infant mortality rate, 45 million Americans without health insurance, and so on. And individual Americans are getting ripped off, too, paying enormous amounts of money for health care and finding themselves not adequately covered when they need it. Furthermore, employers are paying very high premiums for their employees and not getting their money's worth, either.</p>
<i>Some Relevant Presuppositions</i>	<ul style="list-style-type: none"> • Health care is a commodity. • People want health insurance. • Consumers are basically knowledgeable and competent to make financial health care decisions. • All responsible people are willing and able to make good rational decisions about how to spend their money most effectively. (related to Human Nature–Right) • Each consumer has enough money to make choice possible. • Consumers just need to be empowered. • The free market is the best kind of economic system. • The free-market laws of supply and demand, through choice and competition, find the lowest and best price for commodities. • More choice is always better. • The best thing you can do to help people make good financial decisions, including health care decisions, is to allow the “free market” to operate without checks. • The reason why health care is so expensive is that the laws of supply and demand are not being allowed to operate. 	<ul style="list-style-type: none"> • Health care is a commodity. • People want health insurance. • Consumers are good people who need protection from a complex, profit-driven system that tries to take advantage of them. • Without protection, consumers of health care are powerless with respect to big corporations (providers, pharmaceuticals, insurance). • The marketplace, if left to itself, results in a power imbalance between profit-hungry corporations and ordinary consumers. • Consumers of health care are looking for security and stability, not comparison shopping. • Complexity and bureaucracy are frustrating the ability of consumers to get the health care they want and think they are buying. • When we pay for something, we ought to get what we pay for. • Greater “choice” in health care is in the interest of corporations and their single-minded quest for greater profit, not in the interest of consumers. • Profit also drives the lack of equal interest in effective

		<p><i>preventive care, which actually would be beneficial for the consumer.</i></p> <ul style="list-style-type: none">• <i>Government is the only thing that is powerful enough to check corporate behavior that endangers consumers.</i>
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<p><i>Some Relevant Entailments</i></p>	<ul style="list-style-type: none"> • <i>Individuals should be involved in paying for their health care, knowing and making decisions based on the actual price and benefits.</i> • <i>The money that is being spent on publicly financed health care should be put in the hands of individuals, and the tax breaks for employer-based plans should be transferred to individually financed plans such as HSAs, so consumers can weigh the real cost of care against personal necessity.</i> 	<ul style="list-style-type: none"> • <i>The government must protect consumers from a complex, profit-driven system.</i> • <i>One way to do this is to provide government regulation that benefits patients by restricting corporate profits.</i> • <i>Campaign finance reform laws can be enacted to rein in corporate lobbying.</i> • <i>A good mechanism for providing health insurance is a federal “pooled risk” system, which would reduce costs (overhead, marketing, administrative; cost sharing) and be more efficient, provide stability, and cover the currently uninsurable.</i> • <i>Health care systems should actively encourage preventive health care.</i>
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Table 3
“Consumers of Health Care”: Basic Narratives, Presuppositions, Entailments

Meta-Narratives 3a and 3b: “Rights”

3a. “Rights Meta-Narratives–Right: The Best Care When You Need It”

Myth No. 2: Countries with National Health Insurance Systems Deliver High Quality Health Care: . . . When Americans see their doctors, they’re more likely to receive treatments with high-tech equipment. . . . Although critics of the U.S. health care system claim that we have too much technology, all the evidence suggest that our counterparts have too little – as a result of the conscious decisions of government officials.^x

Few issues in health care have as much resonance with the American public as the freedom to choose one’s doctor or health care provider . . . There is good reason for Americans to be anxious. In one sense, of course, we remain free to choose any health care provider we wish – if we are willing to pay for it. However, in practice, government policies are increasingly limiting our choices.^{xi}

Critics who focus only on spending forget what all that money is buying: better health care. American spending has paid tremendous dividends^{xii}

3b. “Rights Meta-Narratives–Left: Human Rights”

While health care for all has been, and continues to be, debated from a variety of economic and medical perspectives, the moral agenda is unequivocal: Lack of health care for millions of people in the richest nation in the world is a moral outrage. As a nation that values the worth and dignity of every human life, we must affirm that health care for all is not only a right – it is a moral imperative.^{xiii}

As Americans we often think of human rights as the right to vote, to speak freely or the right not to be tortured. . . . Yet there are other equally important human rights violations occurring in America every day. The crisis with our current health-care system, where 15 percent of Americans and 25 percent of New Mexicans lack health insurance, illustrates ongoing human rights problems within our own country.^{xiv}

Health care is a right, not a privilege.^{10 xv}

¹⁰Compare also the related moral idea of shaming people:

A recent study revealed that if you don’t have health insurance, you might as well have a scarlet letter sewn on your shirt because you will be identified as someone who can be ignored, discarded and shamed with impunity.

(George Askew, “A Snapshot of the Uninsured Life,” *Washington Post*, January 1, 2006; <http://www.washingtonpost.com/wp-dyn/content/article/2005/12/30/>)

This pair of meta-narratives (see Table 4) focuses on two different aspects of access. The Right focuses on the right of individuals to get the best possible medical care they can when they or someone they care about needs it. The Left focuses on medical care as a human right: everyone should have access to medical care.

AR2005123001173_pf.html; last accessed May 2006; Dr. Askew is a senior fellow at the Center for American Progress)

	RIGHT	LEFT
	<i>The Best Care When You Need It</i>	<i>Human Rights</i>
<i>Basic Narrative</i>	<i>America has the most advanced medical care in the world. Our surgeons and specialists are second to none, and we are the world's leader in medical technology. We have devised procedures and invented technology that have saved countless lives – lives which would have been lost in the past and which continue to be lost every day in most of the world. No one should limit your ability to get the best health care you can find for yourself and your loved ones. Many efforts to reform the health care system would mean making it impossible for people to make use of this medical expertise. If it meant saving the life of a loved one, who among us would not do whatever it takes to get that life-saving treatment? Our only comfort is knowing that this care is available, should disaster strike, no matter what it would take to get it. Whatever we do to change our health care system, it should not mean preventing people from getting the very best care that they can get.</i>	<i>The ability to stay healthy is a human right, not a privilege. Your health and access to quality health care shouldn't be dependent on how much you can afford to pay. We are patients, not consumers. It's not only that people have a fundamental right to health care, by virtue of being alive – it's also that certain areas of life are by their very essence morally off limits to considerations of profit. And there are practical outcomes of allowing this moral boundary to be violated. As a result of having a health care system that is tied to ability to pay, today we have a whole class of people in America who cannot afford to pay for health insurance. Our current system also forces people to make unconscionable choices: between rent and monthly insurance premiums, for example, or prescription drugs and food. All of these situations are immoral.</i>
<i>Some Relevant Presuppositions</i>	<ul style="list-style-type: none"> • A person's greatest responsibility is to his or her family. • A person will be able to get the money to pay for needed medical procedures. • Having the best medical technology means that more lives will be saved. • Treating a rare condition is as important as treating a common condition – good medical care is not a matter of numbers. • Government involvement tends to reduce innovation and improvement. • Government involvement leads to a drop in quality. • Government involvement also leads to rationing – you may not be able to get the best health care when you or your loved one needs it. <p><i>(Note: Many of the presuppositions are explicitly stated in the basic narrative.)</i></p>	<ul style="list-style-type: none"> • There is a basic distinction that needs to be made between profit and non-profit areas: not everything should be subject to market considerations. • Health care is a human right. • Health care is not a commodity. • Human rights should outweigh material considerations. • We often do not practice what we preach when it comes to human rights. • It is important for America to try to live up to our ideals about human rights. • When there is a tiered health care system, we have created a system of first- and second-class people. • It is immoral to leave people without health care. • Profit-based decisions are often in conflict with medical-based decisions. • When a conflict between a profit basis and a medical basis are made in a for-profit company, the profit basis always wins.

		<ul style="list-style-type: none">• <i>Without corporate protections (e.g., through protection against lawsuits), people would not tolerate such behavior.</i>
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<p><i>Some Relevant Entailments</i></p>	<ul style="list-style-type: none"> • <i>People should have the greatest possible freedom to choose the kind of health care they want to protect themselves and their family..</i> • <i>Neither an employer nor the government should limit what kind of health plan people can buy.</i> • <i>We have to make sure that our advanced medical technology is always available and always improving.</i> • <i>Therefore, we need to keep government out of medical care.</i> • <i>We shouldn't trade off the availability of this advanced medical technology for a lower of standard of coverage for more people.</i> 	<ul style="list-style-type: none"> • <i>We have to make sure that everyone in America has access to decent health care: some kind of universal health care system.</i> • <i>The exact mechanism for this universal system needs to provide the least expense to the patient (premiums and costs) – profit should not be considered.</i> • <i>You can't do a cost-benefit analysis on suffering.</i> • <i>Our health care system also needs to make sure that no one is excluded on any grounds whatsoever.</i> • <i>Changing jobs should not mean losing your health care.</i>
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Table 4
“Rights Meta-Narratives”: Basic Narratives, Presuppositions, Entailments

Meta-Narratives 4a and 4b: “Government Dependency”

4a. “Government Dependency–Right: Irresponsible and Dependent”

The left cannot impose a government-run health care system without a widespread sense of entitlement and openness to dependence, both of which are manifest in America’s health care sector. Yet health savings accounts breed the opposite values of personal responsibility and self-reliance. Where socialized medicine requires a culture of submission, health savings accounts will accustom millions to making their own decisions.^{xvi}

Subsidies for the ill and diseased breed illness and disease, and promote carelessness, indigence, and dependency. If we eliminate them, we would strengthen the will to live healthy lives and to work for a living. In the first instance, that means abolishing Medicare and Medicaid.^{xvii}

4b. “Government Dependency–Left: Work Hard, Play By The Rules – And Still Not Make It (Social Contract)”

It’s just wrong for anyone who works hard, pays taxes, and plays by the rules to go without decent health care or to be driven into economic hardship because of health costs.^{xviii}

The women and children who would be helped by this provision are otherwise eligible. They are denied access to health care solely because they are legal immigrants. They play by the rules, are here legally, and yet are denied access to the very services their tax dollars support.^{xix}

First, the problem of the uninsured is about unfairness, about people who work hard and play by the rules but can’t get health coverage. Whenever I’ve been involved in focus group testing around coverage, this is the message that appeals the most, particularly to white, working class voters. In focus groups, white waitresses have literally been jumping up and down when this message gets delivered.^{xx}

All of the presuppositions on both the Right and the Left depend on the *Human Nature* meta-narratives of the two sides:

“Human Nature–Right”:

The current health care system is so bad because people do not take responsibility for themselves. They lack responsibility and therefore are morally degenerate. The current

system of government-provided health care encourages this problem; it does not help solve it.

“Human Nature-Left”:

The current health care mess shows what happens when we, as a society, fail to provide people with sufficient opportunities and the right environment that is needed for success, and ignore the stifling effects of the racism, both conscious and unconscious, that continues to pervade our society, as well as related issues of poverty. Government-provided health care is a partial way to redress some of this unfairness, which ultimately is not primarily the fault of people’s characters, but of their restricted environments.

Table 5 shows the basic narrative, presuppositions, and entailments for this pair of “Government Dependency” meta-narratives.

	RIGHT	LEFT
	<i>Irresponsible and Dependent</i>	<i>Work Hard, Play By The Rules— And Still Not Make It (Social Contract)</i>
<i>Basic Narrative</i>	<p><i>Our health care welfare system is immoral and unconscionable because it limits people’s personal freedom, breeding dependence rather than responsibility. It prevents people from making rational choices about their own health care and prevents people from spending their own money as they see fit, the bedrock of both freedom and responsibility. In doing so, it encourages people to exploit the system with treatment that is both unnecessary and wasteful, and this also breeds dependence and laziness. When this happens, these people take everyone else down with them in the form of high taxes, high premiums, and harm to the economy. People who are willing to take responsibility for their own health care should not have to pay for those who cannot. Real compassion means encouraging responsibility and autonomy..</i></p>	<p><i>In America today, the working person who can’t afford health care is more the rule than the exception. These are not lazy dependents who are a drag on the system. These are hardworking Americans who are doing their utmost to provide for themselves and their family, but who can barely make ends meet, despite working two or more jobs in many cases. We have an agreement in America between individuals and society: If you work hard and play by the rules, you are guaranteed some form of the American Dream. You are supposed to make enough money that you can raise a family and have the comfortable necessities of life, including the ability to stay healthy enough to enjoy what you have earned. Right now, this contract is being breached for millions of Americans. They have worked hard, but they can barely afford life’s basic necessities. Sometimes they have to make a hard decision between seeing a doctor for a serious problem and paying the rent.</i></p>
<i>Some Relevant Presuppositions (related to Human Nature)</i>	<ul style="list-style-type: none"> • <i>People have or can earn enough money to make choice possible.</i> • <i>Making rational choices based on one’s self-interest requires self-discipline and responsibility and therefore is moral.</i> • <i>Freedom means not being prevented from making rational choices based on one’s self-interest.</i> • <i>A limit on choice is a limit on freedom.</i> • <i>When people are not forced to make choices based on self-interest, and thereby exercise self-discipline, it results in immoral behavior.</i> • <i>People who aren’t allowed to make their own decisions become dependent.</i> • <i>Truly moral and adult people make their own decisions.</i> 	<ul style="list-style-type: none"> • <i>People do not have enough money.</i> • <i>Everybody’s doing the best they can; if they aren’t succeeding, it’s not because they’re bad or immoral people.</i> • <i>Those who are unable to afford health care on their own are doing the best they can, working hard to take care of themselves and their families.</i> • <i>American society is based on a social contract: Anyone who works hard, plays by the rules, assumes responsibility, and makes a sincere effort to improve his/her condition should be guaranteed that basic needs are met.</i> • <i>Working hard and playing by the rules should guarantee this basic level.</i> • <i>The proper role of government is to ensure that this contract is fulfilled.</i> • <i>This issue is basically one of fairness.</i>

<p><i>Some Relevant Entailments</i></p>	<ul style="list-style-type: none"> • <i>Receiving government assistance encourages people not to act responsibly as moral adults, and allows them to continue acting in this way at the expense of those who can provide for themselves.</i> • <i>Government-provided health care should be reduced or eliminated.</i> • <i>People should have the greatest possible freedom to make rational and responsible choices about the kind of health care they want.</i> • <i>Neither one's employer nor the government should limit what kind of health plan people can buy.</i> 	<ul style="list-style-type: none"> • <i>The fact that many working Americans can't afford health care means that the system isn't working.</i> • <i>Someone must help them.</i> • <i>The government is the best institution to provide health care for those who cannot afford it. (an entailment from the Left's view of the Role of Government)</i> • <i>It is shameful that working people can't have the American Dream that the American Social Contract promises.</i>
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Table 5
"Government Dependency": Basic Narratives, Presuppositions, Entailments

III. HEALTH CARE AS PROXY

Any of the first four pairs of meta-narratives can be used – implicitly or explicitly – as a proxy for other issues. When health care is used as a proxy, it becomes only one example of a larger story, not a focus in and of itself. For example, the “*Who’s Getting Between You and Your Doctor?*” meta-narrative can be used as a proxy for a general anti-government position on the Right or a general anti-corporation position on the Left: that is, government/corporate intrusion into the doctor’s office is presented as only one of many places where government/corporations insidiously intrude into our private lives. An American foundational meta-narrative like “*Social Contract*” can be used to argue for many specific policy positions, from a living wage to pro-minority government programs to health care reforms. In such cases as these, the side using the meta-narrative is employing the issue of health care explicitly as a proxy.

In other cases, one side argues that the other side’s use of a meta-narrative is *always* a proxy. For example, it is often asserted by the Left that the Right’s “*Government Dependency–Right*” meta-narrative in and of itself is really camouflaged racism, or that using health care as a proxy for all instances where, according to the Right, immigrants cause problems for American society is *always* intended as immigrant-bashing (and camouflaged racism) in general.

The table below (Table 6) shows basic narratives, presuppositions, and entailments for three of the most common “Health Care as Proxy” meta-narratives: on the Left for race/class/gender, and on the Right for entitlements in general and for anti-immigrant positions.

a. *Health Care as Proxy (Right)*

For all entitlements:

The entitlement attitude that has been ingrained in millions of Americans has blinded them to the ineffectiveness and runaway costs of their favorite programs. The fiscal challenge in meeting the future demands of the Medicare and Medicaid programs is well documented, as is the coming bankruptcy of the Social Security system.^{xxi}

For illegal immigration:

An August 24 press release from CAPS [Californians for Population Stabilization] calls for California to declare a state of emergency as counties in Arizona and New Mexico recently did because of border violence and drug trafficking. The release quotes president Diana Hull, who hung up during a short phone conversation for this article, as saying, “Emergency rooms are closing and

waits just get longer, much due to illegal aliens' unpaid medical bills." The release blames the proposed McCain-Kennedy Guest Worker/Amnesty bill, a moderate measure supported by most immigrants' rights advocates, for creating a "border rush" of new undocumented immigrants hoping to gain citizenship.^{11 xxii}

Illegal immigration holds down the pay of American workers, rewards illegals and the businesses hiring them, and breeds resentment among citizens who can't understand why illegal aliens receive government-funded health care, education benefits and subsidized housing. Community hospitals might be forced to shut down due to growing deficits from treating increasing numbers of illegal aliens.^{xxiii}

b. Health Care as Proxy (Left)

For race, class, and gender.

"[Racism remains a] prime cause of the unequal and racially discriminatory provision of funds for health services; of the over-crowding of the ill-equipped black hospitals and the underutilization of white hospitals; of miserable housing, gross pollution, poor sanitation, and lack of health care [Racism] in consequence, is the underlying structure causing the dreadful burden of excess morbidity and mortality, much of it preventable, that is borne by the black population. These health-specific effects are superimposed on the more general consequences of [racism] which bars the majority of [African-american][sic] citizens from participating in decisions on the allocation of resources for health or other needs." . . . This quote is taken from an article about South Africa [and] with merely name changes from South Africa to the U.S. and Apartheid to Racism, it is equally true about the United States of America.^{xxiv}

¹¹ Compare this passage about the Right's desire to link health care practice and general opposition to immigration:

*[A] legislative proposal by California Republican congressman Dana Rohrabacher . . . requires doctors and nurses to report to federal authorities patients who are suspected of being undocumented. . . . "The mission of hospitals is to supply medical care, not to turn nurses and doctors into immigration agents . . ." (una propuesta legislativa del congresista republicano de California, Dana Rohrabacher que obligaría a doctores y enfermeras a denunciar ante las autoridades federales a pacientes que sean sospechosos de ser indocumentados. . . . "La misión de los hospitales es proporcionar atención médica, no convertir a enfermeras y doctores en agentes de inmigración." (Jorge Luis Macías, "Pretenden convertir a enfermeros y doctores en agentes de inmigración," *La Opinión* [CA], May 11, 2004)*

Notice the title of the article quoted here ("Anti-immigrant Propaganda Scapegoats Undocumented Californians") which also contains the subhead:

Apparently part of the pattern recently dubbed "the greening of hate," another group opposed to immigration has come on the scene using spurious reasoning to turn people against undocumented immigrants. (for the source, see endnote xxii)

Needless to say, racism and sexism have an enormous influence on the health conditions of people living in the United States and on the characteristics of the country's medical care sector. But, they alone do not go to the root of the problem, which is class power. The most important variable that predicts people's type of work, education, housing, consumption, and standard of living, and the types of diseases they have and how long they are likely to live, is the class they belong to.^{xxv}

Unequal Treatment exposes a medical system that exacerbates women's health problems. It uncovers a system that leaves women's illnesses under-researched, overdoses women on drugs only tested on men and disproportionately allocates life-saving treatments to white men over women and racial minorities. Sexism deems women to be less valued members of society than men. Those who aren't white also get bumped down some rungs on the hierarchical ladder of opportunity and status. As Unequal Treatment highlights, the highly privatised US medical system "naturally" disadvantages the poor (women and non-whites).^{12 xxvi}

Just as important, however, are risks related to social conditions characterized by prejudice, discrimination, and rejection (e.g., anti-gay violence or minority stress – the excess stress experienced by minorities). Such risks may have direct impacts on the incidence of mental and somatic disorders, as well as access to care, health care utilization, and quality of care. Prejudice about same-sex sexuality or gender roles can also lead to the design of insensitive and alienating public health interventions and prevention programs that fail to respect the values and needs of LGBT communities.^{xxvii}

¹²See also *Publishers Weekly* on this book: *In our traditionally male-dominated society women are accorded lower quality health care than men, shows this impressively documented volume by the coauthors of The Women's Encyclopedia of Health and Emotional Healing* (http://www.amazon.com/gp/product/0671791869/sr=8-3/qid=1146694139/ref=pd_bbs_3/103-0675671-8885422?%5Fencoding=UTF8); and also compare: *Second, health care is provided in a setting, which is a microcosm of society and reflects, in an enhanced manner, the dominant prejudices and biases of society. . . . Women's rights as health consumers can only be seen as an extension of their rights in society and in consonance with their rights as health care providers* (Padma Prakash, Annie George, and Rupande Panalal, "Sexism in Medicine and Women's Rights," *Indian Journal of Social Work, Focus Issue: Patients Rights* 54:2 [April 1993], pp.199-201; <http://www.cehat.org/publications/pc01a11.html>; last accessed May 2006).

	RIGHT	RIGHT	LEFT'S VIEW OF THE RIGHT	LEFT
Proxy for→	Entitlements	Illegal Immigration	Anti-Immigrants	Race, Class, Gender
<i>Basic Narrative</i>	<i>Medicare and Medicaid are yet more examples on a long list of outdated entitlement programs that are bankrupting the federal government. Together they amount to a crushing 15 percent of our annual GDP, and this will only get worse as more Americans age, requiring more care. It will only get worse as medical technology advances, and with it expectations for even more comprehensive care, spurring demand for the newest and most expensive treatments. If we do not change course, outdated entitlement programs like Social Security, Medicare and Medicaid will land us in a financial crisis of disastrous proportions.</i>	<i>Illegal immigrants are bringing America down economically, environmentally, and in many other ways. Air quality problems and the resulting health problems are due to overpopulation from illegal immigration and births to illegal immigrants. Medical costs are going up because illegal immigrants don't pay their emergency room bills. They cause wages to be lower, and create "slums" where they live. They overload our public resources, not only health care, but also policing, prisons, education, and other services.</i>	<i>We use the topic of health care availability to immigrants as a way to restrict immigrants. Health care is just another way to make life hard for immigrants – legal and especially illegal – in America.</i> <i>Some add: This isn't really about illegal immigration anyway – it's actually about racism and/or xenophobia.</i> <i>(linked to Race/Class/Gender Proxy)</i>	<i>When we talk about the uninsured in America – the people going without adequate health insurance and health care – we are talking primarily about people who are minority, poor, and/or women, often single women with children. Health care is just one of the aspects of life in which race, class, and gender discrimination result in economic and social inequalities.</i>
<i>Some Relevant Presuppositions</i>	<ul style="list-style-type: none"> • Medicare and Medicaid belong to the same category as other "entitlement programs" such as Social Security, with the same history and the same defects. • Government entitlement programs are the greatest risk to America's economic future. • Government entitlement programs are all doomed to 	<ul style="list-style-type: none"> • Health care is only one example of the way that illegal immigrants threaten America. • Legal immigration is good for America, if properly regulated, but illegal immigration isn't good at all. 	<ul style="list-style-type: none"> • With respect to immigrants, there is nothing unique about health care per se. The problems that are facing immigrants with respect to health care are the same problems they face in other aspects of life. • The purpose is to drive immigrants out of America. • There is no reason to penalize immigrants especially. • This anti-immigrant 	<ul style="list-style-type: none"> • Any time that disparities fall out along race/class/gender lines, it is because of discrimination. There is nothing unique about health care per se. • This discrimination is usually institutional and systemic. • Often it has to do with wages – minorities/the poor/women do not make as much money for the same jobs as do white men. • Also, minorities/the poor/women

	<i>fail eventually, and probably sooner rather than later.</i>		<p><i>discrimination is usually institutional and systemic.</i></p> <ul style="list-style-type: none"> • <i>Often it has to do with racism.</i> • <i>Many immigrants are already working hard and contributing to society – usually for unfairly low wages.</i> • <i>Many of the most affected people are children (often children who were born in the U.S. to immigrant parents).</i> • <i>This state of affairs is shameful.</i> 	<p><i>often do not have the same access as white men to good education, which leads to good jobs (with higher wages and also good benefits).</i></p> <ul style="list-style-type: none"> • <i>This state of affairs is shameful.</i>
Some Relevant Entailments	<ul style="list-style-type: none"> • <i>Government entitlement programs such as Medicare and Medicaid must be scaled back, if not eliminated.</i> 	<ul style="list-style-type: none"> • <i>The government needs to crack down on immigration, to keep illegal immigrants out.</i> 	<ul style="list-style-type: none"> • <i>We must not restrict health care to any individuals, especially not immigrants.</i> • <i>If anything, we need to help immigrants even more, since their wages are so low.</i> • <i>If we continue to allow anti-immigrant sentiment to express itself through health care policy, children will be especially harmed.</i> 	<ul style="list-style-type: none"> • <i>We need to have a real national conversation about race/class/gender inequities and a determination to end prejudice.</i> • <i>We need to dismantle all the existing structure that keeps prejudice in action.</i> • <i>In the meantime, government needs to make sure that these prejudices don't impact access to any of the necessities or basic comforts of life, including good health care.</i> • <i>Government can do this by regulations regarding wages as well as by regulating health care directly.</i>

*Table 6
Health Care as Proxy: Basic Narratives, Presuppositions, Entailments*

IV. DISCUSSION: SIMILARITIES AND DIFFERENCES AMONG THE META-NARRATIVES

Table 1 is here repeated as Table 7, this time as a summary review rather than an introduction:

	BASIC CONTESTATION	RIGHT	LEFT
<i>Who's Getting Between You and Your Doctor?</i>	Who is the intruder?	Government	Corporations
<i>Consumers of Health Care</i>	What kind of consumer, and the remedy?	Strong: empowerment	Weak: protection
<i>Rights</i>	What kind of right/for whom?	To take care of your family	Universal human right
<i>Government Dependency</i>	Who needs government help, and why?	Irresponsible and dependent: because they are weak & made dependent	Good "working people": because they are not getting what they were promised by the Social Contract

*Table 7 (= Table 1)
The Four Pairs of Meta-Narratives: The Fundamental Contestations*

Even when the meta-narratives are not acting as proxies, they are embedded on both sides in larger meta-narratives, primarily the "Role of Government" and "Economics."

All four of the Right's health care meta-narratives, as well as the *Entitlements* proxy, highlight four of the important elements of the "Role of Government-Right" meta-narrative, which is inextricably linked with "Economics-Right: The Free Market."

The "Role of Government-Right" basic narrative goes as follows:

Government is the problem, not the solution. Despite spending billions of dollars, employing hundreds of thousands of employees, and butting in where it doesn't belong, government always fails at doing many things. From building levees in New Orleans to providing health care, if you want the job done right you need to give it to people who are motivated by either (a) profit and professionalism (i.e., private contractors) or (sometimes) (b) honor and professionalism (i.e., the military). Government programs not only don't work, but they get in the way of what can solve our problems: the free market, individual initiative, entrepreneurialism, and charity.

That is, on the Right, the economically framed health care meta-narratives rely primarily on an anti-government story.

Different aspects of the “*Role of Government–Right*” basic narrative are foregrounded by the four dominant health care meta-narratives and the proxy for entitlements (Table 8):¹³

<i>Who’s Getting Between You and Your Doctor?–Right: Government as Intruder</i>	The intrusiveness of government into private affairs.
<i>Consumers of Health Care–Right: Consumer Empowerment</i>	Government as a hindrance to the free market. (linked to <i>Economics–Right</i>)
<i>Rights Meta-Narratives–Right: The Best Care When You Need It</i>	Government programs interfere with your freedom to take care of your family, and decrease quality.
<i>Government Dependency–Right: Irresponsible and Dependent</i>	Government programs make people immoral by making them dependent instead of responsible.
<i>Health Care as Proxy–Right (for Entitlements)</i>	Mis-spending is bankrupting the government and breeding dependence.

*Table 8
Foregrounded Aspects of “Role of Government–Right”*

On the Left, the more explicit meta-narrative is the “*Economics–Left: Corporations Are Bad*” meta-narrative, which leads by inference to the “*Role of Government–Left*” meta-narrative. The “*Economics–Left: Corporations Are Bad*” meta-narrative is the following:

Corporations have grown much too far beyond their original intention. Now they are in effect unelected national and international governments, making their own rules to benefit themselves and bribing policymakers into going along with them through the leverage of campaign financing. Corporations do not take into account anything but their own monetary profits, and consequently they do not

¹³The use of health care as an anti-immigrant proxy has an indirect link to “*Role of Government–Right*,” but depends less directly on it.

care what happens to the people or to the planet, as long as they make a short-term profit. In the corporate world, nothing matters but money – but this is a gross distortion of the way life really is and an immoral disregard of what really matters. Because there is no accountability to the people affected, the stronger corporations become, the more democracy is threatened, and the more the government is needed to counterbalance their power.

All four of the health care meta-narratives of the Left provide different windows on this foundational *Economics* meta-narrative (Table 9):¹⁴

<i>Who's Getting Between You and Your Doctor?–Right: Corporations as Intruders</i>	The intrusiveness of corporations into private affairs.
<i>Consumers of Health Care–Right: Consumer Protection</i>	The need for government regulation to protect people against corporations.
<i>Rights Meta-Narratives–Left: Human Rights</i>	Making health a matter of corporate profits is wrong; health is a basic human right.
<i>Government Dependency–Left: Work Hard, Play By the Rules – And Still Not Make It (Social Contract)</i>	Because corporations are allowed to take care of their short-term profits above all else, good “working people” are not able to afford health care.
<i>Related: Health Care as Proxy–Left (for Race, Class, Gender; Anti-Immigration)</i>	Economic hardships are actually related to systemic institutional obstacles and constraints imposed by race, class, gender, and/or being an immigrant.

Table 9
Foregrounded Aspects of “Role of Government–Left”

The Left’s meta-narratives are often reactive, based upon and reacting to the meta-narratives of the Right: the “*Who’s Getting Between You and Your Doctor?–Left: Corporations as Intruders*” meta-narrative and the “*Consumers of Health Care–Left: Consumer Protection*” meta-narrative are reactive

¹⁴The use of health care as a proxy for race, class, and gender issues is indirectly linked to the “*Economics–Left: Corporations Are Bad*” meta-narrative, but focuses more on another aspect of the Left’s *Economics* meta-narratives.

against the Right's criticism of government. In these reactive meta-narratives, Left and Right use the same basic narrative, which in each case is largely advantageous to the Right's larger anti-government "*Role of Government-Right*" and free-market "*Economics-Right*" meta-narratives (whether by accepting that "health care is a commodity" or by opening the door to an attack against the Left). Each version – Left and Right – reverses the "heroes" and the "villains" within the basic narrative. It is therefore likely not to be a coincidence that the Left's meta-narratives are not mutually supportive of each other: some are closely reactive against the Right while others ("*Rights Meta-Narrative-Left: Human Right*" and "*Government Dependency-Left: Social Contract*") stand more on their own.

When it comes to consistency, the cluster of meta-narratives on the Left has a further problem that the Right's cluster does not have. That is, despite the links of all of these meta-narratives on the Left to "*Economics-Left: Corporations Are Bad*," the specific meta-narratives, as usually told, actually to some extent undermine each other (Table 10):

	<i>Contradicts/ Undermines</i>	<i>Because</i>
<i>Consumers of Health Care– Left: Consumer Protection</i>	<i>Rights Meta-Narratives– Left: Human Rights</i>	Presupposes that health care is a commodity
<i>Government Dependency– Left: Work Hard, Play By The Rules – And Still Not Make It (Social Contract)</i>	<i>Rights Meta-Narratives– Left: Human Rights</i>	Suggests that health care can be earned.
<i>Who’s Getting Between You and Your Doctor?– Left: Corporations as Intruders</i>	Minimum quality standards for doctors	Possible charge by the Right: “You’re all right with intrusion into the private doctor-patient relationship, as long as it’s by the government.” ¹⁵

*Table 10
Contradictions Between the Left Meta-Narratives*

Finally, the fact that the Left’s meta-narratives are only secondarily about the “*Role of Government*” means that most of them do not automatically result in entailments that strongly lead to government-financed or government-run health care programs. That is, the entailments may be satisfied by government as a mechanism for providing or guaranteeing health care, but there are other mechanisms that are logically consistent with the basic narrative and the presuppositions of the meta-narrative. “*Rights Meta-Narrative–Left: Human Rights*” is a clear exception to this tendency; in the others, for the most part, various kinds of private programs could be proposed without violating the meta-narrative.

ⁱ Richard Dolinar, M.D, “The Senate Reconciliation Bill: Wrapping Doctors in More Medicare Red Tape,” WebMemo #912, Heritage Foundation, November 10, 2005; [http://www.heritage.org/Research/Health care/wm912.cfm](http://www.heritage.org/Research/Health%20care/wm912.cfm); last accessed May 2006.

ⁱⁱ Richard Dolinar, M.D, “The Senate Reconciliation Bill: Wrapping Doctors in More Medicare Red Tape,” WebMemo #912, Heritage Foundation, November 10, 2005; [http://www.heritage.org/Research/Health care/wm912.cfm](http://www.heritage.org/Research/Health%20care/wm912.cfm); last accessed May 2006.

¹⁵This charge rests on the Left-Right contestation of the *Role of Government*.

ⁱⁱⁱ U.S. Action, "Fact Sheet: The Senate Grassley-Baucus Rx Plan: A Bad Deal For Seniors and People with Disabilities," June 2003.

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^v Robert E. Moffit, Ph.D., Daniel "Stormy" Johnson, M.D., Stuart M. Butler, Ph.D., Stan Dorn, J.D., John Goodman, Ph.D., and Kenneth Thorpe, Ph.D., "A Vision For Health System Change," Heritage Lecture #848, Heritage Foundation, August 12, 2004; [http://www.heritage.org/Research/Health care/hl848.cfm](http://www.heritage.org/Research/Health%20care/hl848.cfm); last accessed May 2006.

^{vi} Richard Dolinar, M.D., "The Senate Reconciliation Bill: Wrapping Doctors in More Medicare Red Tape," WebMemo #912, Heritage Foundation, November 10, 2005; [http://www.heritage.org/Research/Health care/wm912.cfm](http://www.heritage.org/Research/Health%20care/wm912.cfm); last accessed May 2006.

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^x John C. Goodman, "Health Care in a Free Society: Rebutting the Myths of National Health Insurance," Policy Analysis #532, Cato Institute, January 27, 2005; <http://www.heartland.org/pdf/16641.pdf>; last accessed May 2006.

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^{xiii} Universal Health Care Action Network, *Seeking Justice in Health Care: A Guide for Advocates*, 2004, p. 2.3.

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