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**Barack Obama's identity-building  
in the health care debate:**  
A corpus-assisted discourse study

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MA in Language and Linguistics, English

SPVR01 Language and Linguistics: Degree Project – Master's (Two Years) Thesis, 30 credits

August 2016



## **Abstract**

In this study, I demonstrate that identity-building is an important discursive strategy for President Barack Obama in the seven-year long debate surrounding the Affordable Care Act (ACA). The data for the study comes from a 6-million word corpus of speeches that were held by Obama between January 2009 and January 2016, all published by the White House. The speeches are classified according to genre, audience, topic and date of delivery. Throughout the paper, I adopt the notion that identity is intentionally constructed by the speaker and strategically exploited for his communicative goals. With the help of two methodological approaches, I investigate what kind of identities Obama builds. The purely qualitative part of the study deals with three central corpus speeches from a discourse-analytic perspective. In the second, more quantitative part, I use a group of seven verbs with epistemic meaning to trace the usage of two predominant discursive identities in the ACA debate. The results suggest that President Obama repeatedly constructs the identities of father and teacher to persuade his audience. I argue that his use of these identities constitutes an attempt to reach the argumentative goals of effectiveness and reasonableness.

*Keywords:* Discursive identities, corpus linguistics, discourse analysis, strategic maneuvering, Affordable Care Act, epistemic verbs

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## **Acknowledgements**

I am most grateful to my two supervisors, Carita Paradis and Matteo Fuoli, for supporting me in this research effort and for their advice and comments on previous versions of this paper. Without their help and guidance, this study would not be the same.

I would also like to express my gratitude to my fellow students in the Master's program Language and Linguistics for being part of my past two years in Lund, and to my best friend with whom I spent countless hours researching material and discussing each other's thesis topics.

Lastly, I would like to thank Jens Larsson at the LU Humanities Lab for his ongoing work in helping me upload the BOC and thus eventually making my corpus accessible to other researchers.

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## 1. Introduction

“Political activity does not exist without the use of language” (Chilton 2004: 6), which is why communication in politics, especially in the US context, has received attention from scholars from a variety of fields connected to linguistics and rhetoric (Parry-Giles & Hogan 2010; Schubert 2014; Stuckey 2010; Medhurst 2007). Since Barack Obama was elected president in 2008, research on his oratory style has focused on such different features as race, multiculturalism, informality, motifs of national exceptionalism and the American Dream (Cisneros 2015; Reyes 2014; Rowland 2011), or how he portrays himself as a consensus seeker (Kienpointner 2013: 365). Arguably, one of the biggest challenges during Obama’s presidency was the passing of the Affordable Care Act (ACA) and the efforts of public persuasion that went into it. This study therefore asks the question of how President Obama presented his ideas in this seven year long debate: What discursive devices did he use to achieve his goal of passing health care reform in the United States?

While it is clear that all politicians including Obama use speeches to try to persuade the public and policymakers (Danisch 2012: 157), there exist many different approaches to how they attempt to do this, e.g. evaluation of facts as good or bad (Partington et al. 2013), altruism and emotions (Reyes 2014), polarization of two views (Schubert 2014) or the construction of a public narrative that brings together different stories “of self” and “of us” (Danisch 2012: 154). This study, however, is mainly inspired by the concept of *strategic maneuvering* (van Eemeren & Houtlosser 2009: 5-7), which describes the discursive strategies that speakers employ in an argumentation to reach their goals and how they appeal to both *reasonableness* and *effectiveness* (van Eemeren 2013a: 61). The concept of strategic maneuvering enables the research task and allows for an integration of findings from pragmatics, rhetoric and dialectics. The latter can be defined as the study of “critical exchanges” and describes the development from speakers’ mere assumptions to secure positions in communicative situations (van Eemeren & Houtlosser 2009: 4).

The main aim of this study is to determine what kind of identities Obama regularly chooses in order to reach his communicative goals of convincing the American public of the health care reform, in a discourse which was largely shaped by partisan attacks both from the extreme left and the extreme right (Hogan 2010: 441). I argue that one of the main strategic maneuvers used by President Obama is his recurrent employment of certain discursive identities in the health care debate. The framework used to examine these identities is Gee’s discourse analysis model with its “seven building tasks of language” (2004: 31-32). According to this view, language is used to construct entities in the extralinguistic world and

to create certain versions of reality. One of the ways in which people structure these realities is through identity-building: Speakers use language to create an identity in the specific speech situation and to have their identities acknowledged by others (ibid.: 33).

The data consists of nearly 3,500 speeches by President Obama from 2009–2016, compiled in the *Barack Obama Corpus* (BOC). The study proceeds in two parts: First, a detailed discourse analysis of three significant health care speeches, following Gee’s (2004) model, was conducted to explore the texts in more detail and make initial observations. Based on these discourse analytic findings, the corpus analysis focused on a number of lexical items that were assumed to regularly prompt the building of identities in the health care context. A group of verbs with cognitive and epistemic meaning on a scale from certain to uncertain (*know, understand, believe, expect, guess, imagine, and suspect*) was chosen. Since a very prominent leader is speaking, we see verb meanings of this type to be revealing of his state of mind at any given time. There is reason to think that these epistemic and evidential meanings are sensitive to the temporal development of the whole process. The verbs frequently offer a switch of perspective and thus a potential change of personas because they are used to show speakers’ consideration of alternative perspectives (Pöldvere, Fuoli & Paradis, in press). Moreover, such expressions are assumed to “constitute a constructed culture of knowledge and opinion, which the [hearer] is expected to share and be convinced by” (Hunston 2000: 181). Excerpts (1) and (2) demonstrate how Obama builds an understanding/parental (1) and a benevolent (2) identity with the help of these epistemic verbs.

- (1) I *understand* how difficult this health care debate has been. I *know* that many in this country are deeply skeptical that government is looking out for them. (add\_pub\_09.09.09\_soc\_pol)
- (2) I did it because I *believed* it was good for the country. I did it because I *believed* it was good for the American people. (re\_pub\_28.06.12\_soc)

Many other studies dealing with Obama’s rhetoric are based either on a single text or a very limited number of texts (e.g. Capone 2010; Cisneros 2015; Reyes 2014; Rowland 2011). In contrast, this study, with its large number of speeches that range over seven years and virtually any topic, is more comprehensive and allows me to make statements not just about a single oratory occasion but about Obama’s discourse over a span of time, its diachronic development and his potentially changing tactics on the US political scene (Nyhan 2010; Dunham 2010). The combination of a more quantitative, i.e. corpus approach, and qualitative methods is expected to lead to an improved understanding of the practices displayed within a discourse type (Partington et al. 2013: 11). The consideration of such political discourse is

especially important in times in which rhetoric, for many, has come to mean empty words and promises made by people in positions of power.

The thesis is structured as follows. Section 2 first describes the health care debate in the US; it explains van Eemeren's (2013b) idea of strategic maneuvering and gives an overview of relevant treatments of political speeches as well as Obama's rhetorical style as identified by other scholars. Section 3 describes the methodology and the corpus in detail, before the findings from the discourse analysis and the corpus investigation are presented in section 4. In section 5, I discuss and interpret my findings in connection to strategic maneuvering (5.1), the three rhetorical modes of persuasion (5.2) and the rhetorical presidency (5.3). The thesis concludes with an outlook for future research and a reminder of the importance of studying political discourse.

## **2. Background**

This section surveys relevant previous research on the topics of persuasion and argumentation. First, however, 2.1 gives a description of the health care debate in the US to provide a context for the analysis below. Then, strategic maneuvering is explained and some studies are presented in which the concept has been used in political discourse (2.2). Part 2.3 gives an overview of influential theories of Obama's rhetorical argumentation and the American presidency, and it acquaints the reader with the idea of identity building as discursive device (2.4).

### **2.1 The health care debate and its political context**

For years, US politics has been argued to thrive in a climate in which 'good' public discourse seems to be increasingly replaced by "superficial public argument" and "politics of fear" (Hogan 2010: 427). The recent health care debate (2009-2016) is one of the prime examples of how politicians and the media indulge in these "politics of fear" and abandon reasonable discourse. To understand the intricacies of the debate, it is important to know that a regulated marketplace for insurance suppliers, which is essentially what the Affordable Care Act (ACA) provides, was originally a conservative idea (Cooper 2012). In fact, the ACA was modeled after the insurance marketplace introduced in Massachusetts by former Republican governor Romney (*ibid.*).

Despite this common ground, passing the comprehensive health care reform turned into one of the most contested political issues after President Obama made it one of the central goals for his first term in office. In March 2010, the bill was signed after being held up

in the House and Senate for months (Dunham 2010). However, the passing of the bill did not end the debate. Republicans kept questioning the constitutionality of the law in front of the Supreme Court (Barrett 2012) and have continuously made repeal attempts for more than five years (Berman 2015). During the course of the debate, the term ‘Obamacare’ emerged as a synonym for the ACA (Nelson 2011), first as a derogatory name for the new legislation used by Republicans and later reclaimed by the administration (Cox et al. 2012).

The 7-year-long debate has been characterized by a number of myths, which were spread by Obama’s political opponents. Brendan Nyhan (2010), for example, analyzed the ‘death panel’ myth and its persistence throughout the 2009/2010 discourse. It was the idea that the legislation would lead to forced end-of-life decisions for seniors (ibid.: 8), essentially a ‘death panel’ for the elderly. Polls showed that just a few weeks after the term occurred for the first time, almost 90% of Americans had heard about these ‘death panels’ that Congress was allegedly planning (ibid.: 10). This, paired with the myth of a ‘government takeover of health care’, which originated due to the so-called ‘public option’<sup>1</sup> (Rowland 2011: 701), changed the way President Obama framed the issue of health care. According to Zarefsky, the government-takeover myth is a clear case in which “the skillful selection of themes and touchstones can affect how people understand a complex situation” (2010: 80). Previous studies have shown that misinformation campaigns in politics keep influencing the public’s opinions of laws even if they have been proven to be entirely false (Nyhan 2010: 4). Hence, even though there was no factual basis for these claims, Obama had to repeatedly address these myths and the fears they created, a fact that is visible in some of the concordances of the corpus and will be discussed below.

## **2.2 The theory of strategic maneuvering**

The field of pragma-dialectics “combines a dialectical view of argumentative reasonableness with a pragmatic view of the moves made in argumentative discourse” (van Eemeren & Houtlosser 2003: 387). This means that in this framework the resolution of different arguers’ opinions is analyzed from dialectic and pragmatic perspectives, giving emphasis to reasonable arguments and the speaker’s adaption to the present speech event and his/her audience. The assumptions of this model are fully compatible with Gee’s (2004) view of language as a contextual, interactional, and reality-shaping enterprise, which builds the basis for the methodology (see 3.3.1). It needs to be kept in mind that pragma-dialectics is a formal

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<sup>1</sup> Originally, the legislation provided a state-managed insurance plan in addition to private insurers’ plans. Contrary to popular belief, this would not have been mandatory but an additional option to choose from for insurance-takers. The public option was not included in the final bill for the ACA (Halpin & Harbage 2010).

framework and that this study does not use it as such. The study is merely inspired by the theory of strategic maneuvering, which originated within this model.

Strategic maneuvering is “the theoretical tool to point out how the simultaneous pursuit of the dialectical aim and the rhetorical aim can be reconciled” (van Eemeren 2013a: 63), where the speaker’s dialectical aim is to arrive at a secure stance and the rhetorical one is to move the audience. Hence, the two central speaker goals of these maneuvers are to combine *reasonableness*, i.e. using critical, rational arguments, and *effectiveness*, i.e. appealing artfully to the listeners (van Eemeren 2012, 2013a). Three strategic maneuvers are assumed, (a) *topical potential*, (b) *audience-directed adjustments*, and (c) *presentational devices* (van Eemeren & Houtlosser 2009: 7). These strategies refer to the way (a) topics are selected by the speaker to be most beneficial to the cause; (b) the talk is structured for a specific audience, creating empathy between speaker and audience; and (c) stylistic features are used to the speaker’s advantage. The subsequent discussion will turn back to these strategies in connection to Obama’s identities. Likewise, reasonableness and effectiveness will be central in the discussion of the president’s speeches.

One of the scholars who has successfully applied strategic maneuvering to the analysis of political discourse is Manfred Kienpointner (2013). According to him, the aim of politicians is to unify opposing concept pairs: “rationality vs. efficiency, universalism vs. populism, ‘cool reason’ vs. emotional arguments” (ibid.: 360). Besides the three strategic maneuvers mentioned above (topic, audience, presentation), Kienpointner proposes two approaches specific to President Obama. In a small corpus of Obama’s talk, he found evidence for the president’s tendency to (1) acknowledge errors on “a personal [...], governmental or national level”, and (2) for his “universalist and consensus-orientated perspective” (ibid.: 365). Additionally, Kienpointner argues that Obama reasons with “pragmatic arguments”, which he uses to causally evaluate decisions both for their positive and negative effects (2013: 362).

David Zarefsky (2004; 2009; 2010) too integrates strategic maneuvering into investigations of presidential rhetoric. Zarefsky (2009: 118) emphasizes “social knowledge”, i.e. the idea that the audience shares certain political, cultural understandings and beliefs that need to be addressed if the discourse is meant to be successful. In the US, for example, the notions that the market fixes society’s problems, and that the children’s well-being is a national priority, are deeply entrenched in the public mind (ibid.). Therefore, they also play a role in Obama’s ACA discourse (e.g. section 4.1). Lastly, Zarefsky’s view on the framing of arguments demonstrates that strategic maneuvering and Gee’s discourse analysis are

compatible. He insists that reality does not exist independently; it is socially constructed, which means that “a set of factual circumstances can be understood in very different ways, depending on the frame of reference in which they are cast” (ibid.: 122).

A number of other studies also deal with strategic maneuvering in the political sphere. Degano (2014), for example, compares the argumentation in national security strategy papers by the Bush and Obama administrations and finds that “argumentative reasoning” with *therefore* and *because* is widespread in Obama’s discourse, which consistently rests on causal (and rational) relations (164–68). Ietcu-Fairclough (2009) discusses legitimation and legitimacy as strategic maneuvering, stressing the importance of rule and commitment structures that “resonate with [an] audience” (135).

### **2.3 Rhetorical argumentation and President Obama’s style**

Scholars in the framework of pragma-dialectics are not the only ones who are interested in matters of argumentation and political speech. Others see the persuasion of listeners “at the very dialogic heart of rhetoric” (Partington 2002: 214). Traditionally, it is rhetoric that deals with argumentation and persuasion (Tindale 2004), where persuasion can be defined as trying to make the audience act in certain ways by “reasoning, urging or inducement” (Edwards 2010: 819). It is no wonder then that in a democracy modeled after the ancient Greek example, the institution of the American president would be a position of “rhetorical leadership” (Medhurst 2007: 60). Much research has focused on what is known as the “rhetorical presidency” (Bimes 2010) and the idea that the president has the power to define national issues (Stuckey 2010b: 41; see 5.3).

When it comes to the president’s speech, it has been claimed that arguments based on pathos and ethos are mistrusted while the ones based on logos are preferred (Stuckey 2010a: 40). In rhetoric, pathos connects directly to the audience, i.e. “the psychology of the emotions” (Tindale 2004: 20), while logos is the reasonable argument and most closely related to logics with its premises and conclusions (ibid.: 23). Conversely, ethos refers to the character of the speaker, i.e. values, such as “credibility”, “virtue” and “goodwill” (ibid: 20). In fact, Rowland (2011) allegedly found a preference of logos in President Obama’s 2009 health care speech. He argues that Obama adheres to the Madisonian tradition, keeping to “cool”, “calculated, rational argument” based on evidence instead of “passion and hyperbole” (ibid.: 696). In contrast, van Belle argues that Obama is placed within traditional rhetoric and draws on all three modes of persuasion: logos, pathos and ethos (2014: 183). In 5.2, I examine which of these approaches Obama displays throughout the health care debate.

Some researchers claim that Obama's political ascension was mainly due to his ability to deliver a great speech (Parry-Giles & Hogan 2010: 1). As this is a widely-shared belief, a large number of studies have explored his rhetorical style and his topical choices. Obama has *inter alia* been identified as using rhetorical argumentation instead of persuasive discourse (Stuckey 2010: 48), i.e. he creates "insight and understanding" (Tindale 2004: 54) so that the listeners will truly modify their views and reach their own conclusions (ibid.: 6). The president is claimed to base his argumentation on popular, neoliberal ideas, such as individualism, competition and the free-market (Cisneros 2015: 359). Cisneros (2015) repeatedly found examples of Obama calling on "entrepreneurialism, responsibility" and multiculturalism (362) in his immigration discourse. In the health care debate, he has been said to draw on the notions of "the American Dream and American Exceptionalism" to make his case for comprehensive reform (Rowland 2011: 708).

This latter idea of using culturally-specific topics and values as arguments was classified by van Leeuwen (2007) as "moral evaluation" (92). According to him, this is one of the four types of legitimization in all speech. The other three are (1) "authorization", i.e. the reference to a superior authority (ibid.), (2) "rationalization", which means the speaker relies on goals in society or relates his/her arguments to "preconceived theoretical rules" (Schubert 2014: 318), and (3) "mythopoesis", the idea of telling powerful narratives "whose outcomes reward legitimate actions" (van Leeuwen 2007: 92). The last point has also been attributed to Obama: Danisch (2012) convincingly argues that in trying to persuade an audience, Obama turns to "emotions, values, and narratives" (157), a strategy that has a long history in presidential rhetoric. In his speeches, Obama makes use of a "narrative of reconciliation" (ibid.: 155), in which he pairs a personal story with a story about the audience, so as to unite different people on one issue (ibid.: 151). The personal story-telling is a feature that occurs repeatedly in the corpus, as in example (3).

- (3) my mother passed away from ovarian cancer a little over a decade ago. And in the last weeks of her life, when she was coming to grips with her own mortality and showing extraordinary courage just to get through each day, she was spending too much time worrying about whether her health insurance would cover her bills. So I *know* what it's like to see a loved one who is suffering, but also having to deal with a broken health care system. I *know* that pain is shared by millions of Americans all across this country. (sta\_pub\_11.05.09\_soc\_pol)

Besides the choice of topics and Obama's inclination to tell stories, scholars have detected other particularities in his style. For example, it has been shown that he made use of features of "black styles" in his speeches (Capone 2010: 2966) and even drew on the structure reminiscent of "traditional Black sermons" (ibid.). The evidence presented by the author to

support this claim, however, was rather unconvincing and we could assume that even if this style was once present, the election to president would have virtually erased this wish to connect primarily with the black electorate. In contrast, Danisch along with Kienpointner (2013) underlined Obama's "rhetorical pragmatism" (2012: 165), a strategy seen in example (4) from the BOC.

- (4) Since health care represents one-sixth of our economy, I *believe* it makes more sense to build on what works and fix what doesn't, rather than try to build an entirely new system from scratch.  
(add\_pub\_09.09.09\_soc\_pol)

Here we see that the president wishes to change the broken systems by eliminating what is bad and to retain what is good, to make "an improvement on current circumstances" (Danisch 2012: 165).

## **2.4 Discursive identities as rhetorical devices**

In many discourse analytic frameworks, identity is a key concept in the structuring of speech (see Gee 2004; Johnstone 2008). Identity refers to the results of discursive practices in which speakers "index their similarity to and difference from others" (Johnstone 2008: 151). Even though every person has certain character traits or unchangeable biological dispositions, scholars agree that identities are not natural (van Belle 2014: 182). They are constructed by the speaker for a particular occasion and audience, using stylistic devices and character traits that will be most beneficial to him/her in the act of speaking. How the speaker presents him-/herself is essentially always a performance: "the selves we represent to others are changeable, strategic, and jointly constructed" (Johnstone 2008: 155). At any time, the speaker may present one or more identities in a speech event (ibid.: 160).

Performing different identities can be both a practical and a creative enterprise in politics. Presidents are by virtue of their office forced to adopt at least a certain number of rhetorical approaches to their "distinct roles" (Bimes 2010: 224), e.g. the president as chief of state necessarily talks differently from the president as legislator or commander-in-chief (ibid.). However, beyond these 'official' roles, Schubert (2014) has found that, historically, presidents like to perform the role of "all-American citizens" (325), i.e. they present themselves as having the same struggles and priorities as their electorate to connect with their listeners. Identity performance in the presidency is assumed to be a powerful discursive device because it allows the president to shape citizens' understandings of political issues (Bimes 2010: 222).

Reyes (2014) has discussed presidents' identities and sees Obama as portraying himself as "an expert" (559), who has excellent knowledge of the topics at hand and forwards this information to his audience. On the other hand, for George W. Bush, Reyes has highlighted the identity of "husband in a traditional and prototypical family" (ibid.: 545). He argues that Bush repeatedly assumed this discursive identity to emphasize the concept of an "ideal family" (ibid.: 546). This idea of the president acting as a 'parent' was previously introduced by Lakoff (2002) and has since enjoyed great popularity. Lakoff claims that politicians first and foremost think and speak of the nation as family: The government is seen as the parents and the citizens as their children (ibid.: 13; 154). The president thus enacts the roles of either "Strict Father" or "Nurturant Parent" (ibid.: 65–67). In the Strict Father model, traditionally connected to the GOP, the president plays the "authority figure" (Cienki 2005: 281), whereas in the Nurturant Parent model, usually associated with the Democrats, the family is "a team working together" (ibid.). In the latter model, caring, empathy and nurturance are central themes (ibid.), all of which are potentially important notions in the discussion of health care.

#### **2.4.1 Epistemic verbs as gateways into discursive identities**

In the corpus analysis presented below, I focus on a group of seven verbs used by Obama in his speeches (*know, understand, believe, expect, imagine, guess, suspect*). These verbs with cognitive and epistemic meaning were chosen for the corpus analysis because they are assumed to be a gateway to the stance and perspective of the speaker, i.e. speakers can use them to indicate that they have considered alternative perspectives on an issue (Pöldvere, Fuoli & Paradis, in press). Biber et al. (2007) argue that speakers use epistemic words to first "identify their personal perspective" (971). Through this move they invite the audience to assume the same perspective and understand the information along these lines (ibid.). Hunston (2000) calls this a "constructed culture of knowledge and opinion" (181), which is supposed to convince the audience of the speaker's viewpoints.

Epistemic meanings and discursive identities are connected in another important way. Barbara Johnstone (2008) maintains that "every utterance has an epistemological agenda" (54). By every choice the speaker makes in a speech event, or in fact by every choice s/he does not make, s/he decides how s/he wants to see the world and how s/he wants others to see it (ibid.). Johnstone (2008) goes on to argue that stance-taking is directly related to epistemic and "interactional aspects of perspective-taking in discourse" (137). To her, it is clear that the same items that construct "knowledge states" and "interactional roles" are used to create

“social identities” (ibid.). Here, this is to mean that if President Obama *knows* or *believes* x or y, we potentially have the opportunity to learn something about his social identity.

One of the few studies that investigated evidential verbs and adverbs in US politics found that politicians during campaign debates frequently use evidentiality to “put their counterparts on the spot” (Berlin & Prieto-Mendoza 2014: 390). This strategy is evident in extract (5) of one of Obama’s campaign speeches. He uses *know*, *think* and *certainly* to contrast his own identity with that of his opponent, Romney.

- (5) Governor Romney didn't want to talk much last night about how he wants to end funding for Planned Parenthood, how he supports legislation that would turn certain decisions about a woman's health care over to their employers. He didn't want to talk about it because he *knows* he can't sell it. I don't *think* your boss should control the health care you get. (Applause.) I don't *think* insurers should control the health care you get. (Applause.) I *certainly* don't *think* politicians should control the health care that you get. (re\_spe\_17.10.12\_cam\_2)

In this study, I use these verbs with epistemic and cognitive meaning as seed words. As many examples will show, the verbs act as anchor points for the investigation of Obama’s discursive identities, i.e. the identity-building may not be directly related to the verb but appear in its wider context. The verbs enable a corpus-based look into this context, which is why they are considered in different clause types with varying subjects, not only with the first person singular. The next part will clarify these methodological proceedings of the study.

### **3. Methodology**

This section introduces the reader to the design of the study. It provides an overview of the advantages of Corpus-Assisted Discourse Studies (CADS) in 3.1. In 3.2, it describes the corpus used, and then explains the steps and questions taken from Gee’s model (3.3.1), and the retrieval of the epistemic verbs which were presented above (3.3.1).

#### **3.1 CADS: Corpus-Assisted Discourse Studies**

In the last decade or so CADS have increased in popularity. CADS are a “set of studies into the form and/or function of language as communicative discourse which incorporate the use of computerized corpora in their analyses” (Partington et al. 2013: 10). In this approach, scholars combine discourse analytic thinking with the method of corpus linguistics to gain a more comprehensive view of how a discourse is structured. Depending on the research questions, the inclusion of a corpus in discourse analysis can have a number of advantages for the researcher. On the one hand, the corpus can improve the DA; by turning to more text, we limit the cognitive bias we may have (Baker 2008: 12). The corpora are used to help avoid

research bias by restricting the possible interpretations of a text. Secondly, repeated linguistic patterns can be treated as “evidence of particular hegemonic discourses or majority ‘common-sense’ ways of viewing the world” (ibid.: 14), a claim which is difficult to make when the analysis focuses on a single text.

On the other hand, the DA can limit potential shortcomings usually associated with corpus linguistics. While CADS scholars, similar to other corpus linguists, are often interested in the (non-)frequencies of items (Partington et al. 2013: 8), CADS show that it is essential to access more text than is available in the concordance line windows, since information on evaluation<sup>2</sup> and similar aspects is often visible only in the “wider co-text” (ibid.: 95). The triangulation of methods then frees the researcher from methodological constraints and allows the use of different types of items for analysis, e.g. single words, clusters or even sentences in combination (ibid.: 330), which is an obvious advantage of this approach.

Typically, CADS begin by looking at frequencies in a corpus and then turn to particular texts to investigate them further. However, there is also a less common methodology, in which the researcher starts from an isolated text and then investigates the corpus to form a more complete picture (Partington et al. 2013: 48). The latter approach was favored here because an initial collocation search around *health care* and some of its compounds (*health care reform*, *health care system*) returned few interesting results, e.g. *health care reform* collocated with *pass(ed)*, *comprehensive*, *change*, *legislation*, *package*, and *implement*. It was therefore hypothesized that to find Obama’s meaningful strategic maneuvering, the analysis would have to start with a few central speeches and then move to the corpus to test the hypotheses drawn from the DA, instead of forming the hypotheses on the basis of word frequencies. The findings presented in 4.1 confirm this assumption.

Lastly, it is noteworthy that Partington et al. (2013) have considered political speeches in the context of CADS. They have observed that speakers rarely argue in completely novel ways (27). Indeed, institutions such as the White House invest a lot of time and manpower into priming the audience for a certain view on an event by repeating words or phrases in a planned manner (ibid.: 227). This assumption also supports the idea of using a corpus, which makes it possible to trace the development of messages from the White House (and the president) by applying corpus linguistic methods, i.e. show “how the exact nature of the primings being flooded into the discourse changes” (ibid.: 223). By tracking such discursive developments over time, we can find evidence of “deliberate attempted linguistic

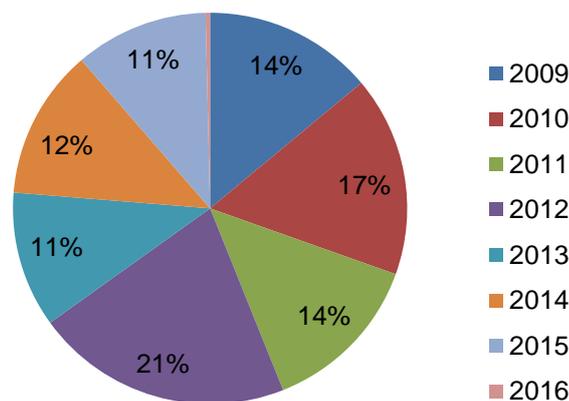
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<sup>2</sup> Evaluation is the “cover term for the expression of the speaker or writer’s attitude or stance towards, viewpoint on, or feelings about the entities or propositions that he or she is talking about” (Hunston & Thompson 2000: 5).

engineering” (ibid.: 223) by an institution, e.g. how the Bush administration construed the 9/11 attacks as ‘war’ and the subsequent US militaristic actions as ‘war on terror’ (Lakoff 2011; van Eemeren 2013a: 55).

### 3.2 The *Barack Obama Corpus* (BOC)

The corpus used in this study consists of all remarks, addresses and statements made by President Obama that were digitally available through the White House website (*whitehouse.gov*), starting from his inaugural address in January 2009 to his last State of the Union speech in January 2016. The *Barack Obama Corpus* (BOC) thus consists of roughly 3,500 separate texts and about 6 million words in total, which is, to the best of my knowledge, the most comprehensive corpus of Obama’s speeches to date. The corpus and its metadata will soon be accessible online at *The Language Archive* (*corpora.humlab.lu.se*). It is a special corpus because instead of choosing certain texts according to a topic beforehand as other studies have done (Cisneros 2015; Reyes 2014), I decided to include all of Obama’s speeches held in his official capacity as President of the United States that were available to me at the time of writing. The advantage of this data set thus clearly lies (1) in its comprehensiveness, (2) in its diversity in terms of topics and audiences and in (3) the diachronic nature of the data that allows for a tracking of discourse during Obama’s two presidential terms.



**Figure 1. Token frequency 2009-2016**

FIGURE 1 shows how the corpus is assembled from a diachronic perspective. The pie chart exhibits the percentages of contributions in terms of word count of each year in Obama’s presidency, excluding the Q&A-sessions at the end of speeches. For example, in the reelection year 2012, he produced 1,085,205 words, i.e. 21% of all the words in the BOC, the highest rate for a single year. This can be attributed to Obama’s increased public appearances

that were necessary in the election period. We also see that the speeches from the first term make up the majority of the BOC. The figure for 2016 is the lowest since only six speeches held in January 2016 were included in the corpus. For all the other years, a variety of different texts make up the corpus data: transcripts of press conferences; welcoming ceremonies in Washington for international leaders, royal representatives or successful sports teams; speeches held abroad at summits, conferences and meetings with other world-leaders; statements given in the briefing room of the White House; speeches delivered in town halls, high schools or private homes on such different topics as job growth, college tuition, natural catastrophes, and of course, health care.

Although the BOC includes all speeches from *whitehouse.gov*, the corpus does not contain all public utterances made by Obama. There is a vast number of interviews, talk show conversations, and other public appearances in which the president undoubtedly must have discussed the health care reform. For reasons connected to audience design, i.e. proportions of left-wing vs right-wing listeners, these sources were excluded from the analysis. Note that President Obama is usually not the chief author of most of these texts. He is the “principal” of them (Johnstone 2008: 142), i.e. the person who is eventually responsible for what is being said. This is a problem that all research on political discourse faces. However, we may expect Obama to be slightly more involved in the speechwriting. For example, large parts of his 2009 address to Congress (included in the BOC) were rewritten by himself after Jon Favreau, director of speechwriting at the time, had produced a first draft (Rowland 2011: 694).

In terms of the coding schema for the BOC, each file name contains four items of metadata: genre, audience, date of delivery, and topic(s). TABLE 1 summarizes the coding used in the corpus.

**Table 1. BOC coding schema**

Genre	Audience	Date	Topic
<i>add, re, sta, pre, deb, Q&amp;A</i>	<i>pub, spe, pre</i>	DD.MM.YY	<i>pol, soc, hum, env, rep, cam</i>

According to Mikhail Bakhtin, “speech genres organize our speech in almost the same way as grammatical [...] forms do” (2014: 78). This means that the occasion or speech type determines how speakers structure their talk and that style and speech genre are always linked (ibid.: 74). Hence, in the BOC, six different speech genres were distinguished according to the categorization made by the White House in their naming of the texts: addresses (abbreviated

as *add*), remarks (*re*), press conferences (*pre*), statements (*sta*), debates (*deb*), plus question and answer-sessions (*Q&A*), which were subsections within the other text types.

The texts were further categorized according to their audience since “the audience is part of [a] speech event, adding and contributing to its text in a collaborative way” (Capone 2010: 2966). Traditionally, presidents are said to have five potential audiences: “Congress”, “the American public”, “foreign allies”, “foreign enemies” and “world opinion” (Medhurst 2007: 76). However, this study made use of its own three-way classification. The first is the American public (*pub*). The weekly addresses, for example, get published in text and video format online and are crafted to address the entire nation. Second, we have the specific audience (*spe*) for the speeches Obama holds in town halls or in people’s private homes, which are often either geared towards the primary occupation of the audience, e.g. auto industry workers in the Midwest (*re\_spe\_05.08.10\_pol\_soc*), or to the audience’s political affiliation, e.g. a DNC dinner with Obama’s political supporters (*re\_spe\_27.05.2015\_rep*). Finally, there is the press (*pre*) and the speeches that are primarily created for them, where no laymen are present, e.g. joint press conferences with other countries’ leaders (*pre\_pre\_17.04.15\_pol\_rep*).

Even though this coding might seem straightforward, during the process it transpired that intended and actual audience often widely differ in these speech events. For example, in a speech in Congress, Obama directly addresses the people present in the room, but he also speaks to the nation at large, watching on TV or online. Whereas the town hall speech is audience-specific in the moment it is delivered, the text is later published on the White House homepage, and is thus accessible to the general public within hours. The role of the press is even more difficult to determine since they act as the mediator between the administration’s messages and the public. Resolving this issue was central to finalizing the coding. According to van Eemeren, “argumentation is always designed to *have an effect* on those for whom it is intended [my emphasis]” (2013a: 53). The question that needed answering in the coding process was thus ‘Who is supposed to be affected by this?’. Hence, for example, the speech at a dinner party in a Democratic supporter’s house was coded as *spe*, since it was the people present at the time of speaking that Obama wanted to affect, not the ones who might read the text later.

Lastly, the texts were classified for six overarching topics: (a) social issues (*soc*), such as health care or equal pay; (b) political issues (*pol*), e.g. economic matters, such as job growth or the fiscal household; (c) humanitarian concerns (*hum*), e.g. the Ebola outbreak; (d) environmental issues (*env*), e.g. climate change; (e) representational and ceremonial duties

(*rep*), e.g. honoring sports teams, war heroes etc.; and (f) campaign speeches (*cam*), i.e. the speeches leading up to Obama's reelection in 2012. While oftentimes the topical selection was clear, for example, the "Remarks by President Obama at the Leaders' Summit on Countering ISIL and Violent Extremism" was uncontroversially coded as *pol*, there were a lot of examples in which topics overlapped, e.g. the "Remarks by the President at Commemoration of the 150th Anniversary of the 13th Amendment", which is both representational and political. These speeches were then simply marked with two topic tags, as in *re\_spe\_09.12.15\_rep\_pol*, to indicate the overlap of topics.

### **3.3 Collection of data**

The following two subsections describe the step-by-step procedure of the data collection. First, I explain how and why the texts for the qualitative discourse analysis were chosen. I then describe how Gee's (2004) tools were employed in the investigation of the texts. In 3.3.2, the workings of the corpus are clarified to give the reader an idea of how the findings in the subsequent chapter were produced.

#### **3.3.1 Gee's discourse analysis**

For the initial discourse analysis, three significant health care speeches were chosen to be analyzed with Gee's model (2004): the address to Congress on September 9th 2009, the remarks on the Supreme Court ruling on June 28th 2012, and Obama's remarks on the 5th anniversary of the ACA on June 25th 2015 (see Appendix A for full texts). The 2009 speech was chosen because of its centrality in the debate: A number of scholars and journalists have examined this address and considered it to be a milestone, possibly the most important, in the struggle for the ACA (Rowland 2010: 694; Dunham 2010; *New York Times* 2009). The speech has been described as a good example of a "problem-solution speech" (Rowland 2011: 708), which highlights the different views on health care in the US, the potential solutions and what specifically the ACA would change, if implemented. Furthermore, the themes of American Dream, American Exceptionalism and the inevitable progress to become a better nation have been identified in the speech (Rowland 2011).<sup>3</sup>

The second speech, held three years later, was chosen since it occupies a medial position in the health care timeline and more importantly because it is President Obama's direct reaction to a Supreme Court ruling, which followed a challenge to the constitutionality of the ACA (Barrett 2012). In it, he describes the effects the ACA will have once the new

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<sup>3</sup> See Rowland (2011) for an exhaustive description of the structure of the 2009 address to Congress.

systems are in place and defends the benefits this plan has for a large part of the population. He also reminds his audience to keep on improving the law in the future so that America can “move forward”. Finally, the 2015 remarks were selected since they demonstrate a late stage in the ACA discourse, following yet another Supreme Court challenge. Here, Obama mainly congratulates the country on achieving this reform and highlights the importance of progress. The fact that in 2015 the law had largely been implemented allows Obama to review some of the facts and examine the functionality of the ACA from a later perspective and thus present actual results in the form of statistics.

To analyze these three speeches, all of which had the general public as its intended audience, Gee’s building tasks of language were employed. Gee’s model of discourse rests on the assumption that speakers and writers make use of seven different tools to build their versions of reality (2004: 32). The model includes the concepts of significance, practice/activity, identity, relationships, politics (i.e. “the distribution of social goods”, *ibid.*: 34), connections, as well as sign systems and knowledge. Important for this study is his view that speakers employ language so as to “get recognized as taking on a certain identity or role, that is, to build an identity here and now” (Gee 2004: 33). Speakers are also assumed to use language to construct social relationships with their listeners (*ibid.*: 34). For each of the building tasks, the researcher has to answer a specific question, e.g. for identities the important questions are: “What identity or identities [sort of relationship(s)] is this piece of language being used to enact?” (Gee 2004: 32–34). In this analysis, I specifically asked how Obama is positioning himself: Who is he positioning himself as? Is he presenting himself as a ‘consensus seeker’ or a ‘fellow American’? Or does he adopt a ‘new’ persona?

Gee maintains that “who we are and what we are doing when we say things matters” (2004: 3). In his framework, the acts of saying something or informing listeners are directly connected to what speakers do, i.e. their extralinguistic actions, and who they are (*ibid.*: 2). Despite this latter aspect, the ‘being’ part of the model, Gee emphasizes that identity will necessarily always be “a performance” (*ibid.*: 24). These fundamental assumptions, with their focus on identity, were the reason why Gee’s framework was chosen for this investigation of Obama’s speeches. The President can then be seen as a “socially significant” persona whose identities are acknowledged and endorsed “by different social groups and social and cultural formations in society” (*ibid.*: 23).

One of the criticisms that can be brought forward against the use of Gee’s theory of discourse is that it is very general. His view of language can virtually be applied to any kind of discourse and is not optimized to analyze political speeches. Likewise, the model makes no

explicit mention of rhetorical tools or argumentation theories. However, what could be construed as drawbacks were perceived as advantages. First, instead of narrowing the investigation to a particular part of the discourse by applying a specific model, a broader view of the speeches was made possible. Secondly, while Gee does not include insights from rhetoric or argumentation theory, the very fact that the model is general allows us to include more specific concepts, such as strategic maneuvering, to complement the initial DA. Gee himself admits that “a discourse analysis is based on the details of speech or writing that are [...] deemed relevant in the context” (2004: 136), thus permitting scholars to enhance his model ad hoc with appropriate tools.

A series of close readings of the three speeches was conducted, in which special attention was paid to all seven building tasks and their accompanying questions. In these texts, such different features as repetitions of words or sentence structures (parallelism), oppositions (antithesis) and conditionals were considered. During this work, the central importance of Obama’s identity building became clear, and the role played by epistemic verbs such as *know* and *believe* in their wider context. These verbs were thus chosen to be the focus of the successive corpus investigation so that wide-ranging data on President Obama’s identities would be available for the discussion of identity-building as strategic maneuvering and the different ‘verb stages’ (certain vs uncertain) that are likely to reveal different patterns of epistemic and evidential certainty.

### **3.3.2 Corpus analysis**

The group of words with epistemic meaning that was used in the corpus investigation includes seven “certainty verbs” (Biber & Finegan 1989: 119), *know*, *understand*, *believe*, *expect*, *imagine*, *guess*, and *suspect* that range from certain to uncertain epistemic stance, with *know* at top end of the scale and *guess* at the lower end (see Biber et al. 2007: 661–670; Nuyts 2001: 110–111). Three of the verbs in this group (*know*, *believe*, and *understand*) occurred in the initial discourse analysis as anchor points into the speaker’s perspective and evaluation. They are understood as a gateway into Obama’s identity-building because examples from the BOC showed that often the verbs did not directly create a certain identity but opened up the context for this kind of discursive strategy. The four verbs from the lower end of the certainty scale (*expect*, *imagine*, *guess*, *suspect*) were added from Biber et al.’s (2007) framework, enabling the construction of a more comprehensive scale of epistemic stance verbs. It was hypothesized that whether the added verbs appeared frequently in the corpus or not, both their

presence and absence in the BOC would reveal significant aspects of President Obama's health care discourse.

To produce the concordances, the tools of WordSmith (Scott 2015) were used to scan the BOC. In this search, the Q&A-sessions were excluded because the comments by the other interlocutor, i.e. *not* Obama, had been deleted from the files so that they would not occur in lexical searches in the BOC. However, this meant that in a concordance-based investigation it was difficult to make the connections between what Obama says in response to a question or comment from the audience that is no longer present in the text file. For all other text types, *health care* was selected as the node word, i.e. noun compound, and the lemmas of the epistemic verbs, e.g. *believe\**, were examined in its context. Corpus linguists commonly restrict the search window to L5 and R5 (Stubbs 2001: 29; Bartsch 2004: 69), i.e. five words to the left and right of the node word when examining context words. As this study is not a traditional frequency-focused investigation and since other scholars have remarked on the need to enlarge the context in CADS (Partington et al. 2013: 18), the search window was set to L20 and R20 to allow for a more comprehensive search.

However, the enlargement of the co-text also led to problems. Whenever node and search word occurred twice within one span, the instance would be represented twice in the concordance search, e.g. *know* might only be present once but surrounded by two occurrences of *health care* on the left and right side, which led to two hits in the corpus. Another problem was the contextual meaning of the verb in each concordance. For example, the verb *know* occurred 328 times in the L20/R20 span around the compound *health care*. Of these occurrences only 149 were genuine instances in which *know* referred to an epistemic stance of the speaker or an entity identified by the speaker. A lot of the instances that were filtered out in this case included *know* in the sense of 'knowing someone'. The large co-text meant that concordance lines had to be closely examined, as in example (6). Here, the entire paragraph had to be taken into account to comprehend the full meaning of the concordance line and the parallel clauses introduced by "we *believe*".

- (6) And for too long, few things left working families more vulnerable to the anxieties and insecurities of today's economy than a broken health care system. So we took up the fight because we *believe* that, in America, nobody should have to worry about going broke just because somebody in their family or they get sick. We *believe* that nobody should have to choose between putting food on their kids' table or taking them to see a doctor. We *believe* we're a better country than a country where we allow, every day, 14,000 Americans to lose their health coverage (re\_spe\_03.12.13\_soc)

In the BOC, the epistemic verbs occur both with Obama as subject (7), as well as other parties, as in example (8). In the latter case, the first person plural pronoun *we* is inclusive of

Obama. But there are other instances in which the subject is an exclusive, third person plural, *they*, as in (9). Here, ‘they’ refers to the Republican party and their opposing views on matters of health care.

- (7) I *believe* it's time to give the American people more control over their health care and their health insurance. (re\_spe\_03.03.10\_soc\_pol)
- (8) We *believe* in access to affordable health care, that it's not a privilege, it's a right. (re\_spe\_02.11.14\_pol\_2)
- (9) Why would we go back to the health care policies that they *believe* in, where insurance companies could drop your insurance when you get sick? (re\_spe\_23.10.10\_pol\_cam)

Yet, even the rhetorical question in example (9) can be argued to be an instance of Obama’s identity-building; he positions himself opposite of his political adversary, i.e. what he implies is ‘*I do not believe* insurers should drop people when they get sick’. Because of such examples, it was important to go through the concordances one by one to discern which instances were cases of genuine identity-building on Obama’s part, in which of them Obama structured relationships that might indicate something about his identity, and which were occurrences that could be discarded as irrelevant for the research question, such as hypothetical constructions with ‘if they really *believed*’ in example (10), where the epistemicity could not be attributed to any entity.

- (10) These are men and women who *know* our health care system best and have been watching this debate closely. They would not be supporting it if they really *believed* that it would lead to government bureaucrats making decisions that are best left to doctors. (sta\_pub\_05.11.09\_soc)

To sum up, every search began with the node word *health care*, which occurred approximately 5,000 times in the BOC, paired with a lemma of one of the seven verbs with epistemic meaning in a L20/R20 span. The raw results from these were noted and then each concordance was manually examined to filter out unfitting occurrences. To do this, each concordance was checked for the clause type and the subject of the verb; then the speech act (assertion, directive, commissive, etc.) was determined, plus a general description of the meaning of the concordance was added, e.g. in (11) as in many other occurrences, Obama advocates that ‘the control over health care should be with the individual’.

- (11) I don't *believe* we can afford to leave life-and-death decisions about health care to the discretion of insurance company executives alone. (re\_spe\_03.03.10\_soc\_pol)

Lastly, following Gee (2014), I again asked “what identity or identities [and sort of relationship(s)] is this piece of language being used to enact?” (32–34). Thus it was

determined what kind of identity, if any, Obama performs in each instance (see Appendix B). The frequencies that arose from this investigation are summarized in TABLE 2 in section 4.2.

#### **4. Results**

This section is divided in two parts: First the results of the discourse analysis of three of the texts are presented with a special emphasis on Obama's identity-building in the health care debate (4.1). Part 4.2 begins with the formulation of the hypothesis grounded on these findings, then reports on the frequencies in the corpus and offers a closer look into the concordances of three of the epistemic verbs. In 4.3, I summarize the findings from both methods before moving on to the discussion of both parts.

##### **4.1 Obama's discursive identities**

Throughout the three texts that were chosen to be analyzed in a qualitative way prior to the corpus analysis (see 3.3.1 for their description), Obama repeatedly uses numbers and statistics to substantiate the truth of his claims and to eventually persuade his fellow politicians and the American public of the importance and urgency of the ACA. Moreover, he refers to the past and future to make clear that the country has to "move forward" (OB2015)<sup>4</sup>, not backward. He turns to higher authorities, e.g. "the judgment of medical professionals" (OB2009), and uses intertextuality to offer others' opinions in the debate, for instance, he reads from a letter of the late Ted Kennedy and his views of the health care system (OB2009). We find strategies that have been identified by other scholars, such as the importance of the free market in US politics, e.g. "consumers do better when there is choice and competition" (OB2009), and Madison's idea of public reason, which is grounded on the notion that in the end "the better argument" wins in a fair debate (Rowland 2011: 695). For example, Obama admits that "there are arguments to be made for both [conservative and liberal] approaches" (OB2009), thus giving room to opposite arguments.

Although these are all interesting discourse strategies, the one that is of main concern in this study and seems to be a central feature in the ACA debate is President Obama's identity and relationship building, which can be considered vitally important for an individual in a leadership position. In one important way, Obama structures himself as a successor to former presidents. In (12), for example, he reminds the audience of past attempts by Theodore Roosevelt and others to reform health care in the US.

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<sup>4</sup> In this section, references to the three analyzed speeches (add\_pub\_09.09.09\_soc\_pol; re\_pub\_28.06.12\_soc\_pol; re\_pub\_25.06.15\_soc\_pol) are made with the help of the abbreviation OB + year of speech delivery. All three speeches can be found in their entirety in Appendix A.

(12) I am not the first President to take up this cause, but I am determined to be the last. It has now been nearly a century since Theodore Roosevelt first called for health care reform. (OB2009)

Obama thus positions himself as part of American history and creates a relationship with his predecessors to create legitimacy for the cause he is advocating. Even though he places himself in line with these former leaders, he is different in a way. He is “determined” to be successful and “to close the books on a history where tens of millions of Americans had no hope of finding decent, affordable health care” (OB2015). Likewise, he draws parallels to 1935 and 1965, when Social Security and Medicare were implemented, respectively (OB2015). Much like the ACA, both legislations initially faced strong opposition but ultimately they were – as Obama metaphorically puts it – “woven into the fabric of America” (OB2015).

Furthermore, President Obama uses facts and claims to knowledge to build identities for himself and his listeners. In (13), he presents the problems of the health care system as obvious to all and leaves no doubt about the need for reformation, i.e. “*we know*” what needs to be done.

(13) Now, these are the facts. Nobody disputes them. *We know* we must reform this system. The question is how. (OB2009)

This strategy has previously been described by Johnstone (2008). She claims that “the use of epistemic forms that indicate certainty can be a way of discouraging debate” (57). We see this enacted in (13), in which Obama admits to only one standpoint, that of a broken system by including not only himself as the knowledgeable entity in this world but the audience too (“*we know*”). Repeatedly, he makes himself appear as an expert of the situation (Reyes 2014: 559). In this expert manner, he describes the results that inaction on health care will have, e.g. “families will go bankrupt”, “businesses will close” and people will die because of it. He ends these statements by saying “*We know* these things to be true” (OB2009), thus eliminating any doubt that reform is inevitable by using the epistemic verb at the highest end of the certainty scale.

While the expert identity discourages debate when it comes to the inadequacies of the system, we find Obama to be a reasonable arguer in how this task should be solved, as in (14).

(14) I have to say that there are arguments to be made for both these approaches. [...] I *believe* it makes more sense to build on what works and fix what doesn't. (OB2009)

Instead of denying the opponents' arguments outright, Obama appears to be considering their "constructive ideas" (OB2009). He outwardly gives all positions a fair shot; unlike his opponents, he is thus the reasonable actor in the scenario. The president weighs advantages and disadvantages and only then decides. This is reminiscent of Danisch's "rhetorical pragmatism" (2012: 165) as well as the evaluation of issues as good or bad, which is popular in politics (Partington et al. 2013). Obama's reasonable arguing is present throughout the discourse: In the cause-and-effect explanations he includes in his speeches, he demonstrates why costs have gone up while the quality of care has not; likewise, he admits to using "ideas from senators and Congressmen, from Democrats and Republicans" alike (OB2009). The latter behavior also relates to Obama's alleged drive for consensus-seeking (Kienpointner 2013: 365).

Finally, Obama presents himself as a 'doer'. He assures Congress and the American public that he will not "waste time" (OB2009) with the people who are opposing him on principle. In the 2009 speech, he explicitly guarantees that the system will not stay the same, e.g. he promises he "will not accept the status quo as a solution". This doer identity is then in a contrasting relationship with the obstructionist identities of his political opponents, who tell "scary stories" and "tall tales" (OB2009) about the ACA. Obama's 'doer' persona is portrayed at the end of this address too, where he reminds the audience what Americans are like and that the civil servants, including him, have been elected to "solve big challenges", "shape" the future and to "do great things" (OB2009). Six years after this first big address to Congress, President Obama admits that "we've still got work to do" (OB2015) and again vows to "keep working" on improving health care legislation until it functions well for everyone (OB2015).

#### **4.1.1 President Obama as father**

In addition to the identities above (doer, presidential heir, expert), two broader, overarching ones were discovered in the discourse analysis. On the one hand, we have Obama as the father figure. This identity has a number of characteristics that can be organized in "idealized cognitive models" (Lakoff 1987). According to Lakoff (2002: 65–67), it can be split up into the idealized models of "Strict Father" and "Nurturant Parent" that were introduced above. For example, we can see the Strict Father in the chastising that Obama does in the address to Congress. He reminds his fellow politicians that "the time for bickering is over. The time for games has passed" (OB2009), and reprimands them for their behavior. Both "bickering" and "games" are activities commonly connected to children. Here, Obama assumes the identity of

the main authority figure in a traditional concept of family. He conceptualizes the politicians in Washington as his misbehaving children who need to be told what to do.

More often than the Strict Father, we see Obama adopting the Nurturant Parent identity. For example, when he demands from the audience that “everybody does their part” (OB2009) in the health care reform, the country is conceptualized as a family who works together like a team (Cienki 2005: 281). During the 2009 speech, it becomes clear that the audience needs to understand that “irresponsible behavior” on someone’s part costs “all the rest of us money” in the same way that irresponsible actions in a family lead to problems for all its members. In example (1) in the Introduction, reproduced here as (15), the president displays the understanding side of the father of the nation. The phrasal verb “look out for someone”, in the context of *understand* and *know*, evokes the image of a parent watching over and caring for his children.

(15) I *understand* how difficult this health care debate has been. I *know* that many in this country are deeply skeptical that government is looking out for them (OB2009)

It is not surprising that the caring motive is present in all three speeches; social programs such as the ACA are often assumed to be structured according to the Nurturant model because through them government supplies food or shelter, or in this case health care, and thus “builds communities” (Cienki 2005: 282). In the 2015 speech, Obama makes this clear by declaring that “America soars” only “when we look out for one another. When we take care of each other”, like a family takes care of its children, its elders, and its sick.

The themes of nation as a family and the president as father can further be seen in the way Obama frames his citizens and the way he talks about who will be affected by the ACA. While he refers to them mainly as ‘people’, ‘Americans’ or ‘American citizens’ in the 2009 speech, he chooses to say things like “any *family’s* financial ruin” (OB2012), “*children* with preexisting conditions” (OB2012), “common-sense protections for middle class *families*” (OB2012), “our *grandkids*” (OB2015), or “your *family* gets insurance through your job” (OB2015). In example (16), he distinguishes ‘Americans’ along a list of family membership, putting significance on the fact that everyone is part of some family, hence every American is part of the national family.

(16) there are other Americans – other sons and daughters, brothers and sisters, fathers and mothers – who will not have to hang their fortunes on chance (OB2012)

(17) And that if we get sick, we’re not going to lose our home. That if we get sick, that we’re going to be able to still look after our families. (OB2015)

In extract (17), Obama places himself in the same shoes as his audience. He refers to them as *we* and includes himself in the potential struggle for maintaining a home and caring for the family as head of a household, making him a compassionate and concerned paternal figure, who places importance on such values as empathy, happiness and nurturance, as described in the Nurturant Parent model (Cienki 2005: 302–303).

Lastly, an idealized father will have an open ear for the concerns of his children. He will listen carefully and provide them with support to deal with their problems appropriately. President Obama enacts this by saying things like in examples (18) to (19).

(18) If you come to me with a serious set of proposals, I will be there to listen. My door is always open (OB2009)

(19) And they've told me that it has changed their lives for the better. I've had moms come up to me and say, my son was able to see a doctor and get diagnosed (OB2015)

He makes it clear that he takes worries and proposals by citizens and politicians very seriously and shows that he is open to personal stories. Because he actively listens to the stories that people tell him, he can recount them later. In the 2012 speech, for example, he talks about Natoma Canfield and how she lost her insurance due to cancer even though “for years and years [she] did everything right”. Even in the address to Congress, which was essentially structured as a classical and rational “problem-solution speech” (Rowland 2011: 708), Obama mentions personal histories of “a man from Illinois” and “a woman from Texas” (2009) who struggled with cancer and the insurers’ unwillingness to pay for their medical bills. Overall, the father listens to stories, remembers and recounts these instances to pass on wisdom to his other children and remind them of certain societal values (cf. Johnstone 2008: 248).

#### **4.1.2 President Obama as teacher**

The second predominant identity in the three speeches was that of teacher. Just like the concept of father, this persona has a variety of idealized characteristics. Above all, a teacher is there to explain phenomena and entities in the world to his students; thus, prototypically he has the role of explainer and instructor. We see this in the address to Congress in many places. Obama emphasizes multiple times “what this plan will do” (OB2009) for the audience. He explains “the details that every American has to *know* about this plan” (OB2009) and stresses that he is being “clear” about the results this legislation will have for the audience, i.e. the general public. Similar behavior is present in the 2012 speech, where Obama again wants “to take this opportunity to talk about exactly what [the law] means for you”.

Yet, despite his attempts in the earlier two speeches, the president has to admit that even in June of 2015 there are still big knowledge gaps in the American society (see example (20) in which the epistemic verb *know* appears twice).

(20) a lot of Americans [who] still don't *know* what Obamacare is beyond all the political noise in Washington. Across the country, there remain people who are directly benefitting from the law but don't even *know* it. (OB2015)

The teacher identity is clearly connected to the 'expert' persona that was described in 4.1. Only an expert, someone knowledgeable in a certain field, can provide his students with more insight into a topic. Obama is supposedly the one who knows what the ACA will do for people, which is why he can forward this expert information to the audience and thus educate them.

Obama as teacher lines up with the identity of reasonable arguer (see section 4.1). A teacher is expected to describe and explain matters in a reasonable and unemotional manner, so that the connection between two events or states makes sense to the listener; the students are supposed to be able to follow the explanations. The cause and effect explanations that Obama gives in the 2009 address are good examples of such reasoning. As we saw in examples (13) and (14), one of the recurring contextual features of this identity are the verbs with epistemic meaning. Similar instances of reasoning are also present in the other two speeches. In 2012, he repeats the constructions "because of the affordable care act" and insurance companies "can no longer" do x to describe the results the implementation of the law will have. Three years later, the phrase "because of this law" (OB2015) is used multiple times to explain the changes that have come about for American citizens. These strategies are analogous to the Obama administration's "argumentative reasoning" with *therefore* and *because* in the national security discourse (Degano 2014: 164–68).

Obama's explaining function goes further in that he directly talks about the misinformation that was prevalent in the public at the time of speaking, e.g. "I want to address some of the key controversies that are still out there" (OB2009). In detail, this means that he attempts to clear up the 'death panel' myth, the 'government takeover of health care', the Medicare stories that had been circulating and the idea that under the new law illegal immigrants would be insured. These references continue on to 2015, when Obama again reminds the people of "the misinformation campaigns", the "doomsday predictions" and the "talk of death panels and job destruction" and emphasizes that "this has never been a government takeover of health care" (OB2015). It is striking that he has to explicitly point out

that his opponents' tactics did not work and the ACA has indeed become a functional law even a year after its implementation.

### **4.1.3 Summary of qualitative analysis**

Overall, we find that President Obama constructs at least two dominant identities in the debate, father and teacher of the nation. The identities can stand alone in a text, feature together, or be combined with other strategies to make the speeches cohesive. Both cognitive models have an inherent meaning component of authority in them: Teachers and fathers in many nations claim a position of superiority in respect to their students or children, a fact which traditionally holds true for the US as well. Another intersection of the two models lies in that a prototypical father is also a teacher of sorts, an element which was present in the storytelling examples in the health care speeches, e.g. (18) and (19).

Nevertheless, the two identities differ in important respects. For one, paternal teaching methods are expected to be unlike that of a stereotypical teacher; the latter is assumed to teach primarily through reasonable and logical arguments, while the father teaches through life experience and the aforementioned narrative practices. Secondly, the father loves his children; he is concerned about their well-being and has an emotional bond with them. The teacher can care about his students but certainly not on as deep a level as a father.

Finally, several examples of identity-building, for both teacher and father in the DA showed the occurrence of verbs with cognitive or epistemic meaning (*understand, believe, know*) in the text surrounding these identities. This particular finding is important for the following corpus analysis.

## **4.2 Corpus findings**

Looking at the results of the discourse analysis of these three central speeches, I hypothesize that President Obama repeatedly adopts the discursive identities of teacher and father as strategic maneuvering throughout the health care debate. Furthermore, I claim that the two identities successfully represent the means of reaching the discursive goals of reasonableness and effectiveness, respectively. I predict that the corpus will show a continuous use of this identity-building throughout Obama's presidential terms. To test the hypothesis of the two dominant father/teacher-identities as strategic maneuvering, the qualitative results from the discourse analysis need quantitative support. Therefore, I now enlarge the scope of the study and turn to the BOC to help determine whether the President repeatedly adopts the identities of father and teacher in the seven years of discourse. As we saw in the results of the previous

section, these discursive identities were frequently introduced in the context of verbs with cognitive and epistemic meaning (*believe, know*), which are assumed to open up speakers' perspective-taking (Biber et al. 2007: 971; Johnstone 2008: 137). These words, and a few others comparable to them, were chosen as the lexical basis for the corpus analysis.

#### 4.2.1 Frequencies of verbs with epistemic meaning

First, the frequencies of the epistemic verbs in the corpus are presented. In the BOC, there is a striking difference between the frequency with which the verbs *understand, believe* and *know* occurred in the L20/R20 span of the compound *health care*, compared to the four other search words (*suspect, guess, imagine* and *expect*). This is a rather predictable result as the latter group forms the lower end of the certainty scale and could thus be expected to be less frequent in the speech of a political leader. The frequencies in the entire BOC (minus the Q&A-sessions) of the seven verbs with epistemic meaning are summarized in TABLE 2. These numbers refer only to the instances of identity-building in the co-text of the verbs, i.e. after the manual scrutiny of the concordances (see Appendix B for full list).

**Table 2. Frequencies of epistemic verbs**

Epistemic verbs	Frequency in BOC	Subject (or clause type)
<i>suspect</i>	1	we (1)
<i>guess</i>	4	I (4)
<i>imagine</i>	8	imperative (4), to-infinitive (2), you (1), I(1)
<i>expect</i>	15	passive (4), I (4), we (3), they (2), you (1), to-infinitive (1)
<i>understand</i>	44	I (13), we (12), they (8), you (6), imperative (4), to-infinitive (1)
<i>believe</i>	77	I (47), we (24), you (3)
<i>know</i>	144	I (55), we (40), you (26), they (24)

TABLE 2 not only presents the adjusted frequencies found in the BOC but also the subjects of the verbs. Again, we see a difference between the first group of verbs and the second. For *believe, understand* and *know*, the most frequent subjects were found to be *I* and *we*, whereas for *imagine* and *expect*, we find passive constructions in (21) and an imperative in (22). The latter is a request to the addressees to set up a hypothetical scene, a feature that was present in

multiple concordances with *imagine*. The second use of *imagine* here is in the to-infinitive<sup>5</sup> and used to report on a state.

(21) And to give you a sense of what we're looking at down the road if we don't initiate serious reform, one-fifth of our economy is projected to be tied up in our health care system in 10 years; one fifth. Millions more Americans are *expected* to go without health insurance if we don't initiate reform right now. (re\_pub\_02.06.09\_soc\_pol)

(22) And just remember and remind your friends and your peers -- *imagine* what happens if you get sick, what happens with the massive bills. The people who are running those ads, they're not going to pay for your illness. You're going to pay for it or your family is going to pay for it. And that's hard to *imagine*. (re\_spe\_04.12.13\_pol\_soc\_2)

For the verb *guess*, four occurrences in the L20/R20 span of *health care* were registered; in all of them Obama is the actor who does the guessing as in (23). Here the verb is used as a sort of hedge to the following commissive: The president is tired of the ACA debate but determined to hold on to the legislation and pass it again if it should come to that.

(23) In my first term, we passed health care reform; in my second term, *I guess* I'll pass it again. (re\_pre\_29.04.12\_rep\_pol)

These findings suggest that *know*, *believe* and *understand* were in fact repeatedly used by Obama to talk about his own state of knowledge or certainty of an issue. Even so, this only indicates that the president used a few epistemic verbs continually in the health care debate to talk either about himself directly or about an inclusive, generalized *we*. To find corroborating evidence for the identity-building hypothesis, it was necessary to investigate the concordances with the three most frequent verbs in greater detail. The less common verbs (*suspect*, *guess*, *imagine*, *expect*) were not further investigated because the small size of their sample was assumed to lead to inconclusive findings in such a large corpus.

#### 4.2.2 Identities with *understand*

The lemma *understand* occurred 44 times in the context of *health care* with a variety of subjects. The detailed analysis of the individual concordance lines suggests that the cases of identity building that were found in the discourse analysis were no isolated instances. In (24), we see a good example of Obama enacting his role of father of the nation in the context of *understand*.

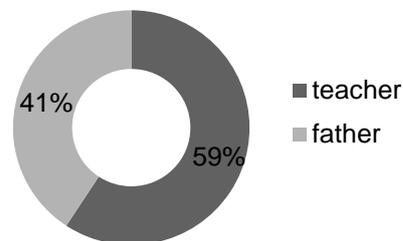
(24) We can't afford health care for another 50 million people. That's the choice they pose. Now, *understand*, it is a choice. Because they're absolutely right -- if people like me, if most of the people in this room, can't afford to pay a little bit more in taxes, then a lot of this stuff we can't

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<sup>5</sup> Examples were categorized as to-infinitives if there was no personal pronoun as subject, as in "that is hard to imagine" (22) or in "a right to expect" (re\_spe\_09.06.15\_soc\_pol).

afford. If we're insisting that those of us who are doing best in this society have no obligations to other folks, then, no, we can't afford it. (re\_spe\_14.04.11\_rep\_cam\_3)

The verb is in the imperative form<sup>6</sup> and acts as a directive towards the audience at this campaign speech; Obama appeals directly to the audience and urges them to 'understand' what he is saying. The larger co-text of the concordance, however, showed that President Obama talks about himself, his own responsibility to the general population and the "obligations" that wealthier parts of the public have towards others. This was understood to be an instantiation of the Nurturant Parent model, in which the country is conceptualized as a team ("people like me", "other folks") that needs to work together to be successful.



**Figure 2a. Identities with *understand***

Overall, the identities that were built with the help of *understand* were split about 40/60 percent with the teacher identity being more frequent, as visualized in FIGURE 2a. One aspect of the father identity is evident in (25). Here, Obama reassures the public that their fears, worries and concerns are heard and acknowledged by their empathetic father figure. Moreover, he puts himself in a historic timeline with Roosevelt, Truman, Nixon, Carter and Clinton, all of whom tried to reform the health care system during their presidency. This is a strategy which has been discussed by Zarefsky (2009: 124) as "historical analogies", indexing a similarity between the present speaker and the figures mentioned by him/her.

(25) I'm here to tell you I *understand* that fear. And I *understand* the cynicism. They're scars left over from past efforts at reform. After all, Presidents have called for health care reform for nearly a century. Teddy Roosevelt called for it. Harry Truman called for it. Richard Nixon called for it. Jimmy Carter called for it. Bill Clinton called for it. (add\_spe\_15.06.09\_soc\_pol)

Generally, we could argue that we find two frequent readings of *understand*. For the father identity, *understand* is used more in the sense of "show a sympathetic or tolerant attitude toward something" (*Merriam-Webster's* 2011; see (25)), whereas the sense connected to the

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<sup>6</sup> Examples were coded as imperative when there was no overt subject present and Obama was clearly talking directly to the audience, appealing to their understanding or imagination, such as in (22) and (24).

teacher employs *understand* as ‘comprehend something’ or “grasp the reasonableness of” something (ibid.; see (24)). In examples (26) and (27), we see the compassionate father figure who has one of his ‘children’ tell their tale to signify the importance of health care reform and thus make his other family members understand the significance of acting on the issue.

(26) I want to especially want to thank Nathan for his introduction and sharing his story. (Applause.) It's not easy to talk about an illness in the family. It's not easy to talk about such a painful experience. Because it's important that we *understand* what's at stake in this health care debate he's been willing to share it with us. (re\_spe\_15.08.09\_soc\_pol)

(27) Katie's willingness to talk about such a painful experience is important, because we have to *understand* what's at stake in this health care debate. Katie's story is the kind of story that I've read in letters all throughout the campaign and everyday when I'm President. I hear about them in town halls all across America: The stories of hardworking people who are doing the right thing, they're acting responsibly, only to find out that they're penalized because others aren't doing the right thing, because others aren't acting responsibly. (re\_spe\_14.08.09\_soc\_pol)

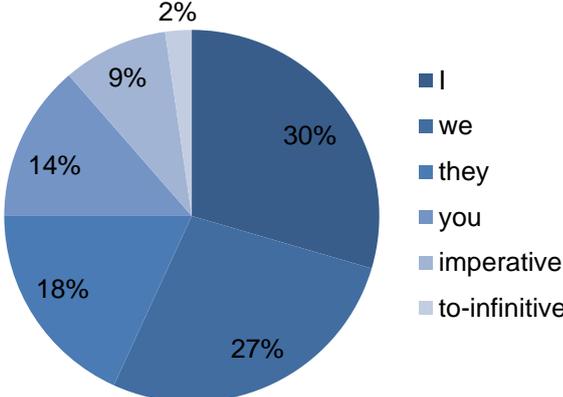


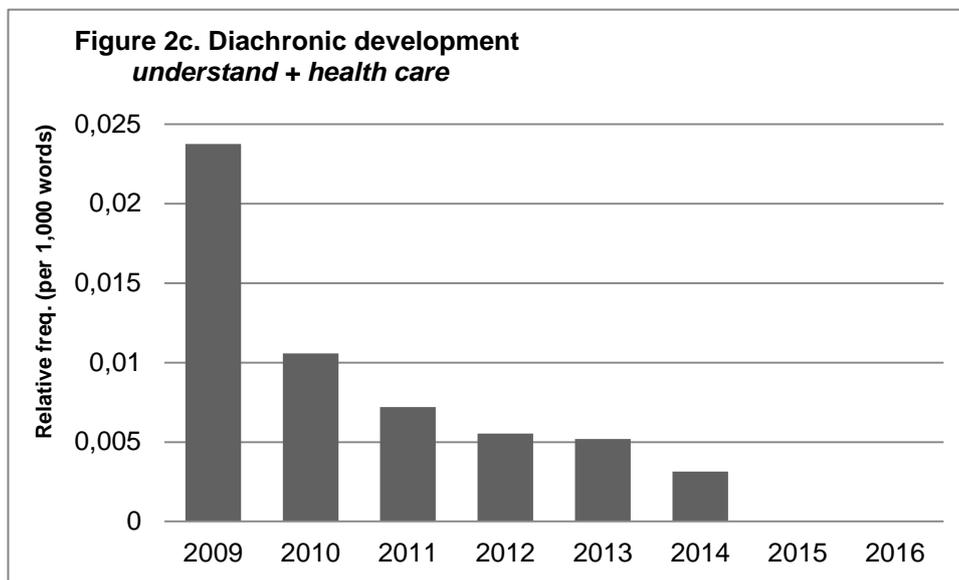
Figure 2b. Subjects of *understand*

As seen in TABLE 2, the subjects of *understand* vary. This is visualized in FIGURE 2B, where we can see that the first person singular and plural make up for more than half of the concordances. In (28), with the help of the first person subject *we*, the president explains the unreasonableness in spending lots of money on health care but still leaving a large part of the population uninsured. This example also shows the tendency towards Obama’s consensus seeking (Kienpointner 2013: 365) in the face of political opposition, e.g. “We may not agree with you on every detail, but”. The teacher identity is enacted in extracts (28) and (29). In both examples, Obama emphasizes the reasonableness of reform and his understanding of the effects the proposed legislation can have. In example (29), Obama uses the imperative to introduce his explanation of the connection between system A (“federal employees”) and system B (the public); he compares the systems to logically explain why the ACA will work.

(28) We may not agree with you on every detail, but we *understand* that we can't keep on spending 18 percent of our GDP on health care, and leave 30, 40 million people uninsured. That doesn't make sense. (re\_spe\_29.04.12\_cam)

(29) First of all, *understand* that currently federal employees have a very good health care plan because they're able to leverage the insurance companies. There are so many members of their -- of the federal workforce that they can get the best rates possible. Every insurance company wants to do business with the federal government. So premiums are lower and it's a better deal overall. The same concept is what we're trying to do in setting up what's called a health insurance exchange. (re\_pub\_20.08.09\_pol\_soc)

Besides the teacher and father personas, the corpus analysis yielded a few examples of the 'doer' identity, which was found in the three initial speeches, while other concordances and their co-texts did not point to any identity building on Obama's part (see Appendix B).



Thanks to the extensive data in the BOC we can even map the instances *understand + health care* diachronically. FIGURE 2c above presents the manually-checked frequencies of the occurrence of *understand* in the context of *health care* during Obama's presidency in relation to the size of each year of the corpus. It is clear that the majority of cases (per 1,000 words) occurs in 2009, followed by 2010, whereas President Obama does not use this verb in the health care context in 2015 and 2016 at all. The reasons for this could be twofold: For one, the health care debate was simply a more popular and current topic in the first two years of his presidency, an assumption that is supported if we look at the raw frequency of the word *health* in these seven years in TABLE 3, i.e. *health* is indeed most common in 2009 and 2010.

**Table 3. Frequency of *health* in BOC**

Year	Frequency of 'health'
<b>2009</b>	1,993
<b>2010</b>	1,242

2011	443
2012	1,071
2013	758
2014	606
2015	471
2016	14

However, there is a steady decline in frequency of *understand* + *health care* in FIGURE 2c, which does not entirely correspond to the numbers in TABLE 3, since we find a high value in 2012 that does not appear in FIGURE 2c. Another reason for this development could thus be that the president no longer needs to make his citizens *understand* certain facts about the legislation; either the public has finally grasped the details of the ACA or Obama no longer has any understanding for people who are opposed to this reform and thus has no intention of assuring them of his sympathy.

#### 4.2.3 Identities with *believe*

The second most frequent epistemic verb in the *health care* span was *believe*. It occurred 114 times in the BOC within the L20/R20-span, which led to 77 genuine instances that were considered in the identity-building task. Concordances in which Obama used *believe* in hypothetical states or rhetorical questions as in (30) were excluded from the analysis.

(30) not sort of just the rhetoric that goes on out there -- but do you *believe* that young people should be able to stay on their parents' health care plans; do you *believe* that seniors should be able to afford prescription drugs and get bigger discounts (re\_spe\_27.04.12\_cam)

The end result suggests that we have quite a different picture with this verb than with *understand*. FIGURE 3a shows that 80% of 'father identity' stands opposed to 20% of 'teacher identity'.

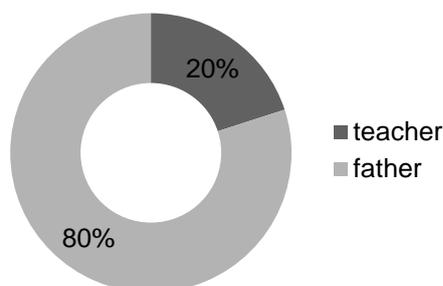


Figure 3a. Identities with *believe*

Let us first consider the less common teacher identity in this context. In extracts (31) and (32), the president stresses the neoliberal idea of private markets and assures the audience of his commitment to this view. He then gives reasons why he supports the idea of private insurers providing their services to the American public because (a) it “saves lives”, (b) it offers employment and (c) it is a profitable form of business, a fact that is valued highly in the capitalist-driven US society. Similarly, in (32) he explains the workings of the marketplace and reiterates his belief in a capitalist society, implicitly arguing against the myth of the government takeover of health care.

(31) Now, I've repeatedly said, I *believe* that our system of private insurance is strong and viable, and we need it to be. It saves lives. It employs large numbers of Americans. And by the way, it's still making pretty good profits. (re\_spe\_28.01.11\_soc\_pol)

(32) But I actually *believe* in the free market. And just like the health care law that we put in place, Obamacare -- (applause) -- which, by the way, if you don't have health insurance or you're buying it at exorbitant rates on the individual market, starting on October 1st, you can join a marketplace and be part of a pool that gives you much lower premiums, saves you a lot of money (re\_spe\_06.08.13\_pol\_soc)

On the whole, however, the teacher identity is more rarely combined with the verb *believe*. This is an expected finding since a prototypical, idealized teacher is more likely to exhibit a higher degree of certainty in his statements than to merely ‘believe’ something (cf. 4.2.4).

In contrast, the identity of father occurred considerably more often with this verb. In (33) we have an example of the president as Strict Father. He reminds the audience that their work is “not finished” and stresses the importance of their continued efforts.

(33) And it's going to mean that millions of people can get health care that don't have it currently. Now, for those of us who fought so hard for these reforms, and *believe* in them so deeply, I have to remind you our job is not finished. We're going to have to see to it that these reforms are administered fairly and responsibly. (re\_pub\_23.03.10\_soc)

Overall, the father figure occurs mainly in its more empathetic function. Example (34) demonstrates how Obama connects his goal of caring for “middle-class families” with the reforms of the health care system. Additionally, he admits to being proud of what has been accomplished by his administration. This example is taken from one of his 2012 campaign speeches, which is notable since using this admission of pride with the supportive audience in mind allows us to interpret the statement as a congratulatory speech act, much in the same way a father may be proud of his children's achievements.

(34) And, yes, I *believe* that we should have a health care system that works for middle-class families. (Applause.) And I am -- couldn't be prouder of the work that we have done in getting this health care law passed. (re\_spe\_05.07.12\_cam)

In (35), the father figure is even more pronounced. Obama refers openly to his two daughters to support the idea that women should be allowed to take care of their own health, a talking point which frequently occurred in the health care debate. Moreover, he uses the phrase “the right thing to do” in this example, which is repeated multiple times in other concordances with *believe*.

(35) I've got two daughters, and I want them to have the same control over their health care as anybody's sons out there. I *believe* that's the right thing to do. (re\_spe\_17.07.12\_cam\_4)

A large part of the discourse in this group of concordances showed considerations of important values in a society. This is particularly evident in (36). Here, we have three examples of *believe* within one paragraph. President Obama puts emphasis on “working families” who face financial hardships because “somebody in their family” got sick. He stresses that having people choose between providing food for their kids or providing medical help is not a status quo he can support. As a father, the financial security of his family, i.e. his country, is of utmost importance to him. Furthermore, this paragraph connects to the idea of “American Exceptionalism” (Rowland 2011: 704) when Obama reminds the audience that “we’re a better country than” this.

(36) And for too long, few things left working families more vulnerable to the anxieties and insecurities of today's economy than a broken health care system. So we took up the fight because we *believe* that, in America, nobody should have to worry about going broke just because somebody in their family or they get sick. We *believe* that nobody should have to choose between putting food on their kids' table or taking them to see a doctor. We *believe* we're a better country than a country where we allow, every day, 14,000 Americans to lose their health coverage; or where every year, tens of thousands of Americans died because they didn't have health care (re\_spe\_03.12.13\_soc)

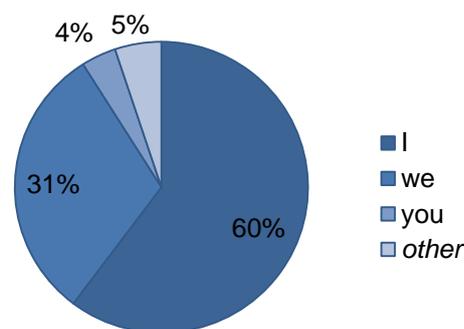
Obama shows similar sentiments in (37); the difference between (36) and (37) lies in the subject of the verb. Here, we have Obama alone as the ‘believer’, and again we find the construction ‘it was right’ and ‘the right thing to do’.

(37) I *believe* health reform was the right thing to do. I *believe* it was right to make sure that over 3 million young people can stay on their parent's health insurance plan. (Applause.) I *believe* it was right to provide more discounts for seniors on their prescription drugs. I *believe* it was right to make sure that everybody in this country gets decent health care and is not bankrupt when they get sick. (Applause.) That's what I *believe*. (re\_spe\_27.06.12\_cam)

Like (34), (35), and (37), a large number of concordances with *believe* occurred in Obama's campaign speeches. None other of the seven epistemic verbs in the study showed a comparable pattern. On the one hand, this may index that values and the belief in them are generally more often discussed in this speech type. The other reason could lie in Obama's

popular slogan of 2012, “Change we can believe in” (Blake 2012) and the decision to repeat this idea of ‘belief’ in the campaign speeches to connect to the momentum of the 2008 election. In general, we find tendencies in these concordances to discuss that it is the right of every American to have health insurance, and that the control over this insurance should lie with the individual, no matter the gender, or the income rate. These assumptions also line up with the subjects that were found to occur with *believe* in the BOC. As FIGURE 3b shows, 60% and 31% of the subjects were first person singular pronoun ‘I’ and the plural ‘we’, respectively. Thus in 90% of the cases, it is Obama himself who believes (in) something or claims that he, together with the audience, adheres to certain values and beliefs. In (38), he is very upfront in addressing this fact, i.e. “our values as a nation”.

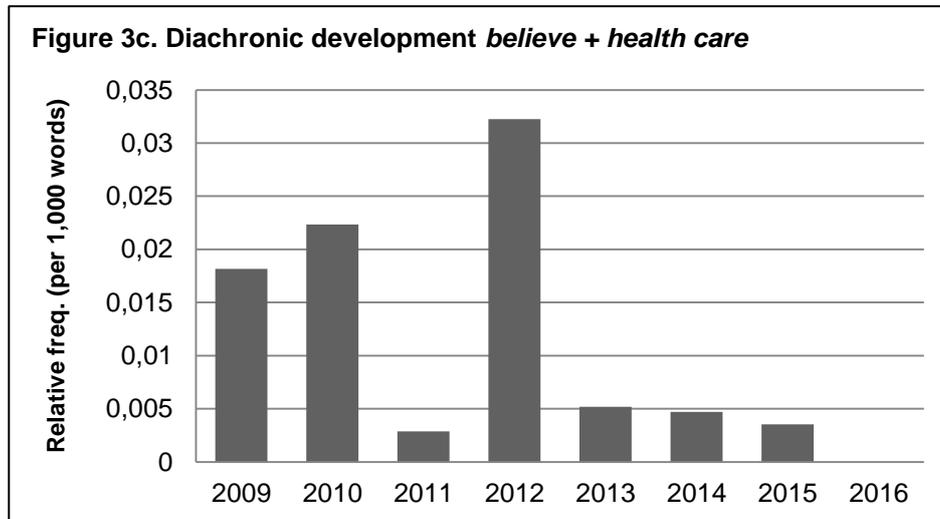
(38) And we *believe* that quality health care for everybody and a dignified retirement for everybody aren’t just achievable goals -- they are a measure of our values as a nation. That’s what we *believe*.  
(re\_spe\_01.11.12\_cam)



**Figure 3b. Subjects of *believe***

Lastly, a look at the diachronic data of *believe* in the L20/R20-span of *health care* in FIGURE 3c illustrates that the relative maximum frequency occurs in 2012, while the second and third highest values are from 2010 and 2009. In the other four years of his presidency, Obama makes little use of *believe* in the context of *health care*. As mentioned above, the high frequency in 2012 can be connected to the fact that Obama was running for his second term in office during that year. It seems it was important to emphasize his beliefs compared to his opponent’s. Moreover, the issue of health care was a highly contested topic in that election so that President Obama had to reaffirm his continued belief in this key legislation. Obama himself says in (39) that

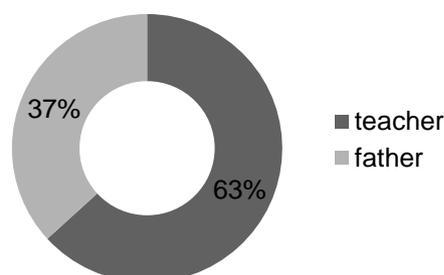
(39) I'm running because I continue to *believe* that no American should go broke because they get sick. Health care was the right thing to do. The Supreme Court has spoken. We are implementing it now. (Applause.) That's a choice in this election. (re\_spe\_06.08.12\_cam\_2)



Summing up, *believe*, which is prototypically on an intermediate position on the certainty scale from *guess* to *know*, when it does not co-occur with any degree modifiers (Pöldvere et al., in press), showed clear preferences to introduce a father identity in Obama's ACA discourse. Unlike *understand* above and *know* below, it occurred largely (over 90%) with the subjects 'I' and 'we' and most frequently in the campaign year 2012. In the following section, it will be demonstrated in what ways these findings differ from *know*.

#### 4.2.4 Identities with *know*

The most frequent of the seven epistemic verbs within the L20/R20-span was *know*, the highest on the scale of certainty in this group. Of the 328 initial concordances that were recorded with WordSmith in the BOC, 144 held up as genuine instances. In contrast to the results of the *believe*-group, the concordances with *know* showed a preference for the teacher identity (63%) as opposed to the father persona (37%) (see FIGURE 4a). This finding, too, matches the expectations we have about a prototypical teacher. When Obama adopts a teacher identity, it is unsurprising that he makes use of the maximally certain verb in the epistemic category. In this scenario, it is only logical that if the audience or the general public are the students, Obama would need to appear certain in the statements he makes.



**Figure 4a. Identities with *know***

As described earlier, it is the main task of a teacher to explain events in the world to his/her students. In the concordance search, we find this behavior exemplified in (40). Much like the examples from the DA, we find Obama's clarifying introduction phrase "let me be clear" before he goes on to explain details of the ACA to the audience.

(40) So let me just be clear here, New Jersey, because you're going to hear a lot of nonsense. I *know* that a lot of Americans are satisfied with their health care right now; they're wondering what they get out of health care reform. So let me be absolutely clear about what reform means for you. (re\_spe\_16.07.09\_pol\_rep)

The verb *as such* has the function of introducing Obama's knowledge of the status quo for many people. But the co-text around this is very clearly an instance of his "Explainer-in-chief" persona (Seelye 2009) and thus categorized as teacher in this study. Another good example of this feature is extract (41) from a 2013 speech.

(41) five days from now, you'll finally have the same chance to buy quality, affordable health care as everybody else. THE PRESIDENT: And I want to break this down for you. I want you to *know* exactly how it works. (re\_spe\_26.09.13\_soc)

This shows that even three years after Obama signed the law into office, he still explains the results of the ACA to his audiences. In the same speech, Obama elaborates on the knowing/not knowing of the public (42).

(42) So the first thing you need to *know* is this: If you already have health care, you don't have to do anything. In fact, for the past few years, since I signed the Affordable Care Act, a lot of you have been enjoying new benefits and protections that you didn't before even if you didn't *know* they were coming from Obamacare (re\_spe\_26.09.13\_soc)

In (43), he openly claims to know the truth about the health care system and then goes on to explain the different views that are held among Democrats and Republicans.

(43) And so let me tell the truth about this health care debate. I *know* there are strong views about this. I know there are Democrats who would like to scrap our system of private insurance and replace it with a government-run health care system that works in some countries. (re\_spe\_10.03.10\_rep)

Informing the public about the law is clearly one of the main goals that Obama pursues. This central aim might best be demonstrated in extract (44), in which he addresses a Planned Parenthood Conference. They supported the ACA from the start but Obama needs them to further educate the public about the reform. In this instance, he is almost a professor or principal, who educates other teachers, who will then pass on the knowledge further.

(44) Now, I *know* how hard you worked to help us pass health care reform. [...] But here's the thing -- if Americans don't *know* how to access the new benefits and protections that they're going to receive as we implement this law, then health care reform won't make much of a difference in their lives. (re\_spe\_26.04.13\_soc\_pol)

Overall, we find a number of recurring features that were previously identified as characteristics of the teacher identity in the DA. For example, President Obama acknowledges the difficulties in passing the ACA and the skepticism in the public; he draws attention to the misinformation that was spread and attempts to dispel the myths surrounding the health care reform; he draws causal connections between state A, i.e. the economy, and state B, i.e. the rising costs in the health care system.

In some instances, we find a combination or shift from one identity to the other, as in (45), where Obama starts as teacher with “abstractions” and “numbers” and then connects them to “very personal” stories with “pain” and “heartache”, in a fatherly manner.

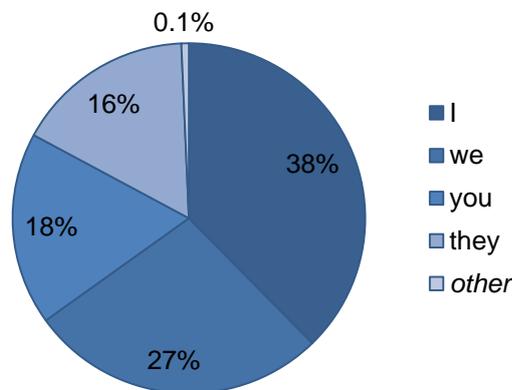
(45) So if we want to control our deficits, the only way for us to do it is to control health care costs. Now, those are all abstractions, those are numbers. But many of you *know* that this translates into pain and heartache in a very personal way for families all across America. (re\_spe\_01.07.09\_soc\_pol)

In FIGURE 3a we saw that the father identity was considerably less frequent with *know* than with *believe*. Still, there are some examples in the BOC in which family values stand at the center and in which Obama takes on the role of father of the nation. In (46), he emphasizes the generations of different Americans that will benefit from a comprehensive reform and how urgent it is despite the “voices” who would rather wait on change. As in other examples, the identity is not framed by the proposition “I *know*”, but in the sentences before and/or after the seed word.

(46) For the sake of every American living today and for the sake of every American yet to be born, we must bring about a better health care system -- not in 10 years, not in five years, not in one year -- this year. (Applause.) I *know* there are voices out there telling us we're moving too fast when it comes to health insurance reform. (re\_spe\_27.09.09\_rep\_soc)

In another instance, Obama talks of “heartbreak” and the fact that he does “care” (47), which he then contrasts with his political opponents who, he claims, have no plans to improve the “broken health care system”, and by extension do *not* care. Once again, he presents himself as the caring, nurturing parent.

(47) We *know* the heartbreak of a broken health care system. So I don't mind if folks think I care. I do care. (Applause.) And I don't *know* exactly what the other side is proposing. (re\_spe\_02.09.12\_cam)



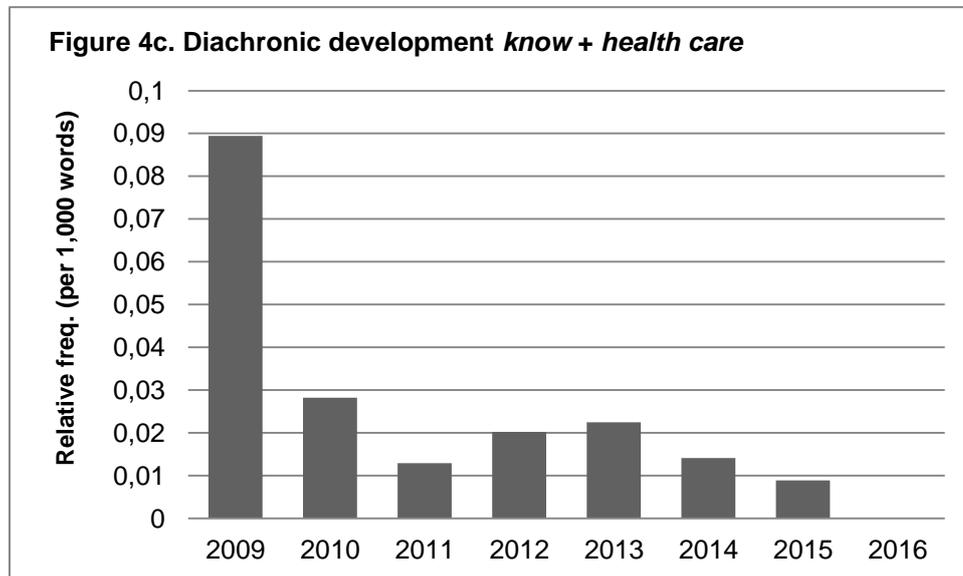
**Figure 4b. Subjects of *know***

The majority of cases with *know* had either the first person singular or plural pronoun as its subjects (FIGURE 4b). Often, when ‘we know’ was used in these concordances Obama makes a supposedly universally-known claim about the health care system. However, we find more variation in the subject slot than for *believe*. While Obama claims his own knowledge of certain facts with the help of the pronoun ‘I’ and thus presents himself as the expert or teacher, he also urges the audience, i.e. ‘you’, to acquire information about the health care reform through his teachings. One example of this hortative function (“you need to know”) is shown in (48); again this section is introduced by “let me be clear”. (48) is also an example of how the identities are sometimes performed in a very prototypical manner, i.e. often this is not what teachers say but rather a cliché view of teachers’ roles.

(48) So let me be clear: When you hear that health care reform will cost \$1 trillion over 10 years, you need to *know* that at least half of that will be paid for by money already in the system that's being badly spent. (re\_spe\_16.07.09\_pol\_rep)

Next to ‘I’, ‘we’ and ‘you’, a quarter of the instances were formed with the third person plural, ‘they’. In these cases, the pronoun mainly referred to authorities who have some expert-like knowledge claim to the health care issue, e.g. “the American Medical Association” (re\_spe\_23.07.09\_soc\_pol). Or it was used to denote parties who either do not *know* what is at stake in the reform, or what the reform will actually do, as in (49).

(49) We need you to tell your patients, your friends, your neighbors, your family members what the health care law means for them. Make sure they *know* that if they don't have health insurance, they'll be able to sign up for quality, affordable insurance starting this fall in an online marketplace where private insurers will compete for their business. (re\_spe\_26.04.13\_soc\_pol)



Finally, the diachronic data in FIGURE 4c shows that we find *know* most frequently in Obama's 2009 speeches, followed by 2010 and 2013, relative to the overall number of words in the BOC in that year. This suggests that the biggest part of Obama's information campaigning was done in 2009 when the public's knowledge level of the ACA was supposedly lowest. In the last few years, we see a steady decline in the occurrences of *know* in the health care co-text, which points towards a decrease in the administration's efforts to educate the public about this topic.

#### 4.3 Summary of main findings

The previous two sections demonstrated that President Obama uses a number of different discursive strategies in the health care debate. The results from the DA indicated that Obama acts as a reasonable arguer; he portrays himself as an expert, a 'doer' and puts himself in a historical timeline with other presidents. Moreover, he uses topics and themes that are traditionally connected to American politics, such as the importance of the free market, the idea of public reason, and the concept of American Exceptionalism. In his speeches, he employs rhetorical tools like intertextuality, metaphor or repetition to structure his talks and his identities within these talks.

Although these different strategies were present, two discursive identities and their relations to the audience seemed to be one dominant strategy. Both teacher and father were shown to contain a multitude of prototypical, idealized characteristics. The teacher identity

was mainly constructed with an explanatory function, i.e. Obama describes and explains the ACA to his audience like a teacher would describe a new topic to his students. This was present both in the three isolated texts and in the entire BOC. In the corpus analysis, we found that Obama regularly performs this teacher identity with the maximally certain epistemic word *know*. Moreover, the diachronic data revealed that *know* in the co-text of *health care* was most frequent in the first years of the health care debate (2009–2010).

The results furthermore suggested that the second identity, i.e. the father figure, has two central sides to it: He can be either strict or nurturing (Lakoff 2002). The findings from the DA and the corpus analysis revealed that the Nurturant Parent model was more frequent than the Strict Father. In many instances, President Obama chose to be empathetic with his audience; he expressed understanding for their concerns and fears but also reminded them continuously that as a nation – just like a family – they have to work together to succeed. This caring father identity was most often found in the vicinity of the verb *believe*. Here, Obama repeatedly discussed the values that he and his audience (should) believe in. The relative frequencies across the years demonstrated that *believe + health care* was by far most frequent in 2012, the year Obama ran for reelection, which might indicate that the election process was largely a matter of different beliefs.

Overall, the corpus analysis demonstrated that of this group of epistemic verbs in the health care debate, Obama prefers the high certainty ones (*understand, believe, know*), whereas he makes very little use of the low certainty ones (*guess, suspect, imagine, expect*). This finding was expected since a powerful political leader, just like a father and teacher, is in a position of authority and is usually assumed to express high certainty on contested issues. The frequent verbs exhibited a preference to either introduce a teacher (*know*) or father identity in their contexts (*believe*). *Understand* was special in that each of the two potential readings, ‘comprehension’ and ‘tolerance’, seemed to favor one of the two different identities in its context, teacher and father, respectively.

Lastly, I observed tendencies for the verbs to frame certain arguments. *Understand* was used to reassure the public through the father figure that their concerns were valid and exhibited a preference for directives to have the audience ‘understand’ a logical argument. *Believe* mainly introduced assertions and was used to connect to arguments about societal values; there were some cases in which it was used to juxtapose Obama’s own beliefs with someone else’s, either the audience’s or those of a distant third party. Finally, *know* often introduced statements of facts and logical conclusions (representatives), especially

highlighting situations in which Obama was the knower (= teacher) and the audience the unknowing entity (= students).

## **5. Discussion and conclusion**

This study was concerned with President Obama's discursive identities as a form of strategic maneuvering in the health care debate. A discourse and a corpus analytic method were combined to address this task. In this section, I discuss the findings from the view of the hypothesis stated in 4.2. There, I predicted that Obama would repeatedly use the identities of father and teacher to persuade the audience in his speeches. The results of the discourse analysis and the corpus investigation provide some support for the validity of this hypothesis. We saw that the president regularly used characteristics that are typically connected to a father figure (primarily Nurturant Parent) or a teacher (cf. Medhurst 2007: 65).

Secondly, I hypothesized that Obama pursues the argumentative goals of appearing both reasonable and effective by using this identity-building. Whether we can reasonably conclude that the two identities serve the goals of effectiveness and reasonableness is discussed in 5.1. Section 5.2 addresses the question of Obama as a holistic inquirer and examines the relation between the discursive identities and the persuasive modes of ethos, pathos and logos. Finally, in 5.3 the results are viewed from the standpoint of the rhetorical presidency and it is discussed whether we can claim Obama's success in the ACA discourse. The section closes with final remarks and recommendations for future research.

### **5.1 Obama's discursive identities as strategic maneuvering**

Strategic maneuvering searches for a balance between reasonableness and effectiveness as its main argumentative goal (van Eemeren & Houtlosser 2009: 4; Kienpointner 2013: 359). The findings from the corpus provide some evidence that indicate that Obama's teacher identity primarily appeals to the reasonableness goal, i.e. no fact is certain and the entities and events in the world have to be critically evaluated to be judged (Jakaza & Visser 2014: 67). In contrast, the father persona and especially the characteristics connected to the Nurturant Parent model, serve the goal of effectiveness, i.e. this identity is meant to move the audience emotionally. However, to conclude that the two major identities and the two main goals of strategic maneuvering are connected, the two pairs need to be investigated more closely.

Besides topic, audience-directed adjustments and presentational devices, which have previously been recognized as strategic maneuvering in the pragma-dialectic framework (Tindale 2004: 16-17), I conclude identity-building to be another example of how strategic

maneuvering is enacted. The data, however, suggests that identity performance works alongside the choice of topic and the characteristics of the audience. For example, Obama's speech and identity are different when he addresses the American public in general and when he addresses his own supporters, e.g. compare examples (15), (21) and (24). In (15) and (21), Obama appeals to the general public and there is a certain sense of detachment in the phrasing he uses ("many in this country"; "millions more Americans"). Conversely, in (24) he speaks directly to a specific audience ("if most of the people in this room") and includes them in his speech.

Despite this influence of audience-type on speeches, there was no conclusive evidence in the corpus that showed a tendency for Obama to address one type of audience consistently with one identity or the other, e.g. a smaller audience may have been addressed with the nurturing father persona because we could have assumed greater familiarity between the speaker and a smaller audience (cf. Johnstone 2008: 244; Medhurst 2007: 65). On the contrary, the data revealed that the majority of all identity-building occurred with specialized audiences, both for the father and teacher identity (see Appendix B), so that there is no straightforward connection between the types of identities and the audience in this data set.

The choice of topic, however, has a stronger correlation with the performed identity. Whether Obama chooses to talk about individual stories, families' struggles or about mere numbers strongly influences and shapes the identity that is taken on. The stories often lead into a father identity while statistics help build a teacher persona. As mentioned above, the father persona often seems to be legitimized by "mythopoesis", the telling of stories, and "moral evaluation" (van Leeuwen 2007; Schubert 2014), i.e. leading to effectiveness, whereas the teacher identity is commonly legitimized by "authorization" and "rationalization" (ibid.), i.e. leading to reasonableness.

Obama has previously been described as an excellent, powerful story-teller (Rowland 2011: 704; Danisch 2012: 157) and the health care discourse is no exception. With his exemplary stories of Natoma Canfield and other individuals, he attempts to "provoke an emotional response in the audience" (ibid.), which is ultimately meant to make the listeners sympathetic to his arguments (see examples (4), (23) and *re\_pub\_28.06.12\_soc\_pol*). Obama's father identity, especially, is built with the rhetorical tool *ad misericordiam*, the "appeal to pity" (Tindale 2004: 77), itself often connected to *mythopoesis*. The way he presents these topics and stories in his speeches help him build the nurturing, caring parent identity. The discursive identity then moves the audience, thus helping Obama reach his goal of effectiveness.

Even though the appeal to pity, “public narrative” (Danisch 2012), *mythopoesis* and the reminder of values are important techniques in building a father identity and in persuading the audience, keeping the balance between reasonableness and effectiveness is an essential task for all public speakers. If effectiveness takes over, the argumentation can easily fall “into fallaciousness” (van Eemeren 2012: 441). It is therefore imperative that the speaker also appeal to reasonableness. The corpus data suggests that Obama does this mainly by combining the father with the teacher identity. We saw this in examples (24), (32), and (36) in which Obama, the teacher, emphasizes rationality in his arguments. He critically judges his own decisions in the past and offers a tolerant view on the matter (24). In (32), for example, he openly questions the validity of arguments that are circulating in public.

Overall, the corpus results suggest that in the health care debate President Obama pursues both argumentative goals set forth by strategic maneuvering, reasonableness and effectiveness (cf. Kienpointner 2013). The present data displays a tendency for Obama to attempt to reach reasonableness with the help of the teacher identity and effectiveness with the help of the father identity. However, there was no one-to-one correlation in all examples, so that this conclusion can only be tentative, e.g. (50) is an example in which the father persona appeals more to reasonableness than to effectiveness.

(50) And when you're undertaking something this big, this important, like health care reform, we *knew* we were going to get resistance. Maybe not -- (laughter) -- to the same degree as we've gotten. But there's a reason why this hasn't gotten done before. (re\_spe\_04.11.13\_pol\_soc)

The findings and their discussion demonstrated that choice of topic and presentation are important factors in the construction of identities in the health care discourse. The constructed identity (father and/or teacher) then often determined whether Obama was pursuing either reasonableness or effectiveness in a particular strategic maneuver. Finally, the diachronic nature of the results revealed a combination of different identities during the seven years of political discourse. Thus we can cautiously claim that over the course of the ACA debate Obama aims for a balanced, non-fallacious argumentation in that he pursues both reasonableness and effectiveness in terms of his identity-building.

## **5.2 Logos, pathos and ethos in Obama's identity-building**

The three modes of persuasion in traditional rhetoric, logos, ethos and pathos (Tindale 2004) are commonly part of any “rhetorical study of argumentation” (van Eemeren 2013a: 54) and are compatible with the theory of strategic maneuvering used above. In this paper, two different views on political speeches have already been presented, (a) the assumption that

presidents prefer arguments based on logos because the audience is inherently distrusting of ethos and pathos (Stuckey 2010: 40), (b) a rational person should subsume all three modes of persuasion to become a “holistic inquirer” (Tindale 2004: 134). Obama has been claimed to belong to the latter tradition (van Belle 2014: 183). This section thus tries to answer how the discursive identities that were found in the corpus fit with logos, ethos and pathos and whether President Obama adheres to strategy (a) or (b) within the health care debate.

First, let us consider what features support Obama’s preference of logos, i.e. “the reasonable argument” (van Belle 2014: 173). As discussed above, the teacher identity is used to explain facts and events to the audience and in the process of building this identity, reasonable arguments are employed. In (5) and (29), Obama explains the spending of GDP and how many people will be affected if the ACA does not pass. In (51), he explains cost curves and inflation and what that means for health care in the US.

(51) If you're a moderate and not all that interested in politics, you should still be concerned about the fact that your health care is less secure and less stable than it has ever been. And if you're a conservative, then you should *know* that the only thing that is going to allow us to close the structural deficit that we have that is piling on debt for our children and our grandchildren is if we are able to bend the cost curve and reduce the cost of health care inflation over the next 20, 30 years. (re\_spe\_15.09.09\_pol\_rep)

In many instances in the BOC, Obama used reasonable arguments with his teacher identity, most prominently in the September 2009 address to Congress. There he discussed the solution alternatives to the health care problem that would lead to an “effective coverage and minimize cost” (Rowland 2011: 711). In the president’s discourse, logos is thus related to Madison’s idea of public reason (ibid.: 696) and “rhetorical pragmatism” (Danisch 2012: 165).

But as the results showed, Obama’s health care speeches are not only based on reasonable arguments and his teacher identity; he also makes use of other argumentative strategies. The data revealed that he continually appeals “to the emotions of the audience” (van Belle 2014: 173), i.e. he uses pathos and thus “create[s] a rapport with the audience” (Reyes 2014: 542). This appeal to emotion was prominent in his stories of sick people who have lost their insurance, e.g. Natoma Canfield, or when he talks about ‘children with preexisting conditions’ whose parents cannot obtain coverage from the insurers because they are considered high-risk. For example, in (52) he explicitly addresses the specialized audience at an OFA summit<sup>7</sup> and talks about the stories that others have told him about “painful” and

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<sup>7</sup> *Organizing for Action* (OFA) is a non-profit organization that advocates changes in society which align with Barack Obama’s policy goals, e.g. health care, climate change, equal pay (*barackobama.com* 2016).

“difficult” illnesses and how they needed to afford “care for a loved one”, which speaks to the audience’s compassion and empathy.

(52) A lot of you, you got involved in the first place because of this health care issue, a lot of you -- because I *know* I met you on the campaign trail in some cases, and you came up and told me about a story of how painful and difficult an illness in the family had been, and not *knowing* how you were going to pay for coverage, how you were going to pay for the care for a loved one. (re\_spe\_25.02.14\_pol)

The caring, story-telling father can be interpreted as partial evidence that when President Obama takes on the role of “teller of myths” (Rowland 2011: 704), he uses pathos to move his audience with kindness and understanding.

While logos and pathos were relatively easy to classify and relate to the teacher and Nurturant Parent identity, ethos proved more difficult because the concept itself is slightly more complicated. The most basic definition of the term usually refers to the speaker’s character or personality (Tindale 2004: 20; van Belle 2014: 173). However, it may also highlight the personal history of the orator (Stuckey 2010: 299), or as Reyes (2014) suggests, ethos may be about the “authority and command of the subject” (542), where the speaker exhibits “expertise” and “knowledge” in his/her field (ibid.). Van Belle (2014) specifically discusses Obama’s ethos, claiming that he uses values such as “honesty and courage” but also makes use of his “personal background and life” (174). By adopting only the broad definition of ethos, we cannot make any judgment about Obama’s ‘real’ character versus his ‘performed’ identity; instead we need to consider the narrower definitions.

If we take Reyes’ (2014) definition of the term, the corpus suggests that it is the teacher identity that relates to Obama’s ethos. As we have seen, in creating this identity, Obama often emphasizes his expert knowledge; throughout the debate he presents himself as having ‘command’ of the situation, especially in connection with the epistemic verb *know*. This ‘command’ is undoubtedly why the epistemic verbs at the lower end of the certainty scale were not very frequent with this identity. On the other hand, if we adhere to van Belle’s (2014) concept of ethos, it seems that the father identity becomes more important. In extract (35), Obama talks about his daughters Sasha and Malia, and his belief that all women should have full control over their health care, or in (3) he talks about the death of his own mother whom he lost to cancer. Both stories directly refer to his personal life. Lastly, we could even argue that the strategies I classified under logos may be assigned to ethos, if we interpret Obama as enacting his ‘natural’/past role of lawyer and thus having to argue logically and reasonably as he used to do in court. Luckily, the concept of ethos does not demand a final

decision that only one identity could be one's 'true' character or personality. I thus conclude that both father and teacher are part of Obama's ethos.

Unsatisfactory as this last finding may be, it is probably to the credit of President Obama and his speechwriters that it is difficult to discern which character traits are his 'natural' ones. Both the teacher and father identity seem genuine and honest. Overall, the findings showed that while Obama uses arguments based on logos, he frequently draws on pathos and ethos as well and thus can be seen as a holistic inquirer, someone who uses his experience in the world and his communication with others (Tindale 2004: 134). Arguments from pathos and ethos may generally be avoided by politicians, yet Obama uses them elegantly: He weaves the personal stories into his oratory so that the emotional and personal appeal is anchored in what appears to be a genuine narrative.

### **5.3 The rhetorical presidency revisited**

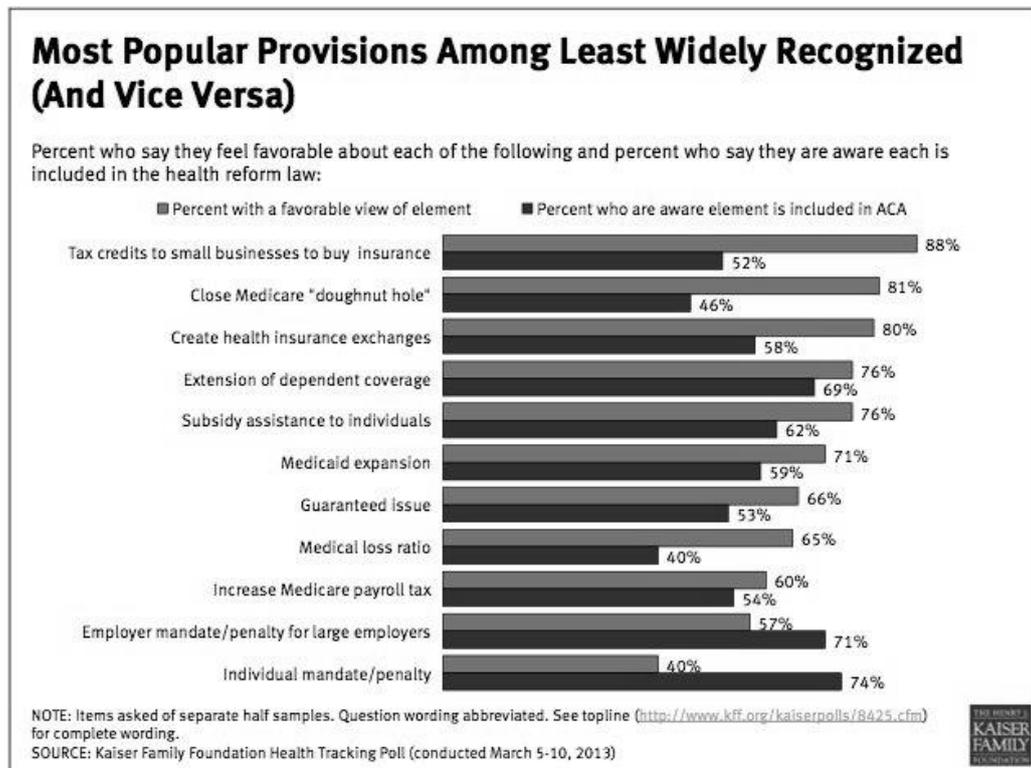
The corpus results and the preceding discussion suggest that Obama primarily uses rhetorical argumentation in the health care discourse. Instead of presenting and imposing preconceived views on his audience, he adopts a teacher and father identity and thus invites his listeners, on the one hand, into a learning experience, and on the other, into the stories he tells. Through these techniques and discursive identities, the audience is supposed to reach the same conclusions for the health care crisis as Obama. In this regard, the president not only displays good oratory skills but also strong rhetorical leadership; he thus puts himself in the tradition of the "rhetorical presidency", a concept that has received attention from scholars in rhetoric and linguistics (see Stuckey 2010a; Bimes 2010; Medhurst 2007).

Medhurst (2007: 61) has defined rhetorical leadership in US politics as the "ability to think clearly, reason effectively, invent arguments adapted to situations and specific audiences, speak eloquently, and move [...] listeners to action". As seen above, there was evidence for all these strategies in the ACA discourse. Moreover, we saw that Obama draws from past presidents' repertoires of rhetoric, e.g. he talks of the American Dream and American Exceptionalism in his 2009 speech to Congress (Rowland 2011), and he reinforces the paternalistic nature of the presidency (Stuckey 2010a: 43) when he structures himself as father of the nation. On the whole, successful rhetorical leadership, specifically in US politics, needs to reinforce "beliefs and values that underlie the policy" (Medhurst 2007: 72; see Price & Wren 2007: 216) in one way, as well as counter the proposals for other legislation that threatens the policy. The 'beliefs and values' are most strikingly enacted in Obama's health care discourse in his father identity, especially with the verb *believe*. It is critical for the

president to be able to convey and communicate his values to the electorate (Price & Wren 2007: 219; Kienpointner 2013) as he does with his compassionate and caring identity (“look out for one another”, re\_pub\_25.06.15\_so\_pol).

Now that we can reasonably put Obama in the tradition of the rhetorical presidency, let us consider whether he has been a successful rhetorical leader in the health care debate. In 2009, there existed a paradoxical picture in the American public: Polls revealed that most Americans favored the content of the ACA, yet they remained suspicious of the law as such (see Rowland 2011: 719). The lack of knowledge on the public’s side on what the legislation entailed is assumed to be a result of the misinformation campaigns in which the administration’s political adversaries successfully created an “inauthentic” debate (Rowland 2011: 700), used to “scare, deceive, and manipulate the public” (Hogan 2010: 441). Extract (53) from the corpus is just one example of how Obama openly addresses these scare campaigns, aimed to deter people from signing up for the new health care plans.

(53)Some of the tea party’s biggest donors -- some of the wealthiest men in America -- are funding a cynical ad campaign trying to convince young people not to buy health care at all. (re\_spe\_26.09.13\_soc)



**Figure 5a. Knowledge vs approval of the ACA in 2013**

In his speech to Congress on September 9, 2009, Obama criticized his opponents for their “partisan spectacle” and “scare tactics” which constitute the opposite of a rational argument (Rowland 2011: 711). In response to this speech, the media favorably noted

Obama’s attempts to explain the ACA in easy terms and clarify any false conceptions, which earned him the title of “Explainer-in-chief” in the *New York Times* (Seelye 2009; see Rowland 2011: 714–718). As FIGURE 5a shows, even in March 2013, large percentages of people were supportive of features of the ACA without knowing that the law contained these provisions. These survey results suggest that after more than three years of explaining the ACA to the public, large parts of Obama’s intended audience still did not know important details of the legislation. Hence, it is safe to conclude that the president and his administration have not been as successful in educating the public as they undoubtedly hoped to be.

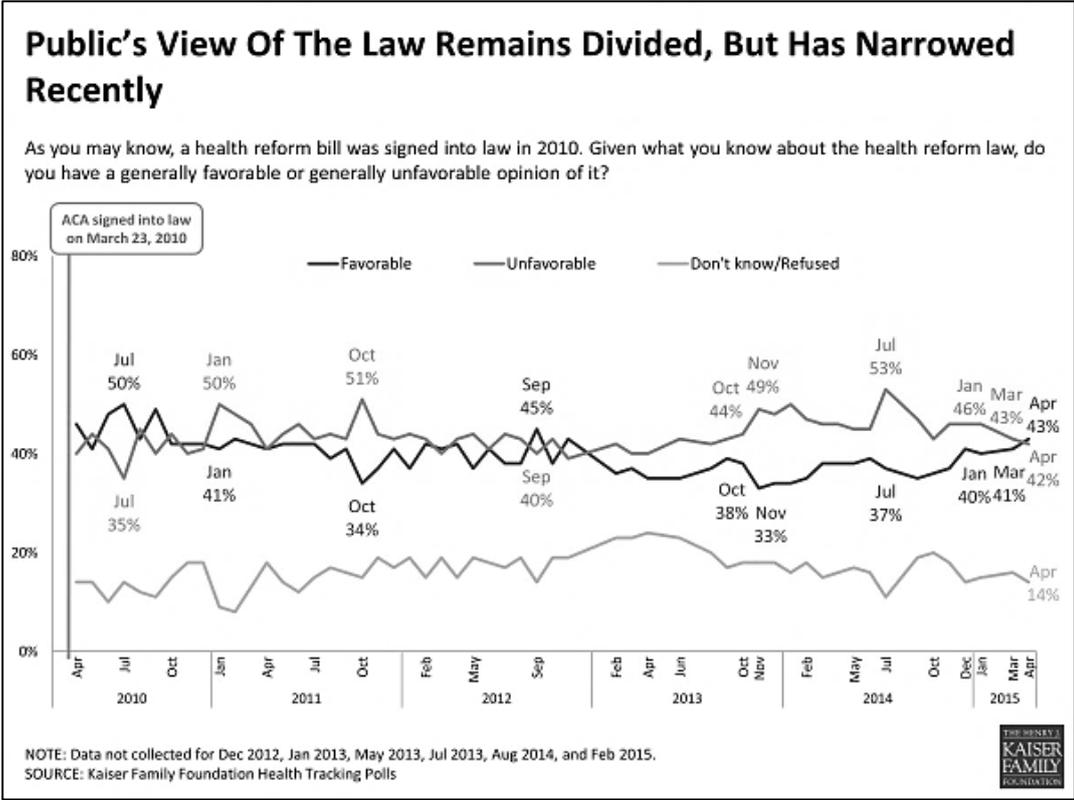


Figure 5b. Public’s view of ACA (2010-2015)

On the other hand, we can argue that knowledge and attitudes towards legislation usually take a long time to change within the public’s eyes (see Zarefsky 2004: 608; Schubert 2014: 317). Even if the president’s rhetoric is not all-powerful, we would certainly expect that the public’s perception is somewhat influenced by Obama’s speech. FIGURE 5b may provide some insight into public opinion: The graph shows that the public was evenly split between favorable and unfavorable views of the ACA consistently from 2010 until the end of 2012. With the start of Obama’s second term in office, we see a rise in the unfavorable group up to 53% in July 2014. After this spike, the gap closes and the approval ratings are divided even

again around April 2015. However, the latest poll from April 2016 shows that 49% of people are unfavorable towards the law and only 38% favorable (Kaiser Health Tracking Poll 2016).

Judging from this polling data, it is difficult to argue that Obama's strategic maneuvering in the health care discourse has been successful. However, whether the public's understanding or conceptualization of the ACA is truly accessible through the approval ratings is uncertain. Scholars have discussed this problem before. According to Stuckey (2010b), the president mostly influences the "national understanding of an issue over time" (294), while Zarefsky claims that the president mainly structures the "rhetorical landscape" around certain topics (2004: 618) so that we would need more fine-grained polls to truly assess Obama's rhetorical impact. Ultimately, we have to concede that presidential rhetoric probably has very subtle effects that are hard to measure in traditional opinion polls.

In conclusion, Obama's health care discourse from 2009 to 2016 was *inter alia* shaped by the construction of two complimentary identities, father and teacher of the nation. The study showed that the combination of discourse analytic tools within a corpus framework can give insights into a temporally extended discourse and point to recurrent strategies. In the discussion, Obama was argued to use the identities as strategic maneuvering to reach both reasonableness and effectiveness in his argumentation. Overall, the President was shown to act as a holistic inquirer who employed the three traditional modes of persuasion, logos, pathos and ethos with the help of his discursive identities. Despite these strategies, however, there remains doubt if he was entirely successful as a rhetorical leader in this debate. While he managed to sign the law into effect in March 2010, the approval ratings in the general public have remained divided to the present day (April 2016).

In this study, I have shown that the investigation of political discourse continues to be important because it is through discourse that we "change the world" (Johnstone 2008: 265). We saw that President Obama has made attempts to reintroduce reasoned discourse in the ACA debate through his teacher identity (cf. Hogan 2010: 428). In future studies, it might be interesting to examine Obama's strategic maneuvering and his discursive identities surrounding other central policy issues, such as climate change or the recovery from the 2008 financial crisis. The *Barack Obama Corpus* offers a variety of opportunities for this type of research. Moreover, one could do comparative work with the BOC, exploring similarities and differences of Obama's maneuvering in different media outlets to see how he adjusts to new audiences and speech genres in terms of discursive identity-building.



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## **Appendix A.**

### *Speeches used in the DA*

#### **I. Address to Congress, 09.09.09**

Madam Speaker, Vice President Biden, members of Congress, and the American people:  
When I spoke here last winter, this nation was facing the worst economic crisis since the Great Depression. We were losing an average of 700,000 jobs per month. Credit was frozen. And our financial system was on the verge of collapse.

As any American who is still looking for work or a way to pay their bills will tell you, we are by no means out of the woods. A full and vibrant recovery is still many months away. And I will not let up until those Americans who seek jobs can find them -- (applause) -- until those businesses that seek capital and credit can thrive; until all responsible homeowners can stay in their homes. That is our ultimate goal. But thanks to the bold and decisive action we've taken since January, I can stand here with confidence and say that we have pulled this economy back from the brink. (Applause.)

I want to thank the members of this body for your efforts and your support in these last several months, and especially those who've taken the difficult votes that have put us on a path to recovery. I also want to thank the American people for their patience and resolve during this trying time for our nation.

But we did not come here just to clean up crises. We came here to build a future. (Applause.) So tonight, I return to speak to all of you about an issue that is central to that future -- and that is the issue of health care.

I am not the first President to take up this cause, but I am determined to be the last. (Applause.) It has now been nearly a century since Theodore Roosevelt first called for health care reform. And ever since, nearly every President and Congress, whether Democrat or Republican, has attempted to meet this challenge in some way. A bill for comprehensive health reform was first introduced by John Dingell Sr. in 1943. Sixty-five years later, his son continues to introduce that same bill at the beginning of each session. (Applause.)

Our collective failure to meet this challenge -- year after year, decade after decade -- has led us to the breaking point. Everyone understands the extraordinary hardships that are placed on the uninsured, who live every day just one accident or illness away from bankruptcy. These are not primarily people on welfare. These are middle-class Americans. Some can't get insurance on the job. Others are self-employed, and can't afford it, since buying insurance on your own costs you three times as much as the coverage you get from your employer. Many other Americans who are willing and able to pay are still denied insurance due to previous illnesses or conditions that insurance companies decide are too risky or too expensive to cover.

We are the only democracy -- the only advanced democracy on Earth -- the only wealthy nation -- that allows such hardship for millions of its people. There are now more than 30 million American citizens who cannot get coverage. In just a two-year period, one in every three Americans goes without health care coverage at some point. And every day, 14,000 Americans lose their coverage. In other words, it can happen to anyone.

But the problem that plagues the health care system is not just a problem for the uninsured. Those who do have insurance have never had less security and stability than they do today. More and more Americans worry that if you move, lose your job, or change your

job, you'll lose your health insurance too. More and more Americans pay their premiums, only to discover that their insurance company has dropped their coverage when they get sick, or won't pay the full cost of care. It happens every day.

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

Then there's the problem of rising cost. We spend one and a half times more per person on health care than any other country, but we aren't any healthier for it. This is one of the reasons that insurance premiums have gone up three times faster than wages. It's why so many employers -- especially small businesses -- are forcing their employees to pay more for insurance, or are dropping their coverage entirely. It's why so many aspiring entrepreneurs cannot afford to open a business in the first place, and why American businesses that compete internationally -- like our automakers -- are at a huge disadvantage. And it's why those of us with health insurance are also paying a hidden and growing tax for those without it -- about \$1,000 per year that pays for somebody else's emergency room and charitable care.

Finally, our health care system is placing an unsustainable burden on taxpayers. When health care costs grow at the rate they have, it puts greater pressure on programs like Medicare and Medicaid. If we do nothing to slow these skyrocketing costs, we will eventually be spending more on Medicare and Medicaid than every other government program combined. Put simply, our health care problem is our deficit problem. Nothing else even comes close. Nothing else. (Applause.)

Now, these are the facts. Nobody disputes them. We know we must reform this system. The question is how.

There are those on the left who believe that the only way to fix the system is through a single-payer system like Canada's -- (applause) -- where we would severely restrict the private insurance market and have the government provide coverage for everybody. On the right, there are those who argue that we should end employer-based systems and leave individuals to buy health insurance on their own.

I've said -- I have to say that there are arguments to be made for both these approaches. But either one would represent a radical shift that would disrupt the health care most people currently have. Since health care represents one-sixth of our economy, I believe it makes more sense to build on what works and fix what doesn't, rather than try to build an entirely new system from scratch. (Applause.) And that is precisely what those of you in Congress have tried to do over the past several months.

During that time, we've seen Washington at its best and at its worst.

We've seen many in this chamber work tirelessly for the better part of this year to offer thoughtful ideas about how to achieve reform. Of the five committees asked to develop bills, four have completed their work, and the Senate Finance Committee announced today that it will move forward next week. That has never happened before. Our overall efforts have been supported by an unprecedented coalition of doctors and nurses; hospitals, seniors' groups, and even drug companies -- many of whom opposed reform in the past. And there is agreement in

this chamber on about 80 percent of what needs to be done, putting us closer to the goal of reform than we have ever been.

But what we've also seen in these last months is the same partisan spectacle that only hardens the disdain many Americans have towards their own government. Instead of honest debate, we've seen scare tactics. Some have dug into unyielding ideological camps that offer no hope of compromise. Too many have used this as an opportunity to score short-term political points, even if it robs the country of our opportunity to solve a long-term challenge. And out of this blizzard of charges and counter-charges, confusion has reigned.

Well, the time for bickering is over. The time for games has passed. (Applause.) Now is the season for action. Now is when we must bring the best ideas of both parties together, and show the American people that we can still do what we were sent here to do. Now is the time to deliver on health care. Now is the time to deliver on health care.

The plan I'm announcing tonight would meet three basic goals. It will provide more security and stability to those who have health insurance. It will provide insurance for those who don't. And it will slow the growth of health care costs for our families, our businesses, and our government. (Applause.) It's a plan that asks everyone to take responsibility for meeting this challenge -- not just government, not just insurance companies, but everybody including employers and individuals. And it's a plan that incorporates ideas from senators and congressmen, from Democrats and Republicans -- and yes, from some of my opponents in both the primary and general election.

Here are the details that every American needs to know about this plan. First, if you are among the hundreds of millions of Americans who already have health insurance through your job, or Medicare, or Medicaid, or the VA, nothing in this plan will require you or your employer to change the coverage or the doctor you have. (Applause.) Let me repeat this: Nothing in our plan requires you to change what you have.

What this plan will do is make the insurance you have work better for you. Under this plan, it will be against the law for insurance companies to deny you coverage because of a preexisting condition. (Applause.) As soon as I sign this bill, it will be against the law for insurance companies to drop your coverage when you get sick or water it down when you need it the most. (Applause.) They will no longer be able to place some arbitrary cap on the amount of coverage you can receive in a given year or in a lifetime. (Applause.) We will place a limit on how much you can be charged for out-of-pocket expenses, because in the United States of America, no one should go broke because they get sick. (Applause.) And insurance companies will be required to cover, with no extra charge, routine checkups and preventive care, like mammograms and colonoscopies -- (applause) -- because there's no reason we shouldn't be catching diseases like breast cancer and colon cancer before they get worse. That makes sense, it saves money, and it saves lives. (Applause.) Now, that's what Americans who have health insurance can expect from this plan -- more security and more stability.

Now, if you're one of the tens of millions of Americans who don't currently have health insurance, the second part of this plan will finally offer you quality, affordable choices. (Applause.) If you lose your job or you change your job, you'll be able to get coverage. If you strike out on your own and start a small business, you'll be able to get coverage. We'll do this by creating a new insurance exchange -- a marketplace where individuals and small businesses will be able to shop for health insurance at competitive prices. Insurance companies will have an incentive to participate in this exchange because it lets them compete for millions of new customers. As one big group, these customers will

have greater leverage to bargain with the insurance companies for better prices and quality coverage. This is how large companies and government employees get affordable insurance. It's how everyone in this Congress gets affordable insurance. And it's time to give every American the same opportunity that we give ourselves. (Applause.)

Now, for those individuals and small businesses who still can't afford the lower-priced insurance available in the exchange, we'll provide tax credits, the size of which will be based on your need. And all insurance companies that want access to this new marketplace will have to abide by the consumer protections I already mentioned. This exchange will take effect in four years, which will give us time to do it right. In the meantime, for those Americans who can't get insurance today because they have preexisting medical conditions, we will immediately offer low-cost coverage that will protect you against financial ruin if you become seriously ill. (Applause.) This was a good idea when Senator John McCain proposed it in the campaign, it's a good idea now, and we should all embrace it. (Applause.)

Now, even if we provide these affordable options, there may be those -- especially the young and the healthy -- who still want to take the risk and go without coverage. There may still be companies that refuse to do right by their workers by giving them coverage. The problem is, such irresponsible behavior costs all the rest of us money. If there are affordable options and people still don't sign up for health insurance, it means we pay for these people's expensive emergency room visits. If some businesses don't provide workers health care, it forces the rest of us to pick up the tab when their workers get sick, and gives those businesses an unfair advantage over their competitors. And unless everybody does their part, many of the insurance reforms we seek -- especially requiring insurance companies to cover preexisting conditions -- just can't be achieved.

And that's why under my plan, individuals will be required to carry basic health insurance -- just as most states require you to carry auto insurance. (Applause.) Likewise -- likewise, businesses will be required to either offer their workers health care, or chip in to help cover the cost of their workers. There will be a hardship waiver for those individuals who still can't afford coverage, and 95 percent of all small businesses, because of their size and narrow profit margin, would be exempt from these requirements. (Applause.) But we can't have large businesses and individuals who can afford coverage game the system by avoiding responsibility to themselves or their employees. Improving our health care system only works if everybody does their part.

And while there remain some significant details to be ironed out, I believe -- (laughter) -- I believe a broad consensus exists for the aspects of the plan I just outlined: consumer protections for those with insurance, an exchange that allows individuals and small businesses to purchase affordable coverage, and a requirement that people who can afford insurance get insurance.

And I have no doubt that these reforms would greatly benefit Americans from all walks of life, as well as the economy as a whole. Still, given all the misinformation that's been spread over the past few months, I realize -- (applause) -- I realize that many Americans have grown nervous about reform. So tonight I want to address some of the key controversies that are still out there.

Some of people's concerns have grown out of bogus claims spread by those whose only agenda is to kill reform at any cost. The best example is the claim made not just by radio and cable talk show hosts, but by prominent politicians, that we plan to set up panels of

bureaucrats with the power to kill off senior citizens. Now, such a charge would be laughable if it weren't so cynical and irresponsible. It is a lie, plain and simple. (Applause.) There are also those who claim that our reform efforts would insure illegal immigrants. This, too, is false. The reforms -- the reforms I'm proposing would not apply to those who are here illegally.

THE PRESIDENT: It's not true. And one more misunderstanding I want to clear up -- under our plan, no federal dollars will be used to fund abortions, and federal conscience laws will remain in place. (Applause.)

Now, my health care proposal has also been attacked by some who oppose reform as a "government takeover" of the entire health care system. As proof, critics point to a provision in our plan that allows the uninsured and small businesses to choose a publicly sponsored insurance option, administered by the government just like Medicaid or Medicare. (Applause.)

So let me set the record straight here. My guiding principle is, and always has been, that consumers do better when there is choice and competition. That's how the market works. (Applause.) Unfortunately, in 34 states, 75 percent of the insurance market is controlled by five or fewer companies. In Alabama, almost 90 percent is controlled by just one company. And without competition, the price of insurance goes up and quality goes down. And it makes it easier for insurance companies to treat their customers badly -- by cherry-picking the healthiest individuals and trying to drop the sickest, by overcharging small businesses who have no leverage, and by jacking up rates.

Insurance executives don't do this because they're bad people; they do it because it's profitable. As one former insurance executive testified before Congress, insurance companies are not only encouraged to find reasons to drop the seriously ill, they are rewarded for it. All of this is in service of meeting what this former executive called "Wall Street's relentless profit expectations."

Now, I have no interest in putting insurance companies out of business. They provide a legitimate service, and employ a lot of our friends and neighbors. I just want to hold them accountable. (Applause.) And the insurance reforms that I've already mentioned would do just that. But an additional step we can take to keep insurance companies honest is by making a not-for-profit public option available in the insurance exchange. (Applause.) Now, let me be clear. Let me be clear. It would only be an option for those who don't have insurance. No one would be forced to choose it, and it would not impact those of you who already have insurance. In fact, based on Congressional Budget Office estimates, we believe that less than 5 percent of Americans would sign up.

Despite all this, the insurance companies and their allies don't like this idea. They argue that these private companies can't fairly compete with the government. And they'd be right if taxpayers were subsidizing this public insurance option. But they won't be. I've insisted that like any private insurance company, the public insurance option would have to be self-sufficient and rely on the premiums it collects. But by avoiding some of the overhead that gets eaten up at private companies by profits and excessive administrative costs and executive salaries, it could provide a good deal for consumers, and would also keep pressure on private insurers to keep their policies affordable and treat their customers better, the same way public colleges and universities provide additional choice and competition to students without in any way inhibiting a vibrant system of private colleges and universities. (Applause.)

Now, it is -- it's worth noting that a strong majority of Americans still favor a public insurance option of the sort I've proposed tonight. But its impact shouldn't be exaggerated -- by the left or the right or the media. It is only one part of my plan, and shouldn't be used as a handy excuse for the usual Washington ideological battles. To my progressive friends, I would remind you that for decades, the driving idea behind reform has been to end insurance company abuses and make coverage available for those without it. (Applause.) The public option -- the public option is only a means to that end -- and we should remain open to other ideas that accomplish our ultimate goal. And to my Republican friends, I say that rather than making wild claims about a government takeover of health care, we should work together to address any legitimate concerns you may have. (Applause.)

For example -- for example, some have suggested that the public option go into effect only in those markets where insurance companies are not providing affordable policies. Others have proposed a co-op or another non-profit entity to administer the plan. These are all constructive ideas worth exploring. But I will not back down on the basic principle that if Americans can't find affordable coverage, we will provide you with a choice. (Applause.) And I will make sure that no government bureaucrat or insurance company bureaucrat gets between you and the care that you need. (Applause.) Finally, let me discuss an issue that is a great concern to me, to members of this chamber, and to the public -- and that's how we pay for this plan.

And here's what you need to know. First, I will not sign a plan that adds one dime to our deficits -- either now or in the future. (Applause.) I will not sign it if it adds one dime to the deficit, now or in the future, period. And to prove that I'm serious, there will be a provision in this plan that requires us to come forward with more spending cuts if the savings we promised don't materialize. (Applause.) Now, part of the reason I faced a trillion-dollar deficit when I walked in the door of the White House is because too many initiatives over the last decade were not paid for -- from the Iraq war to tax breaks for the wealthy. (Applause.) I will not make that same mistake with health care.

Second, we've estimated that most of this plan can be paid for by finding savings within the existing health care system, a system that is currently full of waste and abuse. Right now, too much of the hard-earned savings and tax dollars we spend on health care don't make us any healthier. That's not my judgment -- it's the judgment of medical professionals across this country. And this is also true when it comes to Medicare and Medicaid. In fact, I want to speak directly to seniors for a moment, because Medicare is another issue that's been subjected to demagoguery and distortion during the course of this debate. More than four decades ago, this nation stood up for the principle that after a lifetime of hard work, our seniors should not be left to struggle with a pile of medical bills in their later years. That's how Medicare was born. And it remains a sacred trust that must be passed down from one generation to the next. (Applause.) And that is why not a dollar of the Medicare trust fund will be used to pay for this plan. (Applause.)

The only thing this plan would eliminate is the hundreds of billions of dollars in waste and fraud, as well as unwarranted subsidies in Medicare that go to insurance companies -- subsidies that do everything to pad their profits but don't improve the care of seniors. And we will also create an independent commission of doctors and medical experts charged with identifying more waste in the years ahead. (Applause.)

Now, these steps will ensure that you -- America's seniors -- get the benefits you've been promised. They will ensure that Medicare is there for future generations. And we can use

some of the savings to fill the gap in coverage that forces too many seniors to pay thousands of dollars a year out of their own pockets for prescription drugs. (Applause.) That's what this plan will do for you. So don't pay attention to those scary stories about how your benefits will be cut, especially since some of the same folks who are spreading these tall tales have fought against Medicare in the past and just this year supported a budget that would essentially have turned Medicare into a privatized voucher program. That will not happen on my watch. I will protect Medicare. (Applause.)

Now, because Medicare is such a big part of the health care system, making the program more efficient can help usher in changes in the way we deliver health care that can reduce costs for everybody. We have long known that some places -- like the Intermountain Healthcare in Utah or the Geisinger Health System in rural Pennsylvania -- offer high-quality care at costs below average. So the commission can help encourage the adoption of these common-sense best practices by doctors and medical professionals throughout the system -- everything from reducing hospital infection rates to encouraging better coordination between teams of doctors.

Reducing the waste and inefficiency in Medicare and Medicaid will pay for most of this plan. (Applause.) Now, much of the rest would be paid for with revenues from the very same drug and insurance companies that stand to benefit from tens of millions of new customers. And this reform will charge insurance companies a fee for their most expensive policies, which will encourage them to provide greater value for the money -- an idea which has the support of Democratic and Republican experts. And according to these same experts, this modest change could help hold down the cost of health care for all of us in the long run. Now, finally, many in this chamber -- particularly on the Republican side of the aisle -- have long insisted that reforming our medical malpractice laws can help bring down the cost of health care. (Applause.) Now -- there you go. There you go. Now, I don't believe malpractice reform is a silver bullet, but I've talked to enough doctors to know that defensive medicine may be contributing to unnecessary costs. (Applause.) So I'm proposing that we move forward on a range of ideas about how to put patient safety first and let doctors focus on practicing medicine. (Applause.) I know that the Bush administration considered authorizing demonstration projects in individual states to test these ideas. I think it's a good idea, and I'm directing my Secretary of Health and Human Services to move forward on this initiative today. (Applause.)

Now, add it all up, and the plan I'm proposing will cost around \$900 billion over 10 years -- less than we have spent on the Iraq and Afghanistan wars, and less than the tax cuts for the wealthiest few Americans that Congress passed at the beginning of the previous administration. (Applause.) Now, most of these costs will be paid for with money already being spent -- but spent badly -- in the existing health care system. The plan will not add to our deficit. The middle class will realize greater security, not higher taxes. And if we are able to slow the growth of health care costs by just one-tenth of 1 percent each year -- one-tenth of 1 percent -- it will actually reduce the deficit by \$4 trillion over the long term.

Now, this is the plan I'm proposing. It's a plan that incorporates ideas from many of the people in this room tonight -- Democrats and Republicans. And I will continue to seek common ground in the weeks ahead. If you come to me with a serious set of proposals, I will be there to listen. My door is always open.

But know this: I will not waste time with those who have made the calculation that it's better politics to kill this plan than to improve it. (Applause.) I won't stand by while the special interests use the same old tactics to keep things exactly the way they are. If you misrepresent

what's in this plan, we will call you out. (Applause.) And I will not -- and I will not accept the status quo as a solution. Not this time. Not now.

Everyone in this room knows what will happen if we do nothing. Our deficit will grow. More families will go bankrupt. More businesses will close. More Americans will lose their coverage when they are sick and need it the most. And more will die as a result. We know these things to be true.

That is why we cannot fail. Because there are too many Americans counting on us to succeed -- the ones who suffer silently, and the ones who shared their stories with us at town halls, in e-mails, and in letters.

I received one of those letters a few days ago. It was from our beloved friend and colleague, Ted Kennedy. He had written it back in May, shortly after he was told that his illness was terminal. He asked that it be delivered upon his death.

In it, he spoke about what a happy time his last months were, thanks to the love and support of family and friends, his wife, Vicki, his amazing children, who are all here tonight. And he expressed confidence that this would be the year that health care reform -- "that great unfinished business of our society," he called it -- would finally pass. He repeated the truth that health care is decisive for our future prosperity, but he also reminded me that "it concerns more than material things." "What we face," he wrote, "is above all a moral issue; at stake are not just the details of policy, but fundamental principles of social justice and the character of our country."

I've thought about that phrase quite a bit in recent days -- the character of our country. One of the unique and wonderful things about America has always been our self-reliance, our rugged individualism, our fierce defense of freedom and our healthy skepticism of government. And figuring out the appropriate size and role of government has always been a source of rigorous and, yes, sometimes angry debate. That's our history.

For some of Ted Kennedy's critics, his brand of liberalism represented an affront to American liberty. In their minds, his passion for universal health care was nothing more than a passion for big government.

But those of us who knew Teddy and worked with him here -- people of both parties -- know that what drove him was something more. His friend Orrin Hatch -- he knows that. They worked together to provide children with health insurance. His friend John McCain knows that. They worked together on a Patient's Bill of Rights. His friend Chuck Grassley knows that. They worked together to provide health care to children with disabilities.

On issues like these, Ted Kennedy's passion was born not of some rigid ideology, but of his own experience. It was the experience of having two children stricken with cancer. He never forgot the sheer terror and helplessness that any parent feels when a child is badly sick. And he was able to imagine what it must be like for those without insurance, what it would be like to have to say to a wife or a child or an aging parent, there is something that could make you better, but I just can't afford it.

That large-heartedness -- that concern and regard for the plight of others -- is not a partisan feeling. It's not a Republican or a Democratic feeling. It, too, is part of the American character -- our ability to stand in other people's shoes; a recognition that we are all in this together, and when fortune turns against one of us, others are there to lend a helping hand; a belief that in this country, hard work and responsibility should be rewarded by some measure of security and fair play; and an acknowledgment that sometimes government has to step in to help deliver on that promise.

This has always been the history of our progress. In 1935, when over half of our seniors could not support themselves and millions had seen their savings wiped away, there were those who argued that Social Security would lead to socialism, but the men and women of Congress stood fast, and we are all the better for it. In 1965, when some argued that Medicare represented a government takeover of health care, members of Congress -- Democrats and Republicans -- did not back down. They joined together so that all of us could enter our golden years with some basic peace of mind.

You see, our predecessors understood that government could not, and should not, solve every problem. They understood that there are instances when the gains in security from government action are not worth the added constraints on our freedom. But they also understood that the danger of too much government is matched by the perils of too little; that without the leavening hand of wise policy, markets can crash, monopolies can stifle competition, the vulnerable can be exploited. And they knew that when any government measure, no matter how carefully crafted or beneficial, is subject to scorn; when any efforts to help people in need are attacked as un-American; when facts and reason are thrown overboard and only timidity passes for wisdom, and we can no longer even engage in a civil conversation with each other over the things that truly matter -- that at that point we don't merely lose our capacity to solve big challenges. We lose something essential about ourselves.

That was true then. It remains true today. I understand how difficult this health care debate has been. I know that many in this country are deeply skeptical that government is looking out for them. I understand that the politically safe move would be to kick the can further down the road -- to defer reform one more year, or one more election, or one more term. But that is not what the moment calls for. That's not what we came here to do. We did not come to fear the future. We came here to shape it. I still believe we can act even when it's hard. (Applause.) I still believe -- I still believe that we can act when it's hard. I still believe we can replace acrimony with civility, and gridlock with progress. I still believe we can do great things, and that here and now we will meet history's test. Because that's who we are. That is our calling. That is our character. Thank you, God bless you, and may God bless the United States of America.

## **II. President's Remarks after Supreme Court Ruling, 28.06.12**

Good afternoon. Earlier today, the Supreme Court upheld the constitutionality of the Affordable Care Act -- the name of the health care reform we passed two years ago. In doing so, they've reaffirmed a fundamental principle that here in America -- in the wealthiest nation on Earth -- no illness or accident should lead to any family's financial ruin.

I know there will be a lot of discussion today about the politics of all this, about who won and who lost. That's how these things tend to be viewed here in Washington. But that discussion completely misses the point. Whatever the politics, today's decision was a victory for people all over this country whose lives will be more secure because of this law and the Supreme Court's decision to uphold it.

And because this law has a direct impact on so many Americans, I want to take this opportunity to talk about exactly what it means for you.

First, if you're one of the more than 250 million Americans who already have health insurance, you will keep your health insurance -- this law will only make it more secure and more affordable. Insurance companies can no longer impose lifetime limits on the amount of

care you receive. They can no longer discriminate against children with preexisting conditions. They can no longer drop your coverage if you get sick. They can no longer jack up your premiums without reason. They are required to provide free preventive care like check-ups and mammograms -- a provision that's already helped 54 million Americans with private insurance. And by this August, nearly 13 million of you will receive a rebate from your insurance company because it spent too much on things like administrative costs and CEO bonuses, and not enough on your health care.

There's more. Because of the Affordable Care Act, young adults under the age of 26 are able to stay on their parent's health care plans -- a provision that's already helped 6 million young Americans. And because of the Affordable Care Act, seniors receive a discount on their prescription drugs -- a discount that's already saved more than 5 million seniors on Medicare about \$600 each.

All of this is happening because of the Affordable Care Act. These provisions provide common-sense protections for middle class families, and they enjoy broad popular support. And thanks to today's decision, all of these benefits and protections will continue for Americans who already have health insurance.

Now, if you're one of the 30 million Americans who don't yet have health insurance, starting in 2014 this law will offer you an array of quality, affordable, private health insurance plans to choose from. Each state will take the lead in designing their own menu of options, and if states can come up with even better ways of covering more people at the same quality and cost, this law allows them to do that, too. And I've asked Congress to help speed up that process, and give states this flexibility in year one.

Once states set up these health insurance marketplaces, known as exchanges, insurance companies will no longer be able to discriminate against any American with a preexisting health condition. They won't be able to charge you more just because you're a woman. They won't be able to bill you into bankruptcy. If you're sick, you'll finally have the same chance to get quality, affordable health care as everyone else. And if you can't afford the premiums, you'll receive a credit that helps pay for it.

Today, the Supreme Court also upheld the principle that people who can afford health insurance should take the responsibility to buy health insurance. This is important for two reasons.

First, when uninsured people who can afford coverage get sick, and show up at the emergency room for care, the rest of us end up paying for their care in the form of higher premiums.

And second, if you ask insurance companies to cover people with preexisting conditions, but don't require people who can afford it to buy their own insurance, some folks might wait until they're sick to buy the care they need -- which would also drive up everybody else's premiums.

That's why, even though I knew it wouldn't be politically popular, and resisted the idea when I ran for this office, we ultimately included a provision in the Affordable Care Act that people who can afford to buy health insurance should take the responsibility to do so. In fact, this idea has enjoyed support from members of both parties, including the current Republican nominee for President.

Still, I know the debate over this law has been divisive. I respect the very real concerns that millions of Americans have shared. And I know a lot of coverage through this health care debate has focused on what it means politically.

Well, it should be pretty clear by now that I didn't do this because it was good politics. I did it because I believed it was good for the country. I did it because I believed it was good for the American people.

There's a framed letter that hangs in my office right now. It was sent to me during the health care debate by a woman named Natoma Canfield. For years and years, Natoma did everything right. She bought health insurance. She paid her premiums on time. But 18 years ago, Natoma was diagnosed with cancer. And even though she'd been cancer-free for more than a decade, her insurance company kept jacking up her rates, year after year. And despite her desire to keep her coverage -- despite her fears that she would get sick again -- she had to surrender her health insurance, and was forced to hang her fortunes on chance.

I carried Natoma's story with me every day of the fight to pass this law. It reminded me of all the Americans, all across the country, who have had to worry not only about getting sick, but about the cost of getting well.

Natoma is well today. And because of this law, there are other Americans -- other sons and daughters, brothers and sisters, fathers and mothers -- who will not have to hang their fortunes on chance. These are the Americans for whom we passed this law.

The highest Court in the land has now spoken. We will continue to implement this law. And we'll work together to improve on it where we can. But what we won't do -- what the country can't afford to do -- is refight the political battles of two years ago, or go back to the way things were.

With today's announcement, it's time for us to move forward -- to implement and, where necessary, improve on this law. And now is the time to keep our focus on the most urgent challenge of our time: putting people back to work, paying down our debt, and building an economy where people can have confidence that if they work hard, they can get ahead.

But today, I'm as confident as ever that when we look back five years from now, or 10 years from now, or 20 years from now, we'll be better off because we had the courage to pass this law and keep moving forward.

Thank you. God bless you, and God bless America.

### **III. Remarks at 5-year Anniversary of ACA, 25.06.15**

Good morning, everybody. Have a seat. Five years ago, after nearly a century of talk, decades of trying, a year of bipartisan debate -- we finally declared that in America, health care is not a privilege for a few, but a right for all.

Over those five years, as we've worked to implement the Affordable Care Act, there have been successes and setbacks. The setbacks I remember clearly. (Laughter.) But as the dust has settled, there can be no doubt that this law is working. It has changed, and in some cases saved, American lives. It set this country on a smarter, stronger course.

And today, after more than 50 votes in Congress to repeal or weaken this law; after a presidential election based in part on preserving or repealing this law; after multiple challenges to this law before the Supreme Court -- the Affordable Care Act is here to stay.

This morning, the Court upheld a critical part of this law -- the part that's made it easier for Americans to afford health insurance regardless of where you live. If the partisan challenge to this law had succeeded, millions of Americans would have had thousands of dollars' worth of tax credits taken from them. For many, insurance would have become unaffordable again. Many would have become uninsured again. Ultimately, everyone's premiums could

have gone up. America would have gone backwards. And that's not what we do. That's not what America does. We move forward.

So today is a victory for hardworking Americans all across this country whose lives will continue to become more secure in a changing economy because of this law.

If you're a parent, you can keep your kids on your plan until they turn 26 -- something that has covered millions of young people so far. That's because of this law.

If you're a senior, or an American with a disability, this law gives you discounts on your prescriptions -- something that has saved 9 million Americans an average of \$1,600 so far.

If you're a woman, you can't be charged more than anybody else -- even if you've had cancer, or your husband had heart disease, or just because you're a woman. Your insurer has to offer free preventive services like mammograms. They can't place annual or lifetime caps on your care because of this law.

Because of this law, and because of today's decision, millions of Americans who I hear from every single day will continue to receive the tax credits that have given about eight in ten people who buy insurance on the new marketplaces the choice of a health care plan that costs less than \$100 a month.

And when it comes to preexisting conditions -- someday, our grandkids will ask us if there was really a time when America discriminated against people who get sick. Because that is something this law has ended for good. That affects everybody with health insurance -- not just folks who got insurance through the Affordable Care Act. All of America has protections it didn't have before.

As the law's provisions have gradually taken effect, more than 16 million uninsured Americans have gained coverage so far. Nearly one in three Americans who was uninsured a few years ago is insured today. The uninsured rate in America is the lowest since we began to keep records. And that is something we can all be proud of.

Meanwhile, the law has helped hold the price of health care to its slowest growth in 50 years. If your family gets insurance through your job -- so you're not using the Affordable Care Act -- you're still paying about \$1,800 less per year on average than you would be if we hadn't done anything. By one leading measure, what business owners pay out in wages and salaries is now finally growing faster than what they spend on health insurance. That hasn't happened in 17 years -- and that's good for workers and it's good for the economy.

The point is, this is not an abstract thing anymore. This is not a set of political talking points. This is reality. We can see how it is working. This law is working exactly as it's supposed to. In many ways, this law is working better than we expected it to. For all the misinformation campaigns, all the doomsday predictions, all the talk of death panels and job destruction, for all the repeal attempts -- this law is now helping tens of millions of Americans.

And they've told me that it has changed their lives for the better. I've had moms come up and say, my son was able to see a doctor and get diagnosed, and catch a tumor early, and he's alive today because of this law. This law is working. And it's going to keep doing just that. Five years in, this is no longer about a law. This is not about the Affordable Care Act as legislation, or Obamacare as a political football. This is health care in America.

And unlike Social Security or Medicare, a lot of Americans still don't know what Obamacare is beyond all the political noise in Washington. Across the country, there remain people who are directly benefitting from the law but don't even know it. And that's okay. There's no card that says "Obamacare" when you enroll. But that's by design, for this has never been a government takeover of health care, despite cries to the contrary. This reform remains what it's always been: a set of fairer rules and tougher protections that have made health care in America more affordable, more attainable, and more about you -- the consumer, the American people. It's working.

And with this case behind us, let's be clear -- we've still got work to do to make health care in America even better. We'll keep working to provide consumers with all the tools you need to make informed choices about your care. We'll keep working to increase the use of preventive care that avoids bigger problems down the road. We'll keep working to boost the steadily improving quality of care in hospitals, and bring down costs even lower, make the system work even better. Already we've seen reductions, for example, in the number of readmissions at hospitals. That saves our society money, it saves families money, makes people healthier.

We're making progress. We're going to keep working to get more people covered. I'm going to work as hard as I can to convince more governors and state legislatures to take advantage of the law, put politics aside, and expand Medicaid and cover their citizens. We've still got states out there that, for political reasons, are not covering millions of people that they could be covering, despite the fact that the federal government is picking up the tab.

So we've got more work to do. But what we're not going to do is unravel what has now been woven into the fabric of America. And my greatest hope is that rather than keep refighting battles that have been settled again and again and again, I can work with Republicans and Democrats to move forward. Let's join together, make health care in America even better. Three generations ago, we chose to end an era when seniors were left to languish in poverty. We passed Social Security, and slowly it was woven into the fabric of America and made a difference in the lives of millions of people. Two generations ago, we chose to end an age when Americans in their golden years didn't have the guarantee of health care. Medicare was passed, and it helped millions of people.

This generation of Americans chose to finish the job -- to turn the page on a past when our citizens could be denied coverage just for being sick. To close the books on a history where tens of millions of Americans had no hope of finding decent, affordable health care; had to hang their chances on fate. We chose to write a new chapter, where in a new economy, Americans are free to change their jobs or start a business, chase a new idea, raise a family, free from fear, secure in the knowledge that portable, affordable health care is there for us and always will be. And that if we get sick, we're not going to lose our home. That if we get sick, that we're going to be able to still look after our families.

That's when America soars -- when we look out for one another. When we take care of each other. When we root for one another's success. When we strive to do better and to be better than the generation that came before us, and try to build something better for generations to come. That's why we do what we do. That's the whole point of public service. So this was a good day for America. Let's get back to work.

## Appendix B.

BOC concordances; 7 verbs with epistemic meaning (*suspect, guess, imagine, expect, understand, believe, know*)

Source text	Concordance ( <i>suspect*</i> )	Meaning	Identity
pre_pre_1 7.04.14_p ol	And while <b>we suspect</b> that premiums will keep rising, as they have for decades, we also know that since the law took effect health care spending has risen more slowly than at any time in the past 50 years	Tentative description/ estimate; premise- conclusions	Rational, teacher

Source text	Concordance ( <i>guess*</i> )	Meaning	Identity
add_pub_ 12.01.16_s ta_uni	Now, <b>I'm guessing</b> we won't agree on health care anytime soon. (Applause.) A little applause right there. Laughter.) Just a guess. But there should be other ways parties can work together to improve economic security.	Representative; Obama assumes that there will be no consensus	Consensus seeker
re_pre_29. 04.12_rep _pol	In my first term, we passed health care reform; in my second term, <b>I guess</b> I'll pass it again. (Applause.)	Promise; Obama would pass ACA again if need be	Worker
re_spe_13. 08.12_cam	He has got a different view than I do in terms of how we move this country forward. When it comes to health care, <b>I guess</b> he used to agree with me because he had the same health care plan that I do in Massachusetts. (Applause.) And, by the way, that plan is working pretty good.	Tentative conclusion → Obama criticizes Romney's hypocrisy	Future planer/ teacher
re_pre_10. 02.12_soc	Hello, everybody. (Laughter.) I was actually going to say good morning. But <b>I guess</b> it's afternoon by now.	Not relevant	Not relevant

Source text	Concordance ( <i>imagine*</i> )	Meaning	Identity
re_spe_08. 06.10_soc _pol	It's hard <b>to imagine</b> today, but just two generations ago, millions of our seniors went without basic health care coverage. Millions. It wasn't right. It wasn't reflective of our values and who we are.	Description (representative); the audience imagines a historic past	Carer/con- cerned father (values)
re_spe_04. 12.13_pol _soc_2	And just remember and remind your friends and your peers - <b>imagine</b> what happens if you get sick, what happens with the massive bills. The people who are running those ads, they're not going to pay for your illness. You're going to pay for it or your family is going to pay for it. And that's hard <b>to imagine</b> .	Directive; audience should imagine a hypothetical future; assertion ("hard to imagine")	Explainer/ teacher
re_spe_04. 11.13_pol _soc	The truth of the matter is, is that while ultimately, <i>healthcare.gov</i> , the website, is going to be the easiest place to shop for and buy these new plans -- and it's getting faster and more stable -- it's not where it needs to be yet. I'm not happy about it, as <b>you might imagine</b> . (Laughter.) I'm not happy about it because I know that people need health care and this is the right place to get it.	Expressive; the audience can imagine Obama's frustration with the website	Frustrated relation to his employees
re_spe_07. 06.12_cam	2.5 million young people who are on their parent's health insurance plans right now -- I had a gentleman, while we were taking photos, come up and say, boy, that's really helping me because my daughter, she needed health care. And think about if somebody who can afford to come here today got helped, imagine what that means for a whole bunch of families all across the country. <b>Imagine</b> what that means.	Directive; audience should imagine a hypothetical state	Father

add_pub_05.06.09_soc_pol	Even as we speak, Congress is preparing to introduce and debate health reform legislation that is the product of many months of effort and deliberation. And if you're like any of the Americans I've met across this country who know all too well that the soaring costs of health care make our current course unsustainable, <b>I imagine</b> you'll be watching their progress closely.	Assertion; Obama assumes that the public will monitor Congress' ACA progress	Father
re_spe_01.04.10_rep_pol	look, our health care system works for every single American -- <b>imagine</b> how tough that was and how much resistance they met from the special interests, but they were still willing to do it -- if that was how we governed, then I figure that the politics would take care of itself.	Directive; audience should imagine the difficulty in passing the ACA	Teacher
re_spe_19.07.12_cam	All of you know what it means to have security when it comes to your health care. A lot of folks here may already be on Medicare. But <b>imagine</b> if you had been unlucky and ended up getting laid off at the age of 55 or 57, and maybe you've already had an illness and now you're trying to get back in the workforce, but it's taking a long time.	Directive; audience should imagine a hypothetical past	Teacher/explainer

Source text	Concordance ( <i>expect*</i> )	Meaning	Identity
re_spe_17.07.12_cam_2	If you don't have health care, then we're going to help you get it. And the only people who may have a problem with this law are folks who can afford health care but aren't buying it, wait until they get sick and then going to the emergency room and <b>expecting</b> everybody else to pick up the tab. That's not responsibility. That's not consistent with who we are.	Description; 3rd party expects society to pay for health care	Teacher/accuser
sta_pub_11.05.09_soc_pol	First, the rising cost of health care must be brought down; second, Americans must have the freedom to keep whatever doctor and health care plan they have, or to choose a new doctor or health care plan if they want it; and third, all Americans must have quality, affordable health care. I am not going to walk away from those fights. And <b>I don't expect</b> you will either. These are principles that <b>I expect</b> to see upheld in any comprehensive health care reform bill that's sent to my desk -- I mentioned it to the groups that were here today.	Directive (indirect order); Obama expects certain things to be part of the reform - otherwise it is not a reform	Doer
re_spe_05.02.10_rep_pol_2	We want to bring down costs and end the worst insurance practices, and finally give every American a chance to have the security of quality, affordable health care. I am not going to walk away from those fights. And <b>I don't expect</b> you will either.	Commissive (promise); Obama expects people to continue fighting for the ACA	Teacher
re_spe_01.07.15_pol_soc	Now, the good news is that, contrary to some of the expectations, not only has the law worked better than <b>we expected</b> , not only are 16 million people now getting health insurance that didn't have it before, not only do we now have the lowest uninsured rate since we started tracking people and how much health insurance they had, but it's actually ended up costing less than <b>people expected</b> . And health care costs have been held -- the inflation on health care costs have actually proved to be the lowest -- since the Affordable Care Act passed -- in the last 50 years	Assertion; expectations for the ACA have been surpassed	Teacher/explainer
re_spe_26.09.13_soc	But 95 percent of uninsured Americans will see their premiums cost less than was <b>expected</b> . And many families, including more than two-thirds of all young adults who buy health care through these online marketplaces, are also going to be eligible for tax credits that bring down the cost down even further.	Statement of facts; expectations for the ACA have been surpassed	Teacher/explainer

re_spe_09. 06.15_soc _pol	Every day, miracles happen in your hospitals. But remaking Debra's world didn't require a miracle. It just required that Debra have access to something that she and every other American has a right <b>to expect</b> , which is health care coverage.	Statement of facts; American society has expectations for the system to which they are entitled	Universal values/ father
add_pub_ 08.08.09_s oc_pol	There are those who are focused on the so-called politics of health care; who are trying to exploit differences or concerns for political gain. That's <b>to be expected</b> . That's Washington. But let's never forget that this isn't about politics. This is about people's lives.	Representative; third parties are using the debate for political gain	Consensus seeker
re_pub_04 .02.09_pol	Now, in the past few days I've heard criticisms of this plan that echo the very same failed theories that helped lead us into this crisis – the notion that tax cuts alone will solve all our problems; that <b>we</b> can ignore fundamental challenges like energy independence and the high cost of health care and still <b>expect</b> our economy and our country to thrive.	Conclusions, 'we' wrongly expect future actions and developments even though history has proven differently	Teacher
re_pub_04 .02.09_soc	Now, in the past few days I've heard criticisms of this plan that echo the very same failed theories that helped lead us into this crisis – the notion that tax cuts alone will solve all our problems; that we can address this enormous crisis with half-steps and piecemeal measures; that <b>we</b> can ignore fundamental challenges like the high cost of health care and still <b>expect</b> our economy and our country to thrive.	Conclusions, 'we' wrongly expect future actions and developments even though history has proven differently	Teacher
pre_pre_3 0.04.09_h um_pol	<b>You can expect</b> us to work on health care reform that will bring down costs while maintaining quality as well as energy legislation that will spark a clean energy revolution.	Promise; the audience can expect good work without increasing spending	--
sta_pub_1 1.05.09_so c_pol	We, as a nation, are now spending a far larger share of our national wealth on health care than we were a generation ago. At the rate we're going, <b>we are expected</b> to spend one fifth of our economy on health care within a decade. And yet we're getting less for our money.	Commissive (promise); estimation by a third party; premise -- conclusion	Rational, teacher
re_pub_02 .06.09_soc _pol	And to give you a sense of what we're looking at down the road if we don't initiate serious reform, one-fifth of our economy is projected to be tied up in our health care system in 10 years; one fifth. Millions more <b>Americans are expected</b> to go without health insurance if we don't initiate reform right now.	Statement of facts; estimation by a third party; premise -- conclusion	Rational, teacher
re_spe_19. 05.13_rep	And as a society, we're finally beginning to change that. Those of you who are under the age of 26 already have the option to stay on your parent's health care plan. But all of you are heading into an economy where many young <b>people expect</b> not only to have multiple jobs, but multiple careers.	Statement of facts; third party has expectations for the future	--
add_pub_ 22.08.09_s oc_pol	The insurance companies and their allies don't like this idea, or any that would promote greater competition. I get that. And <b>I expect</b> there will be a lot of discussion about it when Congress returns. But this one aspect of the health care debate shouldn't overshadow the other important steps we can and must take to reduce the increasing burdens families and businesses face.	Assertion; Obama expects debate about the ACA; directive (suggestion)	Consensus seeker
re_pub_22 .06.09_soc _pol	So as part of the health care reform <b>I expect</b> Congress to enact this year, Medicare beneficiaries whose spending falls within this gap will now receive a discount on prescription drugs of at least 50 percent from the negotiated price their plan pays.	Estimate; Obama expects action on the ACA	--

Source text	Concordance ( <i>understand*</i> )	Meaning	Identity
re_spe_27. 01.12_pol _rep	The same way that <b>they understand</b> we're going to have to keep in place smart regulations that assure that a health care company can't drop you right when you get sick, or charge women differently than men. These other folks want to roll back financial regulatory reform. After all that we've been through, you want to water down and weaken rules that make sure that big banks and financial institutions have to play by the same rules as everybody else? That makes no sense. The <b>American people understand</b> that. <b>You understand</b> that. That's what you've been fighting for.	Assertion; society at large understands; the audience in particular	Father
re_spe_18. 05.11_pol _cam	And there was a sense that it was no longer possible for us to do big things, that the political system had entirely bogged down, and whether it was trying to rebuild our infrastructure or make sure that we had a health care system that worked for every American or schools that taught every child, that somehow even if <b>we understood</b> what the answers might be technically, we just couldn't mobilize ourselves to actually bring about the changes that were needed.	Criticism of a state of affair; 'we'. understand/know the answers but cannot act	reasonable; teacher
re_spe_14. 04.11_rep _cam_3	We can't afford health care for another 50 million people. That's the choice they pose. Now, <b>understand</b> , it is a choice. Because they're absolutely right -- if people like me, if most of the people in this room, can't afford to pay a little bit more in taxes, then a lot of this stuff we can't afford. If we're insisting that those of us who are doing best in this society have no obligations to other folks, then, no, we can't afford it.	Directive/request; audience needs to understand	Father (kindness, value)
re_spe_25. 07.12_pol _soc	Now, I've got to say that I recognize we are in political season. But <b>the Urban League understands</b> that your mission transcends politics. Good jobs, quality schools, affordable health care, affordable housing -- these are all the pillars upon which communities are built.	Statement of facts; a third party understands the mission	Universal values
re_spe_04. 11.13_pol _soc	Some of your groups who are represented here have made access to affordable health care your mission. That's what you do. You've been organizing even before I was President, because <b>you understood</b> how important it was. Some of you have made this the cause of your lives.	Expressive; audience understands because they have been acting	Obama as student/follower
re_spe_20. 08.09_soc _pol	<b>We</b> have to <b>understand</b> that there a lot of people who are invested in the status quo and make a lot of money out of it. We've got to also understand that people are understandably nervous and worried about any significant changes when it comes to something as important as health care, because it touches on your lives, it's very personal -- and so they're more vulnerable to misinformation.	Directive/demand; 'we' have to understand, Obama himself in the learning process	Father
re_spe_26. 03.09_pol _rep	People talk about, well, you can't do health care right now; we need more fiscal discipline. <b>They don't understand</b> the choice isn't between health care reform and fiscal discipline; we have to invest in health care reform in order to deliver fiscal discipline. (Applause.) That's exactly -- one of the reasons we're doing this.	Assertion; 'they' do not understand why ACA is so urgent	Teacher/explainer
re_spe_21. 10.09_pol _rep	Among Democrats and progressives there are a whole set of views about how we should do health care. But <b>understand</b> that the bill you least like in Congress right now, the one you least like of the five that are out there would provide 29 million Americans health care -- 29 million Americans who don't have it right now would get it.	Directive/request; audience should understand	Call on reasonable ness; teacher
re_spe_29. 07.09_soc _pol	Now, because of that debt, a lot of people are saying we can't go any further in tackling our problems; we definitely can't do health care -- too much debt, too big deficits. Look,	Expressive; Obama understands concerns	Admits problems, --

	<b>I understand</b> the concern about debt. I have to -- I'm looking at these spreadsheets every day. We dug ourselves a deep hole. And because of the recovery package that we put together, that has added to it. So we now have problems.		
re_spe_07.02.11_pol	I know that folks here have concerns about this law. And <b>I understand</b> it. If you're running a business right now and you're seeing these escalating health care costs, your instinct is if I've got even more laws on top of me, that's going to increase my costs even more. <b>I understand</b> that suspicion, that skepticism.	Expressive; Obama understands concerns	Father
re_spe_10.03.10_rep	My proposal also says that if you still can't afford the insurance in this new marketplace, we will offer you tax credits to do so -- tax credits that add up to the largest middle-class tax cut for health care in history. <b>Understand</b> , the wealthiest among us can already buy insurance, the best insurance there is. The least well off, they're covered under Medicaid. It's the middle class that's getting squeezed, and that's who we have to help -- small businesses, self-employed, individuals who are out there struggling.	Directive/request; audience needs to understand what ACA does	Teacher
add_spe_15.06.09_soc_pol	I'm here to tell you <b>I understand</b> that fear. And <b>I understand</b> the cynicism. They're scars left over from past efforts at reform. After all, Presidents have called for health care reform for nearly a century. Teddy Roosevelt called for it. Harry Truman called for it. Richard Nixon called for it. Jimmy Carter called for it. Bill Clinton called for it. But while significant individual reforms have been made -- such as Medicare, Medicaid, and the Children's Health Insurance Program -- efforts at comprehensive reform that covers everyone and brings down costs have largely failed.	Expressive; Obama understands concerns	Father
re_spe_30.10.13_soc	And it's no surprise that some of the same folks trying to scare people now are the same folks who've been trying to sink the Affordable Care Act from the beginning. (Applause.) And frankly, <b>I don't understand</b> it. Providing people with health care, that should be a no-brainer. (Applause.) Giving people a chance to get health care should be a no-brainer. (Applause.)	Expressive; Obama does not understand the opposition against the ACA	reasonable; teacher
re_pub_20.08.09_pol_soc	First of all, <b>understand</b> that currently federal employees have a very good health care plan because they're able to leverage the insurance companies. There are so many members of their -- of the federal workforce that they can get the best rates possible. Every insurance company wants to do business with the federal government. So premiums are lower and it's a better deal overall. The same concept is what we're trying to do in setting up what's called a health insurance exchange.	Directive/request; audience needs to understand; premise – conclusion (it works in A so it will work in B)	reasonable; teacher
re_spe_15.09.09_pol_2	Think about it. If you're a member of the union right now, you're spending all your time negotiating about health care. You need to be spending some time negotiating about wages -- but you can't do it -- (applause) -- but I want to make sure that <b>you understand</b> – <b>you've got to understand</b> Fritz's position here. He's trying to build this company back up. And if health care costs are going up 30 percent or 20 percent every year, it's very tough for him. So we all have an interest in reforming the health care system so that the cost for employers don't go up;	Directive; audience needs to understand small business owners; premise: cost should not rise, conclusion: reform the system	Teacher
re_spe_13.09.10_pol	So a couple of things that we did on that front: We cut taxes for middle-class families because <b>we understand</b> that people's incomes and wages have not gone up, have not kept pace with increases in health care, increases in college, and so forth.	Assertion; 'we'/the administration understand the hardships of the people	--
re_spe_16.	Now, this fight wasn't new for the ANA. <b>I understand</b> you	Statement of facts; Obama	Father

06.10_soc_rep	were one of the only major health care organizations that supported the creation of Medicare from the start. (Applause.) And I want to recognize one of your leaders — Jo Eleanor Elliott of Colorado, who is here today and was your president back then — for the courage and leadership she showed. (Applause.) Where is she? There you are right there. Give her a big round of applause. (Applause.) So you've been there before and you were here this time.	knows that the audience supported previous legislation	(courage, leadership)
re_spe_15.08.09_soc_pol	But look, because we're getting close, the fight is getting fierce. And the history is clear: Every time we're in sight of reform, the special interests start fighting back with everything they've got. They use their influence. They run their ads. And let's face it, they get people scared. And understandably -- <b>I understand</b> why people are nervous. Health care is a big deal. In fact, whenever America has set about solving our toughest problems, there have always been those who've sought to preserve the status quo by scaring the American people.	Expressive; Obama understands concerns; historical parallels	Father
re_spe_06.08.12_cam_2	That's at the core of what America is about. That's the American promise. And <b>we understood</b> that restoring it wouldn't be easy. We had gone through a decade in which jobs were being shipped overseas and job growth was sluggish and incomes were falling even as the costs of health care and college and gas and groceries were going up. So we understood that it was going to take more than one year, or one term, or even one President to meet these challenges.	Statement of facts; Obama knew that the challenges ahead were difficult	Realist, --
re_pub_21.10.13_soc	We know that nearly one-third of the people applying in Connecticut and Maryland, for example, are under 35 years old. <b>They understand</b> that they can get a good deal at low costs, have the security of health care, and this is not just for old folks like me -- that everybody needs good quality health insurance. And all told, more than half a million consumers across the country have successfully submitted applications through federal and state marketplaces.	Representative; third party understand the benefits of ACA	--
re_spe_19.02.10_rep_pol	We can't afford to walk away from a health care system that is broken for everybody -- for small businesses and large businesses; for families who are seeing their premiums go up 25 percent, 30 percent, 35 percent; for the millions who don't have health insurance at all; and for future generations who are going to have to carry the bill if we don't get control of health care costs like Medicare and Medicaid. <b>He understands</b> we cannot walk away from it and we will not walk away from it. (Applause.) If I've got Michael Bennet's help, we are going to get health care reform passed in this country.	Assertion; third party understand the urgency of passing ACA	Doer, --
re_spe_10.07.12_cam	People were working harder for less. It was getting more difficult to save, more difficult to retire. The cost of health care and college was going through the roof. And <b>we understood</b> that turning that around was not going to be easy.	Statement of facts; 'we' knew that changing the course of the country was difficult	Realist, --
re_spe_09.08.10_pol_rep	So I just want everybody here <b>to understand</b> . Here in Texas, there's been some controversy around the issues of health care. No state stands to benefit more from our health care reform than the state of Texas, which has so many people who are insured in this state.	Directive/request; audience needs to understand what ACA does	Teacher (facts)
re_spe_19.10.10_rep_pol	And, yes, then we took on health care -- because <b>we understood</b> that if we didn't start taking it on now we would continue to see a system in which we were subsidizing a system that wasn't working for too many Americans and too many businesses. And because of those efforts we now can	Assertion; 'we' grasped the urgency of the ACA reform	reasonable, doer, --

	say to the American people that if you don't have health insurance you're going to be able to get health insurance. It's affordable.		
re_spe_19.10.11_pol_soc	I just want to repeat: dirtier air, dirtier water, fewer people on health care, less accountability on Wall Street -- that is not a jobs plan. <b>I understand</b> that some of my Republican friends feel very strongly about these ideas. I'm happy to have a debate. But in the meantime, let's focus on what will actually put people back to work.	Expressive; Obama admits that he hears the other side	Consensus seeker, --
re_spe_29.04.12_cam	As recently as when President Clinton was President, when he tried to tackle health care, he had partners in the United States Senate and in the House on the Republican side who said, you know what, this is an idea that has to be tackled. We may not agree with you on every detail, but <b>we understand</b> that we can't keep on spending 18 percent of our GDP on health care, and leave 30, 40 million people uninsured. That doesn't make sense.	Statement of facts; republicans used to understand that reform was necessary; all politicians know the facts	Rational, teacher
re_spe_19.05.11_pol_cam	In the previous decade, wages and incomes have flat-lined for too many families. And as a group of strong women here, <b>you understand</b> that so many of the issues that we talk about -- whether it's equal pay, or health care access and affordability -- those are things that directly affect families in profound ways. It makes a difference as to whether people can keep their homes or whether they're going to go bankrupt if they get sick. It makes a difference if they're going to be able to catch an illness fast enough because they've got preventive care.	Assertion; Obama claims that the audience knows that the status quo is unreasonable	Father (families, homes)
re_pub_15.07.09_soc_pol	And I want to thank Julie, Barbara, Roland, Stephen, Renee, and Christopher, standing behind me -- physicians, physicians assistants, and <b>nurses who understand</b> how important it is for us to make much needed changes in our health care system.	Expressive (thanks)//assertion; third party who has the authority to understand matters of health	Student/learner from others
re_spe_06.11.13_soc	But what <b>I</b> also <b>understood</b> was that if we did not start tackling our health care system in a serious way, it would continue to undermine our economy, it would continue to hurt families, and it would continue to hurt businesses.	Conclusion; Obama as the one who understands; if A then not B	Teacher (consequences)
re_spe_28.01.10_pol_soc	And I'm not going to stop on that, because it's the right thing to do, and by the way, if you are serious about reducing our deficit and debt you cannot accomplish it without reforming our health care system, because that's what's gobbling up more federal dollars than anything else. (Applause.) <b>I don't understand</b> folks who say they don't want to see government spending out of control, and then are fighting reforms that the Congressional Budget Office says would cut a trillion dollars off our deficit over the next two decades. (Applause.) Those aren't my numbers.	Representative; Obama does not understand some arguments by the opposition because they are unreasonable	reasonable, teacher
add_spe_15.06.09_soc_pol	There's a sense out there among some, and perhaps some members who are gathered here today of the AMA, that as bad as our current system may be -- and it's pretty bad -- the devil we know is better than the devil we don't. There's a fear of change -- a worry that we may lose what works about our health care system while trying to fix what doesn't. I'm here to tell you <b>I understand</b> that fear. <b>And I understand</b> the cynicism.	Expressive; Obama understands concerns of the audience	Father (understanding)
re_spe_26.06.12_cam	And <b>the American people understand</b> that we're not going to make progress by going backwards. We need to go forwards. (Applause.) <b>They understand</b> we don't need to refight this battle over health care. It's the right thing to do that we've got 3 million young people who are on their parent's health insurance plans that didn't have it before. (Applause.) It's the right thing to do to give seniors	Assertion; public understands that the ACA fight needs to be settled	Teacher

	discounts on their prescription drugs. It's the right thing to do to give 30 million Americans health insurance that didn't have it before.		
re_spe_02.06.10_pol_soc	Too much government can deprive us of choice and burden us with debt. Poorly designed regulations can choke off competition and the capital that businesses need to thrive. <b>I understand</b> these arguments. And it's reflected in my policies. After all, one-third of the Recovery Act we designed was made up of tax cuts for families and small businesses. And when you think back to the health care debate, despite calls for a single-payer, government-run health care plan, we passed reform that maintains our system of private health insurance.	Representative; Obama understands worries about big government and debt	Teacher (logical argument)
add_pub_03.10.09_soc_pol	By now, the urgency of these reforms is abundantly clear. And after long hours of thoughtful deliberation and tough negotiation, the Senate Finance Committee – the final congressional committee involved in shaping health care legislation – has finished the process of crafting their reform proposal. As we move forward in the coming weeks, <b>I understand</b> that members of Congress from both parties will want to engage in a vigorous debate and contribute their own ideas. And I welcome those contributions. I welcome any sincere attempts to improve legislation before it reaches my desk. But what I will not accept are attempts to stall, or drag our feet. I will not accept partisan efforts to block reform at any cost.	Expressive; Obama understand the need for debate and welcomes it but does not sanction blocking efforts	Consensus seeker; reasonable, --
re_pub_13.07.09_rep_soc	We are going to make this thing happen, because the American people desperately need it. And even those who are satisfied with their health care right now, <b>they understand</b> that if premiums keep on doubling and if employers keep on shedding health insurance because it's unsustainable and if you look at the trajectory of where Medicare and Medicaid are going, then inaction will create the biggest crisis of all.	Statement of facts; third party understand the consequences of not acting on the ACA	Doer, reasonable, --
re_spe_14.08.09_soc_pol	Katie's willingness to talk about such a painful experience is important, because <b>we</b> have to <b>understand</b> what's at stake in this health care debate. Katie's story is the kind of story that I've read in letters all throughout the campaign and everyday when I'm President. I hear about them in town halls all across America: The stories of hardworking people who are doing the right thing, they're acting responsibly, only to find out that they're penalized because others aren't doing the right thing, because others aren't acting responsibly.	Directive/request; 'we' need to understand the need for change in the system	Father (listener)
add_spe_09.09.09_soc_pol	That was true then. It remains true today. <b>I understand</b> how difficult this health care debate has been. I know that many in this country are deeply skeptical that government is looking out for them. <b>I understand</b> that the politically safe move would be to kick the can further down the road -- to defer reform one more year, or one more election, or one more term.	Expressive; Obama knows that the debate has been difficult	Doer, reasonable, --
re_spe_15.08.09_soc_pol	I want to especially want to thank Nathan for his introduction and sharing his story. (Applause.) It's not easy to talk about an illness in the family. It's not easy to talk about such a painful experience. Because it's important that <b>we understand</b> what's at stake in this health care debate he's been willing to share it with us. And so I'm very grateful to him.	Expressive (thanks); Directive/request; 'we' need to understand the need for change in the system	Father
re_spe_10.09.09_soc_pol	So, <b>few people understand</b> as well as you why today's health care system so badly needs reform. (Applause.) Now, one part of the problem is the uninsured. And this morning, the Census Bureau released new data showing not only that	Assertion; lots of people do not understand the weaknesses of the system	Teacher, reasonable

	the poverty rate increased last year at the highest rate since the early 1990s, but also that the number of uninsured rose in 2008.		
re_spe_28.07.09_soc_pol	They said it was too much government involvement in health care; that it would cost too much; that it would undermine health care as we know it. But the American people and <b>members of Congress understood</b> better. They ultimately did the right thing. And more than four decades later, Medicare is still giving our senior citizens the care and security they need and deserve.	Statement of facts; past 'they' knew that the system needed change (=Medicare)	Teacher
re_spe_10.04.14_soc_pol	What President Johnson understood was that equality required more than the absence of oppression. It required the presence of economic opportunity. He wouldn't be as eloquent as Dr. King would be in describing that linkage, as Dr. King moved into mobilizing sanitation workers and a poor people's movement, but <b>he understood</b> that connection because he had lived it. A decent job, decent wages, health care -- those, too, were civil rights worth fighting for.	Statement of facts; third party knows that health care is a civil right	Universal values, --
re_pub_25.05.10_pol_soc	And as part of the health reform package, 4 million small business owners recently received a postcard in their mailboxes telling them that they could be eligible for a health care tax credit this year. It's worth perhaps tens of thousands of dollars to your companies. And it will provide welcome relief to small business owners, who -- I know <b>you guys understand</b> -- all too often have to choose between hiring or keeping your health care for yourselves and your workers.	Representative; audience understands the plight of small business owners	Teacher

Source text	Concordance ( <i>believe*</i> )	Meaning	Identity
re_spe_28.01.11_soc_pol	our friends and neighbors were already dealing with the anxiety and the cruelty of a health care system that just did not work for too many American citizens. <b>We believed</b> we could change that. <b>We believed</b> that we could finally guarantee quality, affordable care for every American	Assertion/representative; administration with the wish to change the broken system	Father (friends, neighbors)
re_spe_05.07.12_cam	And, yes, <b>I believe</b> that we should have a health care system that works for middle-class families. (Applause.) And I am -- couldn't be prouder of the work that we have done in getting this health care law passed.	Assertion; Obama wants middle-class families to have health care	Father (values)
re_spe_28.10.12_cam	We know we're better off when politicians in Washington aren't allowed to make decisions about health care that women are perfectly capable of making for themselves. (Applause.) That's what <b>we believe</b> . That's the vision that we embrace.	Assertion; women should have right to choose health care	Feminist, --
re_spe_03.03.10_soc_pol/re_public_15.07.09_soc_pol	<b>So I don't believe</b> we should give government bureaucrats or insurance company bureaucrats more control over health care in America.	Assertion; control of health care should be with the individual	--
re_spe_03.03.10_soc_pol	<b>I believe</b> it's time to give the American people more control over their health care and their health insurance.	Assertion; control of health care should be with the individual	--
re_spe_03.03.10_soc_pol	<b>I don't believe</b> we can afford to leave life-and-death decisions about health care to the discretion of insurance company executives alone.	Assertion; control of health care should be with the individual	--
re_spe_03.03.10_soc_pol	<b>I believe</b> that doctors and nurses and physician assistants like the ones in this room should be free to decide what's best for their	Assertion; doctors/medical staff	--

_pol	patients.	should decide about health care choices	
re_spe_17.07.12_cam_4	I've got two daughters, and I want them to have the same control over their health care as anybody's sons out there. <b>I believe</b> that's the right thing to do.	Assertion; women should have right to choose health care	Father (2 daughters)
re_pub_10.05.13_soc	And <b>those of us</b> who <b>believe</b> that every American deserves access to quality, affordable health care have an obligation to now make sure that full implementation moves forward the way it needs to.	Assertion; right of every American to have health insurance	Father (values)
re_spe_04.11.12_cam_3	<b>We believe</b> America is stronger when everybody can count on affordable health care -- (applause) -- when everybody can count on Medicare and Social Security for a dignified retirement.	Assertion; right of every American to have health insurance	Father ( <i>stronger, count on</i> )
re_spe_03.11.12_cam_2	<b>We believe</b> America is stronger when everybody can count on affordable health care -- (applause) -- when Medicare and Social Security are there for our golden years; when there are rules in place to protect our kids from toxic dumping and mercury pollution; when there are rules in place to protect consumers from unscrupulous credit card companies or mortgage lenders.	Assertion; right of every American to have health insurance	Father ( <i>stronger, golden age</i> )
re_spe_01.11.12_cam_3	And <b>we believe</b> that quality, affordable health care and a dignified retirement aren't just achievable goals, they're a measure of our values as a nation. (Applause.) That's what <b>we believe</b> .	Assertion; right of every American to have health insurance	Father ("our values")
re_spe_28.10.14_pol	<b>We believe</b> that access to affordable health care isn't a privilege -- it's a right.	Assertion; right of every American to have health insurance	Lawyer, --
re_spe_30.10.14_pol	<b>Mike believes</b> in access to affordable health care -- that it's not a privilege, it's a right.	Assertion; right of every American to have health insurance	Lawyer, --
re_spe_03.09.15_pol_env	<b>We believe</b> every American deserves access to quality, affordable health care.	Assertion; right of every American to have health insurance	Lawyer, --
re_spe_02.11.14_pol_2	<b>We believe</b> in access to affordable health care, that it's not a privilege, it's a right.	Assertion; right of every American to have health insurance	Lawyer, --
re_spe_03.12.13_soc	And for too long, few things left working families more vulnerable to the anxieties and insecurities of today's economy than a broken health care system. So we took up the fight because <b>we believe</b> that, in America, nobody should have to worry about going broke just because somebody in their family or they get sick. <b>We believe</b> that nobody should have to choose between putting food on their kids' table or taking them to see a doctor. <b>We believe</b> we're a better country than a country where we allow, every day, 14,000 Americans to lose their health coverage; or where every year, tens of thousands of Americans died because they didn't have health care;	Assertion; right of every American to have health insurance/choices	Father (caring)
re_spe_23.04.15_rep_pol	<b>We believed</b> we could fix a broken health care system. Today, more than 16 million Americans have gained the security of health insurance. (Applause.) That's change.	Statement of facts; what the admin. promised vs. what they delivered	Doer, --
re_pub_13.07.09_rep_soc	But health care reform must be done. I know there are <b>those who believe</b> we should wait to solve this problem, or take a more incremental approach, or simply do nothing.	Directive/assertion; need to do it vs. wait out the problem	Doer, --
re_spe_14.05.09_pol	And already we've got millions of children across the country that have health care right now under the children's health care bill that we signed since I've taken office. (Applause.) So <b>I believe</b> we're moving in the right direction. Step by step, we're making progress.	Expressive; Obama sees change and wants more change	Doer (step-by-step), --
re_spe_02.11.12_cam_4	And <b>we believe</b> that no politician in Washington should control health care choices that women can make for themselves. These are the things <b>we believe</b> . (Applause.)	Assertion; women should have right to choose health care	Feminist?
re_spe_04.09.12_cam	<b>We believe</b> in an America where getting decent health care doesn't depend on how much money you've got.	Assertion; health care independent of how wealthy you are	Father (values)

re_spe_27. 06.12_cam	<b>I believe</b> health reform was the right thing to do. <b>I believe</b> it was right to make sure that over 3 million young people can stay on their parent's health insurance plan. (Applause.) <b>I believe</b> it was right to provide more discounts for seniors on their prescription drugs. <b>I believe</b> it was right to make sure that everybody in this country gets decent health care and is not bankrupt when they get sick. (Applause.) That's what <b>I believe</b> .	Assertion/expressive; right of every American to have health insurance/choices	Father (values; "the right thing to do")
re_spe_05. 03.09_soc _pol	A clear consensus that the need for health care reform is here and now. Senators Hatch, Enzi, Congressman Jim Cooper and many others agreed that we can do health care reform. Senator Hatch said that we needed leadership on both sides, and <b>he believes</b> that Democrats and Republicans need to put politics aside and work together to do it.	Expressive; need for reform is apparent to all	Consensus seeker, --
add_pub_ 27.02.10_s oc_pol	We disagreed over giving tax credits to small businesses and individuals that would make health care affordable for those who don't have it. This would be the largest middle class tax cut for health care in history, and <b>I believe</b> we <b>should</b> do it.	Directive/suggestion; Obama proposes a tax-cut in health care	Advice giver/ teacher
re_spe_14. 04.09_pol	That's not just my opinion -- that was the conclusion of a wide range of participants at the Fiscal Responsibility Summit that we held at the White House in February. And that's one of the reasons why <b>I firmly believe</b> we need to get health care reform done this year.	Directive; need for reform is apparent to Obama	Consensus seeker, --
re_pub_23 .03.10_soc	And it's going to mean that millions of people can get health care that don't have it currently. Now, for <b>those of us</b> who fought so hard for these reforms, and <b>believe</b> in them so deeply, I have to remind you our job is not finished. We're going to have to see to it that these reforms are administered fairly and responsibly.	Representative/expres sive; the fight for the ACA is not over; have to keep working	Teacher ("I have to remind you")
re_spe_24. 07.12_cam _2	<b>I continue to believe</b> that nobody in America should go broke just because they get sick. (Applause.) We fought to get health care passed. It was the right thing to do.	Assertion; right of every American to have health insurance	Father ("right thing to do")
re_spe_21. 04.11_pol _cam_3	The easiest way to cut health care is just stop giving health care to people. But that's not the America <b>I believe</b> in. That's not the America <b>you believe</b> in.	Representative; right of every American to have health insurance	Father (values; "the America I believe in"))
re_spe_01. 09.12_cam _2	<b>We believe</b> in an America that doesn't let how much money you've got determine whether or not you can afford good health care or get a higher education.	Assertion; health care independent of how wealthy you are	Father (values)
re_spe_01. 09.12_cam	That's what built this country. (Applause.) <b>We believe</b> in an America that doesn't let how much money you've got determine whether or not you can afford good health care, or send your kids to get a good higher education.	Assertion; health care independent of how wealthy you are	Father (values; <i>your kids</i> )
re_spe_02. 09.12_cam	That's the backbone of this country. (Applause.) <b>We believe</b> in an America that doesn't let how much money you've got determine whether or not you've got good health care, whether or not you can get a good college education.	Assertion; health care independent of how wealthy you are	Father (values; <i>your kids</i> )
re_spe_28. 09.12_cam	<b>I believe</b> women are very capable of making health care decisions by themselves. That's what <b>I believe</b> . (Applause.) And <b>I believe</b> in a Supreme Court that <b>believes</b> that.	Assertion; women should have right to choose health care	Feminist, --
re_spe_01. 06.12_cam _3	And we tell them, well, that's my health care bill. (Laughter.) So the good news is that the majority of the American people share our vision. They <b>believe</b> that we have to work hard, each of us. We have to take responsibility, each of us, for our families, for ourselves, for our neighborhoods, for our communities	Assertion; public knows that working hard is important for good health care; American values	Father ( <i>responsibility, families, vision</i> )
re_spe_29. 08.12_cam	Four years ago, <b>you believed</b> that nobody in America should go broke because they get sick. Today, because of the new health care law, affectionately known as Obamacare -- (applause) -- because of that law, nearly 7 million young people are able to stay	Reassurance/facts; the audience was a supporter of the ACA; now it is reality	Father (values; "no one should go

	on their parent's health insurance plans.		broke")
sta_pub_13.05.09_pol_soc	But whatever plans emerge, both from the House and the Senate, <b>I do believe</b> that they've got to uphold three basic principles: first, that the rising cost of health care has to be brought down; second, that Americans have to be able to choose their own doctor and their own plan; and third, all Americans have to have quality, affordable health care.	Assertion; goals for a comprehensive reform	--
re_spe_10.09.09_soc_pol	But let me just repeat -- because this is the source of the rumor that we're plotting some government takeover of health care -- it would just be one option among many. No one would be forced to choose it. And <b>everybody believes</b> that the vast majority of people will still be getting their insurance through private insurance.	Tentative promise; dispelling misinformation myths	Teacher/explainer
re_spe_06.07.12_cam	And <b>I've</b> got a vision that <b>believes</b> that everybody -- all families who are responsible should be able to have the basic security of health care. (Applause.) The Supreme Court has spoken; the law we passed is here to stay.	Assertion; right of every American to have health insurance	Father (values)
re_spe_01.06.12_cam	Other countries spend 11 or 12 percent and they're still getting better outcomes. And <b>I believe</b> that the health care bill that we passed is pushing us in the right direction, but we're going to have more work to do on that front.	Expressive; Obama sees change and wants more change	Father ("right direction")
re_spe_30.10.13_soc	Now, Mitt Romney and I ran a long and spirited campaign against one another, but <b>I've always believed</b> that when he was governor here in Massachusetts, he did the right thing on health care. And then Deval did the right thing by picking up the torch and working to make the law work even better. And it's because you guys had a proven model that we built the Affordable Care Act on this template of proven, bipartisan success. Your law was the model for the nation's law.	Assertion; ACA built on the model of Massachusetts law	Consensus seeker, --
re_pub_15.07.09_soc_pol	The American people, and the U.S. economy, just can't wait that long. So, no matter which approach you favor, <b>I believe</b> the United States Congress owes the American people a final vote on health care reform.	Assertion; Obama urges the Senate to vote on the ACA	Doer, --
re_spe_03.03.10_soc_pol	The American people, and the U.S. economy, just can't wait that long. So, no matter which approach you favor, <b>I believe</b> the United States Congress owes the American people a final vote on health care reform.	Assertion; Obama urges the Senate to vote on the ACA	Doer, --
re_spe_10.03.10_soc_pol	That's the proposal, and it is paid for. And <b>I believe</b> that Congress owes the American people a final up or down vote on health care reform. (Applause.) The time for talk is over; it's time to vote.	Assertion; Obama urges the Senate to vote on the ACA	Father ("the time for talk is over")
add_spe_15.06.09_soc_pol	And if you don't think that's going to threaten your reimbursements and the stability of our health care system, you haven't been paying attention. So the public option is not your enemy; it is your friend, <b>I believe</b> .	Hedge; public option as good part of the ACA; metaphor; hedge	Father (talk like to a child??)
sta_pub_13.05.09_pol_soc	On health care, as Speaker Pelosi just mentioned, the House is working to pass a comprehensive health care reform bill by July 31st, before they head out for the August recess. And that's the kind of urgency and determination that we need to achieve what <b>I believe</b> will be historic legislation.	Assertion; urgency to vote on the ACA; historic change	Doer, --
re_spe_10.07.12_cam	I'm running because <b>I believe</b> that nobody in America should go broke just because they get sick. (Applause.) Our health care law was the right thing to do. (Applause.) It was the right thing to do.	Assertion; right of every American to have health insurance	Father ("right thing to do")
re_spe_18.05.10_pol	<b>I believe</b> that reforming our health care system to crack down on the worst practices of the insurance companies and giving everybody a decent shot at getting health insurance is the right thing to do.	Assertion; right of every American to have health insurance	Father ("right thing to do")
re_spe_13.05.10_rep	We fought for the principle that all of us ought to have a sense of security when it comes to our health care. And <b>I truly believe</b>	Assertion; right of every American to	Father (security)

_pol	that, and so does everybody in this room. (Applause.) And now they are talking about repealing it if they take over in November.	have health insurance; incredulity for the repeal threats	
re_spe_19.03.10_soc_pol	If you like your plan, keep your plan. <b>I don't believe</b> we should give government or the insurance companies more control over health care in America. I think it's time to give you, the American people, more control over your health.	Assertion; control of health care should be with the individual	--
re_spe_10.03.10_soc_pol/re_spe_10.03.10_rep	So <b>I don't believe</b> we should give either the government or the insurance companies more control over health care in America. I want to give you more control over health care in America.	Assertion; control of health care should be with the individual	--
re_spe_08.03.10_soc_pol	So the bottom line is <b>I don't believe</b> we should give government or insurance companies more control over health care in America. <b>I believe</b> it's time to give you, the American people, more control over your own health insurance.	Assertion; control of health care should be with the individual	--
re_spe_18.08.12_cam	<b>I believe</b> women should be in charge of their own health care decisions. (Applause.) We're not going backward, we're going forward.	Assertion; women should have right to choose health care	Progressor /doer, --
re_spe_28.10.12_cam	I don't think your boss or your insurance company should be making those decisions either. <b>I believe</b> women should be making their own health care decisions for themselves.	Assertion; women should have right to choose health care	Feminist, --
re_spe_18.10.12_cam	<b>I also believe</b> women should make their own health care decisions. (Applause.) I know you've got -- and it's not just Washington that sometimes deals with this issue. You've got a state legislature up here that sometimes acts like it knows better than women when it comes to women's own health care decisions.	Assertion; women should have right to choose health care	Feminist, --
re_spe_25.10.12_cam_2	<b>I believe</b> women are capable and should make their own health care decisions for themselves. (Applause.) That's why the health care law we passed puts those choices in your hands, where they belong.	Assertion; women should have right to choose health care	Feminist, --
re_spe_19.07.12_cam	<b>I believe</b> it was the right thing to do, to pass health care reform. (Applause.) All of you know what it means to have security when it comes to your health care. A lot of folks here may already be on Medicare.	Representative (conclusion); right of every American to have health insurance	Father ("right thing to do")
re_spe_28.09.12_cam	That's the reason why we passed health care reform, because <b>I believe</b> that part of -- (applause) -- middle-class security is not being bankrupt when you get sick.	Assertion; health care independent of how wealthy you are	Father (security, values)
re_spe_25.07.12_cam	Mr. Romney has got different ideas. And we tried those ideas, and they didn't work. <b>I believe</b> that we did the right thing in providing health care to every American. (Applause.) I don't think you should go bankrupt because you got sick.	Expressive; right of every American to have health insurance	Father ("right thing to do"; security)
re_spe_19.04.10_pol_rep	And I'm not going to let it happen. And you're not going to let it happen. And the American people are not going to let it happen, because <b>we believe</b> that Americans should have affordable, quality health care	Assertion; right of every American to have health insurance	Father ("I'm not going to let it happen")
re_spe_01.11.12_cam_2	And <b>we believe</b> that quality health care for everybody and a dignified retirement for everybody aren't just achievable goals, they are a measure of our values as a nation. That's what <b>we believe</b> .	Assertion; right of every American to have health insurance	Father, values
re_spe_01.11.12_cam	And <b>we believe</b> that quality health care for everybody and a dignified retirement for everybody aren't just achievable goals -- they are a measure of our values as a nation. That's what <b>we believe</b> .	Assertion; right of every American to have health insurance	Father, values
re_spe_14.01.10_pol_rep	Today we are on the doorstep of accomplishing something that Washington has been talking about since Teddy Roosevelt was President, and that is reforming health care and health insurance here in America. (Applause.) Now, <b>believe me</b> , I know how big a	Directive; 'trust me'	Father

	lift this has been. I see the polls.		
add_pub_17.07.09_soc_pol	That's not true either. <b>I don't believe</b> that government can or should run health care. But I also don't think insurance companies should have free reign to do as they please.	Assertion; control of health care should be with the individual	--
re_spe_06.08.12_cam_2	I'm running because <b>I continue to believe</b> that no American should go broke because they get sick. Health care was the right thing to do. The Supreme Court has spoken. We are implementing it now. (Applause.) That's a choice in this election.	Assertion; health care independent of how wealthy you are	Father ("right thing to do")
add_spe_09.09.09_soc_pol	Since health care represents one-sixth of our economy, <b>I believe</b> it makes more sense to build on what works and fix what doesn't, rather than try to build an entirely new system from scratch.	Assertion; what is the sensible/reasonable option of solving health care	Teacher/explainer
re_spe_15.08.12_cam_3	<b>I believe</b> that you should have some health care security. That's why I passed Obamacare. And I like Obamacare.	Assertion; right of every American to have health insurance, security	Father (provide for you)
re_spe_13.07.12_cam_2	I am running because <b>I still believe</b> that you shouldn't go bankrupt when you get sick. We passed that health care law because it was the right thing to do. (Applause.) And because we did, 30 million people who don't have health insurance are going to get help getting health insurance.	Assertion/conclusion; right of every American to have health insurance; logical argument	Teacher (because of A, there is B)
re_spe_06.08.13_pol_soc	But <b>I actually believe</b> in the free market. And just like the health care law that we put in place, Obamacare -- (applause) -- which, by the way, if you don't have health insurance or you're buying it at exorbitant rates on the individual market, starting on October 1st, you can join a marketplace and be part of a pool that gives you much lower premiums, saves you a lot of money	Assertion; free market as solution to health care problem	Explainer, teacher
re_spe_04.11.12_cam	<b>We believe</b> America works best, is stronger, when everybody can count on affordable health insurance -- just like Julie and Nathan.	Assertion; right of every American to have health insurance	Father (America =stronger, works best)
re_spe_08.03.10_soc_pol	On the other side of the spectrum, there are those who <b>believe</b> that the answer is just to loosen regulations on insurance companies. This is what we heard at the health care summit. They said, well, you know what, if we had fewer regulations on the insurance companies --	Facts; people Obama fundamentally disagrees with; explains sides of the argument	Explainer, teacher
re_spe_03.11.12_cam_3	And then <b>we also believe</b> there are some things Washington doesn't need to do. For example, Washington shouldn't control the health care choices that women are capable of making for themselves.	Assertion; women should have right to choose health care	Feminist, --
re_spe_11.08.09_soc_pol	<b>I don't believe</b> anyone should be in charge of your health insurance decisions but you and your doctor. (Applause.) I don't think government bureaucrats should be meddling, but I also don't think insurance company bureaucrats should be meddling. That's the health care system <b>I believe in</b> . (Applause.)	Assertion; control of health care should be with the individual; dispell misinformation	Teacher
re_spe_19.07.12_cam_2	I'm running because <b>I believe</b> nobody in America should go broke just because they get sick. (Applause.) And because we passed the health care law, we are going to realize that goal. The Supreme Court has spoken.	Assertion; right of every American to have health insurance	Doer; --
re_spe_14.07.12_cam_2	My opponent wants to restrict the health care options for women. <b>I believe</b> women should make their own health care choices.	Assertion; women should have right to choose health care	Feminist, --
re_spe_23.10.10_pol_cam	Why would we go back to the health care policies that <b>they believe in</b> , where insurance companies could drop your insurance when you get sick? Why would we do -- why would we put those folks back in the driver's seat?	Commissive (promise); Obama criticizes opponents' belief in the old system; rhetorical questions	--
re_spe_30.	And, yes, Maine, change is the health care reform that we passed	Assertion; health care	Father

03.12_cam	after a century of trying -- (applause) -- because <b>we believe</b> that in America, in this great country of ours, nobody should go bankrupt just because they get sick.	independent of how wealthy you are; American exceptionalism	
re_spe_10. 03.10_soc _pol	But I'll just be honest with you: It was not practical or realistic to do here, to completely uproot and change a system where the vast majority of people still get their health care from employer-based plans. And on the other side of the spectrum there are <b>those</b> who <b>believe</b> that the answer is to simply unleash the insurance industry, and provide less oversight and fewer rules.	Statement of facts; Obama criticizes opponents' belief in the old system	Explainer/teacher
re_spe_28. 01.11_soc _pol	Now, I've repeatedly said, <b>I believe</b> that our system of private insurance is strong and viable, and we need it to be. It saves lives. It employs large numbers of Americans. And by the way, it's still making pretty good profits. But just as we are a people who <b>believe</b> in the power of the individual, the promise of the free market, we are also a people who <b>believe</b> , from the time of our founding, that we aspire to protect one another from harm and exploitation.	Assertion; Obama praises the free market but also reminds of the need to protect fellow Americans	Teacher (connections, "strong", "viable"); Father (values, "protect one another")

Source text	Concordance ( <i>know</i> *)	Meaning	Identity
re_spe_21. 10.09_pol _rep	I will work with anyone and everyone that's willing to do exactly that. And in their heart of hearts, even some of our opponents, <b>they know</b> . <b>They know</b> . We had Bill Frist and Bob Dole both say we need to do a health care bill.	Statement of facts; opponents know that reform is necessary	Consensus seeker, --
re_spe_30. 06.09_pol _soc	<b>We know</b> we can do better. And so I am saying to Congress and I'm saying to the American people, don't be afraid. Let us step forward. <b>We know</b> what needs to happen. <b>We know</b> that if we start applying common-sense rules to raise quality and reduce costs, that we can have a health care system that is uniquely American but finally provides coverage for all and is sustainable for the long term.	Promise/assertion; 'we'/the public and Obama know what needs to be done	teacher (common-sense); father (don't be afraid)
re_spe_28. 10.12_cam	<b>We know</b> we're better off when politicians in Washington aren't allowed to make decisions about health care that women are perfectly capable of making for themselves. (Applause.) That's what we believe. That's the vision that we embrace.	Representative; the public knows that women should make their own decisions	Feminist, --
re_spe_28. 01.10_pol _soc	Let me say one more word about health care. I just got to -- I'm gnawing on this bone a little bit. (Laughter.) <b>I know</b> that the longer the process worked through on a complicated issue like this, the uglier it looked.	Explanation/conclusion; Obama knows how the ACA looks from the outside	Explainer/teacher; (more time > uglier)
add_pub_ 05.06.09_s oc_pol	But today, at this historic juncture, even old adversaries are united around the same goal: quality, affordable health care for all Americans. Now, <b>I know</b> that when you bring together disparate groups with differing views, there will be lively debate	Conclusion (represent.); Obama understands why debate is present	Consensus seeker, --
re_spe_26. 09.13_soc	starting on Tuesday, five days from now, you'll finally have the same chance to buy quality, affordable health care as everybody else. THE PRESIDENT: And I want to break this down for you. I want you to <b>know</b> exactly how it works.	Directive; Obama explains the ACA	Teacher
re_spe_13. 05.13_pol _rep	And what <b>I also know</b> is that unless we had a Democratic Senate, we would not have ended "don't ask, don't tell." Unless we had had a Democratic Senate, we would not have been able to make sure that everybody in this country is able to access affordable health care. <b>What I know</b> is, is that if we hadn't had a Democratic House and a Democratic Senate, college would be a lot less affordable for our young people.	Assertion; Dem. Senate responsible for ACA passing	Teacher/explainer
re_spe_05.	<b>We know</b> that our country is stronger when we can count on	Assertion; the	--

05.12_cam	affordable health care and Medicare and Social Security.	public knows that ACA is needed	
re_spe_19.10.14_pol	They're against -- I mean, <b>you know</b> they're against me. (Laughter.) <b>We know</b> that. I mean, <b>you all know</b> if I propose something they're against it. (Laughter.) If I said, apple pie is a great pie, they'd say, no, it's not. (Laughter.) We don't like apple pie. (Laughter.) So <b>we know</b> they're against me. They're against affordable health care.	Statement of facts; Obama knows the bipartisanship	Enemy/ Feindbild, --
add_spe_15.06.09_soc_pol	<b>We know</b> the moment is right for health care reform. <b>We know</b> this is a historic opportunity we've never seen before and may not see again. But <b>we also know</b> that there are those who will try and scuttle this opportunity no matter what	Statement of facts; Obama emphasizes the urgency of ACA	resembles MLK's 'now is the time'; father
re_spe_21.10.09_pol_cam	We've begun the work of reforming America's health care system. <b>You know</b> why it -- why that's so important. Premiums have risen almost 90 percent here in New Jersey over the last decade, and that pace is only going to continue if we fail to act.	Assertion; the audience knows about the hardships surrounding health care	Teacher; own life as representative example
re_spe_14.06.12_pol_cam	For more than a decade, it had become harder to find a job that paid the bills -- harder to save, harder to retire; harder to keep up with rising costs of gas and health care and college tuitions. <b>You know</b> that; you lived it.	Assertion; the audience knows about the hardships surr. health care	Teacher: take own life as exemplary
add_pub_15.08.09_soc_pol	Americans whose jobs and health care are secure today just <b>don't know</b> if they'll be next to join the 14,000 who lose their health insurance every single day. And if we don't act, average family premiums will keep rising to more than \$22,000 within a decade.	Representative (speculation); the public is insecure, unprepared	Father (concerns)
re_spe_16.04.14_pol	we've got to make sure that job pays a decent wage and that you have savings you can retire on and health care you can count on. (Applause.) These are the things we've got to be doing. <b>You know</b> it; <b>I know</b> it.	Assertion; the audience and Obama know x and agree on x	Father (values)
re_spe_05.05.12_cam_2	On health care reform, here is <b>what I know</b> : Allowing 2.5 million young people to stay on their parents' health insurance plan -- that was the right thing to do. (Applause.) Cutting prescription drug costs for seniors -- that was the right thing to do	Statement of fact; Obama as the expert	Teacher (figures, statistics)
re_spe_05.05.12_cam	And, by the way, on health care reform, here's <b>what I know</b> : Allowing 2.5 million young people to stay on their parents' health insurance -- that was the right thing to do. (Applause.)	Statement of fact; Obama as the expert	Teacher (figures, statistics)
re_spe_01.07.09_soc_pol	Let me just give a few statistics. Many of you already <b>know</b> these. In the last nine years, premiums have risen three times faster than wages for the average family. I don't need to tell you this because you've seen it in your own lives.	Statement of fact; Obama as the expert	Teacher (figures, statistics)
re_pre_03.04.12_pol_rep	Then there's Medicare. Because health care costs keep rising and the Baby Boom generation is retiring, Medicare, <b>we all know</b> , is one of the biggest drivers of our long-term deficit.	Assertion; self-evident truths about deficit	Teacher
re_spe_06.02.10_pol_rep	If we walk away, <b>we know</b> what will happen. <b>We know</b> that premiums and out-of-pocket expenses will skyrocket this decade, and the decade after that, and the decade after that, just as they did in the past decade. More small businesses will be priced out of coverage; more big businesses will be unable to compete internationally; more workers will take home less pay and fewer raises. <b>We know</b> that millions more Americans will lose their coverage; <b>we know</b> that our deficits will inexorably continue to grow because health care costs are the single biggest driver.	Assertion; public knows that if A, then B; quasilogical argument	Teacher
re_spe_27.09.09_rep_soc	For the sake of every American living today and for the sake of every American yet to be born, we must bring about a better health care system -- not in 10 years, not in five years, not in one year -- this year. (Applause.) <b>I know</b> there are voices out there telling us we're moving too fast when it comes to health insurance reform.	Representative; Obama aware of his opponents	Father (concerned for his family's future)
re_spe_10.03.10_pol	And, yes, because <b>we know</b> that this economy cannot work if we've got a broken health care system, we are going to get health	Assertion//promise; logical argument, if	Teacher/explainer

_rep	care reform done this year, right now.	A is broken then B is broken	
sta_pub_1 1.05.09_so c_pol	So <b>I know</b> what it's like to see a loved one who is suffering, but also having to deal with a broken health care system. <b>I know</b> that pain is shared by millions of Americans all across this country.	Expressive; Obama understands pain in seeing family suffer	Father (son?)
re_spe_02. 09.12_cam	<b>We know</b> the heartbreak of a broken health care system. So I don't mind if folks think I care. I do care. (Applause.) And <b>I don't know exactly</b> what the other side is proposing.	Expressive; Obama unaware of any reasonable opponents' plans	Father (heartbreak, caring)
re_pub_13 .07.09_rep _soc	But health care reform must be done. <b>I know</b> there are those who believe we should wait to solve this problem, or take a more incremental approach, or simply do nothing.	Assertion; Obama aware of the urgency of ACA	Teacher
re_spe_26. 09.13_soc	Some of the tea party's biggest donors -- some of the wealthiest men in America -- are funding a cynical ad campaign trying to convince young people not to buy health care at all. I mean, think about it. These are billionaires several times over. <b>You know</b> they've got good health care.	Statement of facts; audience knows that it is not the rich who need help with health care	--
add_pub_ 13.06.09_s oc_pol	and protects consumer health care choices. <b>I know</b> some question whether we can afford to act this year. But the unmistakable truth is that it would be irresponsible to not act. We can't keep shifting a growing burden to future generations.	Assertion; Obama aware of the urgency of ACA	Father (burden; future generation)
re_spe_01. 07.09_soc _pol	So if we want to control our deficits, the only way for us to do it is to control health care costs. Now, those are all abstractions, those are numbers. But many of you <b>know</b> that this translates into pain and heartache in a very personal way for families all across America.	Representative; audience knows the hardships	Teacher (numbers/ abstraction); Father identity (families, pain, heartache)
add_spe_1 5.06.09_so c_pol	This is forcing Americans of all ages to go without the checkups or the prescriptions they need -- that <b>you know</b> they need. It's creating a situation where a single illness can wipe out a lifetime of savings. Our costly health care system is unsustainable for doctors like Michael Kahn in New Hampshire	Assertion; audience knows of the importance of checkups etc	Father (appeal to emotion)
re_spe_26. 10.10_rep _pol	<b>I know</b> that a lot of times people wonder, gosh, you know, why did it take -- why did health care take so long? Well, this is not a monarchy we live in. This is a democracy.	Assertion; public wonders why ACA took time; Obama reminds of democratic process	Teacher/ explainer (democracy)
re_spe_16. 05.11_pol _cam_2	There have been times over the last two and a half years where <b>I know</b> you all have gotten frustrated sometimes. (Laughter.) <b>I know</b> all these conversations you're having. (Laughter.) "Oh, why did Obama compromise with the Republicans on that?" (Laughter.) "Why did health care take so long?" (Laughter.) "Where's my public option?"	Assertion; Obama knows how public feels about the ACA	Listener, father
pre_pre_1 7.04.14_p ol	And while we suspect that premiums will keep rising, as they have for decades, <b>we also know</b> that since the law took effect health care spending has risen more slowly than at any time in the past 50 years.	Statement of facts; administration suspects x but knows y	Teacher (evidence)
re_spe_28. 07.09_soc _pol	But <b>we all know</b> that right now, we've got a problem that threatens Medicare and our entire health care system, and that is the spiraling cost of health care in America today. As costs balloon, so does Medicare's budget.	Assertion; public and Obama know about the urgency of the problem	Teacher
re_spe_28. 07.09_soc _pol	But <b>you know</b> and <b>I know</b> that right now we spend a lot of money in our health care system that doesn't do a thing to improve people's health. And that has to stop. We've got to get a better bang for health care dollar.	Assertion; audience/Obama know the system needs change	Teacher (if not A then not B)
re_spe_01. 07.09_soc _pol	It's about every American -- because if we do not act to bring down costs, everybody's health care will be in jeopardy. If you lose your job, or if you've got a preexisting condition, <b>you don't know</b> that	Assertion; third party is insecure, unprepared	Father (family, "all in this

	your family is going to be secure. All of us are in this together.		together”)
re_spe_17. 09.09_soc _pol	Second, we’ve estimated that most of this plan can be paid for by finding savings within the existing health care system -- there’s all kinds of waste and abuse. The <b>doctors and nurses know</b> this.	Assertion; third party (an authority) is used as proof for the statement	--
re_pub_15 .07.09_soc _pol	It is a complicated issue. If it was easy, it would have been solved long ago. As <b>all of you know</b> from experience, health care can literally be an issue of life or death.	Assertion; audience knows of the importance of health care	Teacher
re_spe_03. 03.10_soc _pol	It is a complicated issue. If it was easy, it would have been solved long ago. As <b>all of you know</b> from experience, health care can literally be an issue of life or death.	Assertion; audience knows of the importance of health care	Teacher
re_spe_21. 10.09_pol _rep	<b>You know</b> that millions of people in this country have been discriminated because they don’t -- of a preexisting condition. <b>You know</b> that more and more companies are dropping coverage. <b>You know</b> that more and more families are struggling to pay for health care even if they have insurance, out-of-pocket costs going up faster and faster.	Statement of facts; audience knows the problems in the current system	Teacher; facts, explainer
re_spe_03. 12.13_soc	But what <b>we also know</b> is that after just the first month, despite all the problems in the rollout, about half a million people across the country are poised to gain health care coverage through marketplaces and Medicaid beginning on January 1st -- some for the very first time. <b>We know</b> that -- half a million people. (Applause.) And that number is increasing every day and it is going to keep growing and growing and growing, because <b>we know</b> that there are 41 million people out there without health insurance. And <b>we know</b> there are a whole bunch of folks out there who are underinsured or don’t have a good deal. And <b>we know</b> the demand is there and <b>we know</b> that the product on these marketplaces is good and it provides choice and competition for people that allow them, in some cases for the very first time, to have the security that health insurance can provide.	Statements of fact; quasilogical arguments; know the numbers	Teacher, explainer
re_pub_20 .08.09_pol _soc	Well, look, I guarantee you, Joe, we are going to get health care reform done. And <b>I know</b> that there are a lot of people out there who have been hand-wringing, and folks in the press are following every little twist and turn of the legislative process	Promise//assertion; Obama knows that third party is skeptical	--
re_spe_15. 08.12_cam	Because I do care. (Applause.) I care about all the families in Iowa and Illinois and all across the country that I’ve met who have preexisting conditions and now they <b>know</b> they’re going to be able to get health care coverage.	Expressive//promise ; affected families who are sure to get coverage	Father (“I do care”, families)
sta_spe_2 5.02.10_soc _pol	That is the single biggest driver of our federal deficit. And if we don’t get control over that we can’t get control over our federal budget. Now, I’m telling all of you things you already <b>know</b> . Maybe more personally I should just mention the fact that I <b>know</b> have about as good health care as anybody could have.	Assertion; audience knows the problems in the current system	Teacher (numbers)
re_spe_02. 09.12_cam	<b>We know</b> we’re not going to be better off if we strip away regulations that protect our air and our water. (Applause.) <b>We know</b> we’re not going to be better off if we strip away protections to make sure you’ve got health care when you get sick.	Assertion; public knows that if A then not B; comparison between clean water and health care	Teacher (causality)
re_spe_29. 07.09_soc _pol	I keep on saying to people, I’ve got health care. (Laughter.) This is not for me. (Applause.) Here in North Carolina <b>you know</b> this isn’t about politics. This is about people’s lives. This is about people’s businesses. This is about the future.	Assertion; the audience understands what is at stake	Father (people’s lives; future; colloquial style)
re_spe_26. 09.13_soc	So the first thing <b>you need to know</b> is this: If you already have health care, you don’t have to do anything. In fact, for the past few years, since I signed the Affordable Care Act, a lot of you have been enjoying new benefits and protections that you didn’t before even if <b>you didn’t know</b> they were coming from Obamacare	Directive; public needs to know certain facts	Teacher

re_spe_13.06.11_pol_cam	And as a consequence, 30 million more people are going to have health care and <b>people</b> who've got kids with preexisting conditions <b>know</b> that they're going to be served. And we've got a chance to start bending the cost curve so that a health care system that is probably the least efficient and most wasteful of any health care system in the developed world can finally start working the way it should.	Statement of facts; third party with med. problems will get help; logical argument (as a consequence)	Teacher ("cost curve", "efficient", "wasteful")
re_spe_13.09.10_pol	And <b>I know</b> that a lot of people here heard a lot about the health care bill. One of the most important things that that was about was making sure that insurance companies treated you fairly.	Assertion; Obama is aware of misinformation that circulated	Teacher (clear up misinformation)
add_pub_17.07.09_soc_pol	Now <b>we know</b> there are those who will oppose reform no matter what. <b>We know</b> the same special interests and their agents in Congress will make the same old arguments, and use the same scare tactics that have stopped reform before because they profit from this relentless escalation in health care costs. And <b>I know</b> that once you've seen enough ads and heard enough people yelling on TV, you might begin to wonder whether there's a grain of truth to what they're saying	Assertion/prediction; audience/Obama knows that there is opposition; Obama sees that some might believe misinformation campaigns	Teacher
re_spe_20.02.14_rep	We've seen now three consecutive years of the lowest increase in health care inflation in the last 50 -- even as we're covering more people. Now, as you <b>know</b> , there have been a lot of governors and state legislators that are still resisting doing right by their people.	Assertion; public has seen evidence of the workings of the ACA	Teacher
re_spe_14.08.09_soc_pol	And the fact is, health care touches all of our lives in a profound way. Now, that also makes this debate an emotional one. <b>I know</b> there's been a lot of attention paid to some of the town hall meetings that are going on around the country, especially when tempers flare -- TV loves a ruckus.	Assertion; Obama aware of attention paid to the emotional debate	Father (understanding)
re_pub_25.06.15_soc_pol	And unlike Social Security or Medicare, a lot of Americans <b>still don't know</b> what Obamacare is beyond all the political noise in Washington. Across the country, there remain people who are directly benefitting from the law but <b>don't even know</b> it. And that's okay	Assertion; third parties who do not understand the ACA	Teacher
re_spe_08.11.13_pol	Now, <b>I know</b> that's -- <b>I know</b> health care is controversial, so there's only going to be so much support we get on that on a bipartisan basis -- until it's working really well, and then they're going to stop calling it Obamacare.	Assertion; Obama knows that ACA is controversial	Teacher (reasonable)
sta_pub_05.11.09_soc	The AARP <b>knows</b> this bill will make health care more affordable. <b>They know</b> it will make coverage more secure. <b>They know</b> it's a good deal for our seniors. And that's why we're thrilled that they're standing up for this effort.	Statement of facts; authority who knows the benefits of passing ACA	--
re_spe_04.11.13_pol_soc	The truth of the matter is, is that while ultimately, <i>healthcare.gov</i> , the website, is going to be the easiest place to shop for and buy these new plans -- and it's getting faster and more stable -- it's not where it needs to be yet. I'm not happy about it, as you might imagine. (Laughter.) I'm not happy about it because <b>I know</b> that people need health care and this is the right place to get it.	Statement of facts; Obama is aware of the urgency of the ACA	Admits mistakes, --
re_spe_01.11.14_pol	Whether American families continue to benefit from new health care coverage -- because, <b>I don't know</b> if you've noticed, but Obamacare works.	Expressive; colloquial; irony	--
add_pub_21.09.13_pol	Think about that. They'd actually plunge this country back into recession -- all to deny the basic security of health care to millions of Americans. Well, that's not happening. And <b>they know</b> it's not happening.	Promise/threat; pol. opponents know Obama will not back down on the issue	Father (values, standing up for ACA)
add_spe_15.06.09_soc_pol	And <b>we also know</b> that one essential step on our journey is to control the spiraling cost of health care in America. And in order to do that, we're going to need the help of the AMA.	Assertion; quasilogical argument, if A then B	Teacher
add_pub_11.14.13_pol	And we've all heard the charge that reform will somehow bring	Expressive; Obama	Teacher

22.08.09_s oc_pol	about a government takeover of health care. <b>I know</b> that sounds scary to many folks. It sounds scary to me, too. But here's the thing: it's not true.	knows about the misinformation in the public	
re_spe_26. 03.09_pol _rep	And because <b>we know</b> that the crushing cost of health care is bankrupting families and businesses, and bankrupting the federal government and the state government, our budget reflects the reforms that will bring down costs, and improve care, and guarantee Americans their choice of doctors and hospitals	Statement of facts; public knows about the problems in the old system	Teacher
re_spe_26. 03.09_pol _rep_2	And because <b>we know</b> that the crushing cost of health care is punishing families and businesses, and bankrupting the federal and state governments, we're going to invest in reforms that bring down those costs while improving care and guaranteeing Americans their choice of doctors and hospitals.	Assertion//conclusion; public knows about the problems in the old system	Teacher
add_pub_ 05.06.09_s oc_pol	And if you're like <b>any of the Americans</b> I've met across this country who <b>know</b> all too well that the soaring costs of health care make our current course unsustainable, I imagine you'll be watching their progress closely.	Assertion; third parties who have experienced the health care hardships	Father (listener)
re_pre_10. 02.12_soc	And <b>we know</b> that the overall cost of health care is lower when women have access to contraceptive services.	Assertion; logical: if A then B	Feminist, --
re_spe_01. 04.10_soc _pol	That's why we worked so hard over the last year to lift one of the biggest burdens facing middle-class families and small business owners, and that is the crushing cost of health care right here in America. (Applause.) And Mainers, I want <b>you to know</b> that last week, after a year of debate and a century of trying, health insurance reform became the law of the land -- last week.	Directive; Obama wants to inform the audience of the ACA passing	--
re_spe_05. 03.09_soc _pol_2	Now, as we work to determine the details of health care reform, we won't always see eye to eye. We may disagree -- and disagree strongly -- about particular measures. But <b>we know</b> that there are plenty of areas of agreement, as well, and that should serve as the starting points for our work.	Assertion; Obama sees areas of agreement with his opponents	Consensus seeker, --
re_spe_05. 05.12_cam	And, by the way, on health care reform, here's <b>what I know</b> : Allowing 2.5 million young people to stay on their parents' health insurance -- that was the right thing to do.	Statement of fact; Obama as the expert	Teacher (figure, statistic)
re_spe_05. 05.12_cam _2	And, by the way, on health care reform, here's what I know: Allowing 2.5 million young people to stay on their parents' health insurance -- that was the right thing to do.	Statement of fact; Obama as the expert	Teacher (figure, statistic)
re_spe_17. 09.09_soc _pol	Now is the time to deliver on health care reform for the American people. (Applause.) So just to make sure you're clear, here's what <b>you need to know</b> about our plan. For those who have health insurance, you'll have more security and stability.	Directive; the audience needs to know a few facts	Teacher
re_spe_01. 04.10_soc _pol	And we're going to have to continue to work on health care. <b>I know</b> people may not want to hear that, but what we've done is we've enshrined a principle that every single person in this country should not be bankrupt when they get sick; that every child who's got a preexisting condition, they can get health care	Assertion; Obama is aware of opposition to the new system	Father (caring, values)
re_spe_01. 07.15_pol _soc	America still spends more on health care than any other advanced nation and our outcomes aren't particularly better. And so we <b>know</b> there's still a lot of waste in the system. <b>We know</b> that the quality of care isn't always where it needs to be.	Statement of facts; public is aware of failures in the old system	Teacher (reason)
re_spe_11. 06.09_pol _soc	But across the country, spending on health care keeps on going up and up and up -- day after day, year after year. <b>I know</b> that there are millions of Americans who are happy, who are content with their health care coverage -- they like their plan, they value their relationship with their doctor.	Assertion; Obama knows that not everyone is affected by bad health care	--
re_spe_09. 11.15_pol	We've made great strides on health care. We've made strides in education and access to college. We've made serious strides in clean energy. <b>You know</b> the statistics.	Statement of facts; audience knows the numbers	Teacher
re_spe_16. 07.09_pol	We've got the support of the doctors. We've got the support of the <b>nurses</b> who represent the best of our health care system and <b>know</b>	Assertion; authority supports the ACA	--

_rep	what's broken about it.	plan	
add_spe_2 4.02.09_p ol_soc	I suffer no illusions that this will be an easy process. It will be hard. But <b>I also know</b> that nearly a century after Teddy Roosevelt first called for reform, the cost of our health care has weighed down our economy and the conscience of our nation long enough. So let there be no doubt: health care reform cannot wait, it must not wait, and it will not wait another year.	Representative//promise; Obama sees the right time for the ACA, change now	Father (values)
re_spe_08. 08.12_cam _2	Now, understand this is crucial for women's health. Doctors prescribe contraception not just for family planning but as a way to reduce the risk of ovarian and other cancers. And it's good for our health care system in general, because <b>we know</b> the overall cost of care is lower when women have access to contraceptive services.	Assertion; public knows that if A then B	Teacher/explainer; logical
re_spe_05. 10.12_cam _2	Now, understand this is crucial for women's health. Doctors prescribe contraception not just for family planning but as a way to reduce the risk of ovarian and other cancers. And it's good for our health care system in general, because <b>we know</b> the overall cost of care is lower when women have access to contraceptive services.	Assertion; public knows that if A then B	Teacher/explainer; logical
re_spe_05. 10.09_soc	So these doctors <b>know</b> what needs to be fixed about our health care system. And they <b>know</b> that health insurance reform will do -- that it will go a long way towards making patients healthier and doctors and nurses to be able to perform that -- those tasks that are so important to them and led them into medicine in the first place.	Statements of facts; authority supports the ACA plan	--
re_spe_15. 08.09_soc _pol	What you haven't been seeing are the constructive meetings going on all over the country. That doesn't mean people agree with me on every single issue, but it means that we've been trying to figure out how do we solve what <b>we know</b> is an unsustainable problem in our health care system.	Assertion/promise; public/admin. knows about the problems in the system	Consensus seeker, --
re_pub_22 .06.09_soc _pol	And I'm committed to continuing to work with AARP to ensure that any reforms we pursue are carried out in a way that protects <b>America's seniors</b> , who <b>know</b> as well as anyone what's wrong with our health care system and why it's badly in need of reform.	Assertion; authority supports the ACA plan	--
re_pub_02 .07.09_en v_pol	<b>We know</b> we're going to have to change how we operate our health care systems.	Promise; public aware of the need for change	--
re_spe_11. 08.11_pol _cam	Our health care system, the most expensive in the world, but doesn't give us the best outcomes. <b>We know</b> what to do in order to fix it, and we've made great strides with health care reform, but we've got more work to do.	Assertion; admin. knows that the old system needs fixing	Doer, --
sta_pub_2 1.07.09_soc _pol	Hospitals have agreed to bring down costs. The American Nurses Association and the American Medical Association, who represent millions of <b>nurses and doctors</b> who <b>know</b> our health care system best, have announced their support for reform.	Assertion; authority supports the ACA plan	--
add_pub_ 08.08.09_s oc_pol	And the American Nurses Association and the American Medical Association, which represent the millions of <b>nurses and doctors</b> who <b>know</b> our health care system best, support reform, as well.	Assertion; authority supports the ACA plan	--
re_spe_23. 07.09_soc _pol	The American Nurses Association, the American Medical Association, representing millions of <b>nurses and doctors</b> who <b>know</b> our health care system best, they've announced their support for reform.	Assertion; authority supports the ACA plan	--
re_spe_23. 07.09_pol _rep	This is what reform would mean for all of us, and right now we are closer to that reality than we have ever been. (Applause.) We've got the support of hospitals and <b>doctors and nurses</b> who represent the best of our health care system and <b>know</b> what's broken about it. We've made unprecedented progress in Congress.	Assertion; authority supports the ACA plan	Motivator, --
re_spe_28. 07.09_soc _pol	and finding solutions to our health care challenges. <b>I know</b> it's not easy. <b>I know</b> there are folks who will oppose any kind of reform because they profit from the way the system is right now. They'll run all sorts of ads that will make people scared. This is nothing that we haven't heard before.	Expressive/assertion ; Obama knows the difficulties/oppositions towards the ACA	Father; realist
pre_pre_1	I've said before, this law won't solve all the problems in our health	Statement of fact;	Teacher

7.04.14_p ol	care system. <b>We know</b> we've got more work to do. But <b>we now know</b> for a fact that repealing the Affordable Care Act would increase the deficit, raise premiums for millions of Americans, and take insurance away from millions more -- which is why, as I've said before, I find it strange that the Republican position on this law is still stuck in the same place that it has always been.	Obama aware of the consequences of repealing ACA; logical argument if <i>not</i> A, then B, C, D	
sta_pub_1 3.05.09_p ol_soc	As I've said before, and as <b>all Americans know</b> , our health care system is broken. It's unsustainable for families, for businesses. It is unsustainable for the federal government and state governments.	Assertion; public is aware of failures in the old system	Realist, --
sta_pub_0 5.11.09_so c	So the <b>doctors of America know</b> what needs to be fixed about our health care system. <b>They know</b> that health insurance reform would go a long way toward doing that.	Assertion; authority supports the ACA plan	--
re_spe_28. 02.14_pol _rep	And every woman deserves to control her own health care choices - - not her boss, not her insurer, not anybody in Congress. (Applause.) <b>I don't know</b> why we're still arguing about this. (Laughter.) I saw that some Republicans in Congress brought in outside aides to teach them how to talk to women. (Laughter.) It is unclear how they've gotten this far without that particular skill.	Expressive; Obama as incredulous	Feminist
re_spe_19. 07.12_cam	I believe it was the right thing to do, to pass health care reform. (Applause.) <b>All of you know</b> what it means to have security when it comes to your health care. A lot of folks here may already be on Medicare	Assertion; audience aware of benefits of good health care	Father (values)
re_spe_26. 04.13_soc _pol	Now, <b>I know</b> how hard you worked to help us pass health care reform. You and your supporters got out there -- you organized; you mobilized; you made your voices heard. It made all the difference. But here's the thing -- if <b>Americans don't know</b> how to access the new benefits and protections that they're going to receive as we implement this law, then health care reform won't make much of a difference in their lives.	Assertion; public needs to know how to access benefits of ACA	Teacher
re_spe_27. 10.09_rep _pol	And for those of you who have health insurance -- (applause) -- <b>I know</b> that sometimes this seems like, well, is this something we can afford to do. Let me tell you, premiums doubled for individuals over the last decade. They will double again in the coming decade.	Assertion; Obama aware of doubts in the public/audience; if x then y	Teacher
re_spe_08. 03.10_soc _pol	So I'll be honest with you. <b>I don't know</b> how passing health care will play politically, but <b>I do know</b> that it's the right thing to do.	Representative; Obama is sure that the ACA is the way to go	Father (values)
re_spe_19. 03.10_soc _pol	Now, <b>I don't know</b> how passing health care will play politically -- but <b>I know</b> it's right. (Applause.) Teddy Roosevelt <b>knew</b> it was right. Harry Truman <b>knew</b> that it was right. Ted Kennedy <b>knew</b> it was right.	Assertion; Obama is sure that the ACA is the way to go	Father (values); historical analogy
re_spe_05. 03.09_soc _pol_2	Now, <b>I know</b> people are skeptical about whether Washington can bring about this change. Our inability to reform health care in the past is just one example of how special interests have had their way, and the public interest has fallen by the wayside. And <b>I know</b> people are afraid we'll draw the same old lines in the sand and give in to the same entrenched interests and arrive back at the same stalemate that we've been stuck in for decades	Expressive; Obama aware of skepticism/fear in the public	Doer, --
re_spe_14. 01.10_pol _rep	Today we are on the doorstep of accomplishing something that Washington has been talking about since Teddy Roosevelt was President, and that is reforming health care and health insurance here in America. (Applause.) Now, believe me, <b>I know</b> how big a lift this has been. I see the polls.	Assertion; Obama aware of difficulties	Father; historical analogy
re_spe_13. 07.12_cam _3	Seems like once a week they vote -- even though <b>they know</b> they can't pass it, they vote to repeal health care. Even though <b>they know</b> it won't pass.	Statement of facts; opponents keep voting to repeal the ACA; unreasonable behavior	Father (scolding)
re_spe_18. 02.10_pol	We can continue to ignore the growing burden of runaway health care costs. And <b>we all know</b> what will happen if we do -- it's	Conclusion; public knows the	Teacher/explainer

_rep	already happening. Just the other week, one of California's largest insurers sent a letter to a million customers saying: Your premiums are going to go up by as much as 39 percent.	consequences of not acting; quasilogical argument	
re_spe_20.04.10_rep_pol	It wasn't forthcoming when it came to economic recovery, and <b>I don't know</b> if you noticed, but it wasn't forthcoming when it came to trying to make sure that every American has secure health care in this country. (Applause.) And yet we got it done anyway without their help.	Expressive; ironic use of "I don't know if you noticed"; criticism	Democrats = doers; Republican = stallers, --
re_pub_17.02.09_pol	Because <b>we know</b> that spiraling health care costs are crushing families and businesses alike, we're taking the most meaningful steps in years towards modernizing our health care system. It's an investment that will take the long overdue step of computerizing America's medical records to reduce the duplication and waste that costs billions of health care dollars, and medical errors that cost thousands of lives each year.	Assertion/conclusion; public/admin. know about the problems in the system; if A then B	Teacher
add_spe_17.07.09_soc_pol	<b>We know</b> that even as spiraling health care costs crush families of all races, African Americans are more likely to suffer from a host of diseases but less likely to own health insurance than just about anybody else.	Statement of facts; public/admin. know about the problems in the system	--
re_spe_19.03.09_pol_soc	So, because <b>we know</b> that spiraling health care costs are crushing families and dragging down the entire economy, and because <b>we know</b> it represents one of the fastest-growing parts of our budget, we've made a historic commitment to health care reform in this budget -- reform that brings us closer to the day when health care is affordable and accessible for every single American.	Assertion//promise; admin. knows that the old system needs fixing; logical argument ('because')	Teacher
re_spe_20.02.09_pol_env	Because <b>we know</b> that spiraling health care costs are crushing families and businesses alike, and straining budgets across government, we're taking the most meaningful steps in years to modernize our health care system	Assertion/promise; admin. knows that the old system needs fixing	Teacher
re_pub_03.02.15_soc	So my understanding is the House of Representatives has scheduled yet another vote today to take health care away from the folks sitting around this table. <b>I don't know</b> whether it's the 55th or the 60th time that they are taking this vote. But I've asked this question before: Why is it that this would be at the top of their agenda, making sure that folks who don't have health care aren't able to get it?	Expressive; Obama is unsure how many repeal votes the House has taken -- indirect criticism	Reasonable, --
re_spe_12.09.09_soc_pol	<b>You know</b> and <b>I know</b> that health care is one of those fundamental struggles -- (applause) -- because if you're one of the tens of millions of Americans who have no health insurance, you live every day just one accident or illness away from bankruptcy. And contrary to some of the myths out there, these aren't primarily people who are deep in poverty.	Assertion; Obama/public are aware that the system is broken	Father (values)
re_spe_01.04.10_rep_pol_2	But it's one thing to disagree out of principle; it's another way to stand -- it's another thing to stand in the way just because it's politically expedient. And <b>I don't know</b> how else to describe one of the Republican senators saying that health care was going to be "Obama's Waterloo." You remember that?	Description; Obama incredulous over the Republican's opposition	Enemy/Feindbild
re_spe_16.07.09_pol_rep	So let me be clear: When you hear that health care reform will cost \$1 trillion over 10 years, <b>you need to know</b> that at least half of that will be paid for by money already in the system that's being badly spent.	Directive; public needs to be educated about the costs/effects	Teacher
re_spe_26.04.13_soc_pol	We need you to tell your patients, your friends, your neighbors, your family members what the health care law means for them. Make sure <b>they know</b> that if they don't have health insurance, they'll be able to sign up for quality, affordable insurance starting this fall in an online marketplace where private insurers will compete for their business.	Directive/command; audience should inform their families about ACA	Teacher
re_spe_14.05.09_pol	We've made productive strides towards fixing the health care crisis that <b>I know</b> has hit especially hard here -- strides towards reform that brings down costs; that give Americans the freedom to keep their doctor or plan that they already have, and choose a new doctor	Assertion; Obama aware of the personal troubles of the audience	Father (caring)

	and a new plan if they want to		
re_spe_10.03.10_soc_pol	Now, <b>I know</b> that during the health care debate opponents have tried to scare people, especially our seniors, into thinking that we are going after seniors' Medicare benefits; that's how Obama is going to pay for his plan.	Assertion; Obama aware of the misinformation/scare tactics	Teacher
re_spe_13.09.10_pol	And <b>I know</b> that a lot of people here heard a lot about the health care bill. One of the most important things that that was about was making sure that insurance companies treated you fairly	Assertion; Obama aware of the misinformation/scare tactics	Teacher
re_spe_16.07.09_pol_rep	So let me just be clear here, New Jersey, because you're going to hear a lot of nonsense. <b>I know</b> that a lot of Americans are satisfied with their health care right now; they're wondering what they get out of health care reform. So let me be absolutely clear about what reform means for you.	Assertion; Obama aware that not all people require a system change	Teacher
add_pub_06.03.10_soc_pol	Doctors and patients will have more control over their health care decisions, and insurance company bureaucrats will have less. This future is within our grasp. But <b>we</b> also <b>know</b> what the future will look like if we don't act – if we let this opportunity pass for another year, or another decade, or another generation.	Conclusion/warning ; Obama/admin. aware of the urgency of ACA; consequences	Teacher
re_spe_23.07.09_pol_rep	<b>I know</b> a lot of Americans are also satisfied with their health care right now -- they're wondering what are they going to get out of it. So let me be absolutely clear about what health reform means for you.	Assertion; Obama aware that not all people require a system change	Teacher
add_spe_15.06.09_soc_pol	So let me begin by saying this to you and to the American people: <b>I know</b> that there are millions of Americans who are content with their health care coverage -- they like their plan and, most importantly, they value their relationship with their doctor. They trust you.	Assertion; Obama aware that not all people require a system change	Teacher
re_pub_10.05.13_soc	And <b>I know</b> there are lots of moms out there who often go without the care that they need, or the checkups <b>they know</b> they should get, because they're worrying that co-pay has to go to gas, or groceries, or the new soccer uniform instead. Or worse, <b>they know</b> the unfairness of being charged more for their health care just because they're a woman, or the stress of trying to manage a family budget when health care costs are impinging on it, or trying to insure a sick child only to be told "no" over and over again.	Statement of facts; Obama aware of people foregoing checkups because of costs	Father (caring, values)
add_spe_09.09.09_soc_pol	I understand how difficult this health care debate has been. <b>I know</b> that many in this country are deeply skeptical that government is looking out for them. I understand that the politically safe move would be to kick the can further down the road -	Assertion; Obama aware of the misinformation/scare tactics	Teacher
re_spe_25.02.14_pol	A lot of you, you got involved in the first place because of this health care issue, a lot of you -- because <b>I know</b> I met you on the campaign trail in some cases, and you came up and told me about a story of how painful and difficult an illness in the family had been, and <b>not knowing</b> how you were going to pay for coverage, how you were going to pay for the care for a loved one.	Representative; Obama and personal connections	Father
re_spe_10.03.10_rep	And so let me tell the truth about this health care debate. <b>I know</b> there are strong views about this. <b>I know</b> there are Democrats who would like to scrap our system of private insurance and replace it with a government-run health care system that works in some countries.	Statement of facts; Obama aware of opposition	Teacher (truth)
re_spe_25.02.14_pol	And then there are some folks actually who do like me, but they just <b>don't know</b> . (Laughter.) Because they're not paying attention. Because they're on one of the other channels that has "Real Housewives" or something. (Laughter.) They really <b>don't know</b> that there's this health care plan out there.	Assertion; parts of the public that remain widely uninformed, criticism	Teacher
re_spe_05.02.10_rep_pol_2	I got David Axelrod -- he does all the polls. He whispers in my ear, man, this health care thing is hard. (Laughter.) I am an amateur historian, so <b>I know</b> that seven Presidents starting with Teddy Roosevelt couldn't get this done. We understood this was going to	Representative; Obama aware of the health care debate history	--

	be hard.		
re_pub_28 .06.12_soc _pol	Still, <b>I know</b> the debate over this law has been divisive. I respect the very real concerns that millions of Americans have shared. And <b>I know</b> a lot of coverage through this health care debate has focused on what it means politically.	Expressive; Obama aware of the misinformation/scar e tactics, criticism	Father (concern)
re_pub_09 .12.09_soc	<b>I know</b> it's been a long road. (Laughter.) <b>I know</b> it's been a tough fight. But <b>I also know</b> the reason we've taken up this cause is the very same reason why so many members from both parties are here today – because no matter what our politics are, <b>we know</b> that when it comes to health care, the people we serve deserve better.	Assertion; Obama aware of tough fight to pass the ACA	Father (values)
re_spe_11. 06.09_pol _soc	Because when it comes to health care, this country can't continue on its current path. <b>I know</b> there are some who will say that it's too expensive. <b>I know</b> some people say it's too complicated. But I can assure you: The cost of doing nothing is going to be a lot higher in the years to come.	Assertion/promise; Obama aware of opposition	Teacher
re_spe_01. 07.15_pol _soc	Also here is <b>somebody</b> who <b>knows</b> health care well, was a health care professional, a doctor and executive, and <b>knows</b> a little bit about politics because he used to be the former Majority Leader. When I first came in, in fact, he and I had a chance to work together on a number of things, and he's been a terrific advocate on behalf of health care for a lot of people -- Mr. Bill Frist	Assertion; authority on the health care system	--
re_spe_21. 04.11_pol _cam	We can't afford to make sure that <b>every senior knows</b> they've got basic health care available to them when they get older. We can't afford to keep our air and water clean. We can't afford to invest in the arts. We can't afford to maintain our national parks. That's not a vision of America that I want to pass on to Malia and Sasha. (Applause.) I want a vision of America that is big and bold and ambitious as it has ever been.	Hypothetical threat; opposite of Obama's vision	--
re_spe_01. 07.09_soc _pol	But the hardest part is yet to come -- because <b>everybody</b> here <b>knows</b> that the easiest thing to do when you're looking at big policy questions like health care is just to be saying it can't be done. And the naysayers are already starting to line up and finding every excuse and scare tactic in the book for why reform is not going to happen. This is going on as we speak.	Assertion; Obama aware of opposition/misinformation/stallers	Doer; teacher/explainer
sta_pub_0 5.11.09_so c	The <b>AARP knows</b> this bill will make health care more affordable. <b>They know</b> it will make coverage more secure. <b>They know</b> it's a good deal for our seniors. And that's why we're thrilled that they're standing up for this effort.	Assertion; authority on the health care system	--
re_spe_17. 10.12_cam _2	Governor Romney didn't want to talk much last night about how he wants to end funding for Planned Parenthood, how he supports legislation that would turn certain decisions about a woman's health care over to their employers. He didn't want to talk about it because <b>he knows</b> he can't sell it. I don't think your boss should control the health care you get. (Applause.) I don't think insurers should control the health care you get. (Applause.) I certainly don't think politicians should control the health care that you get.	Assertion/speculation; Romney's unpopular views on health issues	--
re_spe_06. 07.12_cam _2	I'm running because I continue to be convinced that in a country like ours, the greatest country on Earth, nobody should go bankrupt just because they get sick. (Applause.) I am proud of the work we did to get that health care law passed. It was the right thing to do. (Applause.) <b>John Boccieri knows</b> it was the right thing to do	Assertion; third party that knows the benefits of passing ACA	Father (“right thing”)
re_spe_20. 07.09_soc _pol	Now, we always knew that passing health care reform wouldn't be easy. We always knew that doing what is right would be hard. There's just a tendency towards inertia in this town. I understand that as well as anybody. But we're a country that chooses the harder right over the easier wrong. That's what we have to do this time. We have to do that once more.	Obama aware of difficulties in passing ACA	Father (values; “right thing”)
re_spe_19. 03.10_soc _pol	Now, <b>I don't know</b> how passing health care will play politically -- but <b>I know</b> it's right. (Applause.) Teddy Roosevelt <b>knew</b> it was right. Harry Truman <b>knew</b> that it was right. Ted Kennedy <b>knew</b> it was right. (Applause.) And if you believe that it's right, then you've	Assertion; historical figures that also tried to pass health care reform	Father; historical analogy

	got to help us finish this fight.		
re_pub_22 .06.10_soc	It was more than a year ago that some of these same CEOs came to the White House for one of the first meetings about what this reform would look like. And <b>we knew</b> we wouldn't see eye to eye on everything. But for the first time, nearly everyone involved in this debate -- patients, hospitals, doctors, nurses, businesses large and small, Democrats and Republicans, even those most invested in the status quo -- including our insurance companies -- <b>everybody knew</b> that finally something needed to be done about America's broken health care system. It was no longer working for families who were seeing more and more of their incomes eaten by health costs, causing real hardships for working people.	Statement of facts; Obama was aware of differences	Doer; teacher/explainer
re_spe_02. 08.10_pol _rep	Folks in Washington, these pundits, sometimes they write -- they're all surprised -- "President Obama went ahead with some of these steps like health care reform and helping the auto companies, and those weren't popular." Well, <b>I knew</b> they weren't popular. I've got pollsters too. (Laughter.) You don't think I've got polls that tell me what's popular and what's not? But for the last 20 months, my job has been to govern.	Statement of facts; Obama admits to unpopularity of passing ACA	--
re_spe_26. 10.10_rep _pol	And I have to tell you when it comes to health care reform, <b>we knew</b> how tough it was going to be because it is a huge complicated system with a lot of interests. And we had neglected it for so long that inevitably it was going to be a contentious fight. But what <b>we also knew</b> was if we didn't start tackling it now, that not only were you going to continue to see 30 million people without health insurance, not only were we going to continue to waste money on preventable diseases like diabetes because people weren't getting regular checkups, but there was no way that we could ever hope to deal with our deficit because the primary driver of our deficit -- almost by a magnitude of several times -- the biggest driver of our deficit and our debt, long term, is our health care costs. And we've got to bring those costs down.	Assertion; logical argumentation, if <i>not</i> A then not B, C, etc.; Obama paints a hypothetical future without the ACA	Teacher
re_spe_23. 06.11_pol _cam_3	<b>We knew</b> it wasn't going to be easy to end two wars and restore America's leadership around the world. <b>We knew</b> it wasn't going to be easy to fix our immigration system; to reform our health care system; to transform our energy policy; to educate our young people for the demands of a global economy. We did not think it was going to be easy. And I said that night I did not run for President to do easy things.	Assertion; Obama/admin. aware of difficulties in passing ACA (and other legislation)	Father (caring); doer
re_spe_23. 06.11_pol _cam_2	There seemed to be a lack of pragmatism when it came to thinking about regulation and how we make a health care system that works for people and where we're getting a better bang for the buck. And so <b>I knew</b> that all these things were going to be difficult. I have to say I didn't always anticipate how difficult -- because at the time when we were campaigning we didn't realize that we were already entering what would turn out to be the worst recession since the Great Depression	Assertion; Obama aware of difficulties in passing ACA	Realist, --
re_spe_13. 06.11_pol _cam	<b>I knew</b> that we had gone through a decade in which hard decisions had been put off again and again and again, on critical issues like health care and energy and immigration. And <b>I also knew</b> that for a decade, families all across America had struggled.	Assertion; Obama aware of difficulties in passing ACA b/c previous inaction	Father (caring)
re_spe_12. 10.11_pol _cam	<b>We knew</b> then that the challenges were immense; that we had gone through a decade in which ordinary people's wages and incomes hadn't gone up while the cost of everything from college to health care had risen. <b>We knew</b> then that the health care system was broken and we had millions of people without health care. <b>We knew</b> then that we didn't have an energy policy in this country.	Assertion; Obama/admin. aware of difficulties in passing ACA	Teacher/explainer
re_spe_26. 09.11_pol _cam_3	<b>We knew</b> that we were going to have to make sure that we changed our health care system that was broken, leaving millions of people without health insurance and leaving folks who did have health insurance less secure than they needed to be. <b>We knew</b> that	Assertion; Obama/admin. aware of urgency in passing ACA	Teacher

	we were going to have to get control of our federal budget, but do so in a way that ensured that we could still make the core investments in infrastructure and basic research and education that are so vital for us winning the future.		
re_spe_16.07.12_cam	Incomes and wages were flat-lining while the cost of everything from college to health care to groceries to gas were all going up. So our goal was to turn this around -- and <b>we knew</b> it wouldn't be easy. <b>We knew</b> that it might take more than one term, maybe more than one President. But <b>we knew</b> that we had to get started to reclaim this dream.	Assertion; Obama/admin. aware of difficulties in passing ACA; American Dream	Doer/dreamer, --
re_spe_28.09.12_cam_2	we had to tackle some issues that mattered over the long haul and problems that had been building up over decades. And that's why we championed health care reform. <b>We knew</b> it wasn't going to be politically popular, but it was the right thing to do.	Statement of facts; Obama/admin. aware of unpopularity in passing ACA	Father (values; "right thing")
re_spe_26.09.13_soc	In the United States of America, health care is not a privilege for the fortunate few -- it is a right. And <b>I knew</b> that if we didn't do something about our unfair and inefficient health care system, it would keep driving up our deficits, it would keep burdening our businesses, it would keep hurting our families, and it would keep holding back economic growth. That's why we took on a broken health care system. That's why, with the help of folks like Steny and Ben and Donna, we got it through Congress. That's why we've been implementing it. That's why we are going to see it through. The Affordable Care Act is here.	Assertion; Obama aware of the consequences inaction would have had; determined	Teacher (logical)
re_spe_04.11.13_pol_soc	Change isn't easy, period. Change in this area is especially hard, because it touches on everybody. Everybody's lives are impacted and it's a very personal issue. And when you're undertaking something this big, this important, like health care reform, <b>we knew</b> we were going to get resistance. Maybe not -- (laughter) -- to the same degree as we've gotten. But there's a reason why this hasn't gotten done before.	Assertion; Obama/admin. aware of difficulties in passing ACA	Father ("lives", "personal issues")