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And now the telling of...

The Myth of Bernie Sanders' "Medicare for All" or "Healthcare for All"

Ari Kim

Assigned in COM 587: Professor Justin Kirk

In the recent political turmoil over Obamacare under the Trump administration, Americans are bombarded with constant messages of how broken our healthcare system is. We are exposed to politicians arguing, repealing, and voting for new healthcare reformations, and we question whether our own leaders can comprehend the dire consequences of their proposed health plans and the implications that will affect the masses. Individuals are asking critical questions about access to basic medical services in regards to gender, social status, economic standing, and ethnicity. One recent poll suggests that around 60 percent of Americans believe it is the federal government's responsibility to provide health coverage (Bialik, 2017). In another poll by the Kaiser Family Foundation, regarding the specific type of medical coverage, it shows that over 57 percent supported the idea of Bernie Sanders's "Medicare for All: Leaving No One Behind" (Qui, 2017). Due to the politically charged environment regarding socioeconomic disparity, I argue more and more citizens are defaulting to the American myth of "Healthcare for All".

For the different types of myths, the narrative told must be a true story or tell "facts of the mind" (Rowland, 1990, p.103). This myth of "Healthcare for All" is no different; it must be treated as a true story by people who share them (Rowland, 1990). In my rhetorical analysis of myth, I will delve deeper into this myth to understand the story and message behind this

policy and how Americans should understand this issue. When we are required to have our opinions about these issues, it is essential to understand the implications of our thoughts and opinions. This new voice uses a rhetorical perspective and a religious analogy to help comprehend how universal healthcare can be played out in our country.

History of American Healthcare

In order to comprehend the development of this myth, there must be an understanding of how the healthcare system operates in this country. Since the early 1890s to 2000s, groups like the American Association of Labor Legislation (AALL) and American Medical Association (AMA) have advocated for a universal, government-funded healthcare system (Palmer, 1999). Similar to today, these groups faced opposition by interest groups (usually the rich and powerful), anti-socialists, anti-communists, private insurances, and more (Palmer, 1999). After failed propositions to change the landscape of American healthcare, the federal government left these matters to the state (Palmer, 1999). Passed from the federal government to the state government, healthcare responsibilities were then handed to private and voluntary companies (Palmer, 1999). With private insurance dominating the healthcare field, Americans were expected to pay out of pocket for health insurance with or without employer's benefits (Niles, 2016). Before 2010, those without government-

sponsored programs struggled to meet ends to pay for exorbitant prices from the insurance and healthcare companies (Niles, 2016). Then, in 2010, Obamacare, otherwise known as the Patient Protection and Affordable Care Act of 2010 (PPACA or ACA) increased access to state-run, affordable healthcare insurance (Niles, 2016). This mandate required everyone to have health insurance or pay a fine (Niles, 2016). This expansion of health insurance covered over 17 million Americans, and millions of low-income Americans gained coverage from Medicaid in over 31 states (Medicare for All, 2017b). While both of these mandates decreased the number of uninsured people, healthcare coverage is not offered as a right of citizenship (Niles, 2016).

Origins of the Myth

Universal healthcare or “Healthcare for All” is not a profoundly new idea. Canada offers a decentralized national health insurance and offers reimbursements for private health insurance or their citizens (Qui, 2017). In the United Kingdom, the citizens’ taxes fund the public, federally owned healthcare system called National Health System (NHS). Although the type of healthcare system may differ country to country, countries like Canada, United Kingdom, Germany, Japan, Australia, and Denmark have guaranteed healthcare as a right for citizens (Sanders, 2017a; Palmer, 1999).

Bernie Sanders, the senator of Vermont, believes in providing this same type of care in America. Throughout his presidential campaign in 2016, he has relentlessly advocated for “Healthcare for All”. Although President Obama made progressive strides towards providing healthcare for many, this was not the final solution. United States spends more on healthcare expenses per person and percentage of our country’s GDP (gross domestic product)

than any industrial nation in the world (Medicare for All, 2017b). The American healthcare system was built to provide immense profits to medical industries, and the healthcare in this country has created layers of bureaucracy with complicated insurance plans making it hard to comprehend for an average American (Sanders, 2017a). This spending does not equate to healthier Americans (Medicare for All, 2017b). The average life expectancy in America is 78.7 years as opposed to Japan’s life expectancy rate of 83 years old (OCED, 2011). In the last twenty five years, America had the smallest rise for life expectancy (OCED, 2011). According to Sanders, this overpriced system provides no advantages in mortality rates, lower chronic disease states, or access to healthcare compared to other countries.

In September 2017, Bernie Sanders proposed a new health plan to Congress to reach the 29 million without health insurance (Sanders, 2017). In Bernie’s plan of “Medicare for All,” he outlines how America can achieve to universal healthcare by using the preexisting Medicare (healthcare for 65 and older) and expanding it to every citizen through single-payer health care (Medicare for All,, 2017b). Single-payer healthcare is the idea healthcare services would be provided by single public organization (“Medicare for All”, 2017b). This proposed healthcare plan would cover the entire continuum of services and products from inpatient to outpatient care, preventative primary care office visits to emergency care, primary care to specialty care, long-term to palliative care, and more (Medicare for All, 2017b). Sander’s proposed plan would also include vision, hearing, oral, and mental health care along with prescriptions, medical equipment, etc. (Medicare for All, 2017b). Under Sanders’s plan, health insurance would be separated from

employment, and ensure every American the right to high-quality health care (Medicare for All, 2017a).

However, with multibillion dollar profits at stake, the probability of Bernie Sanders's healthcare plan to pass is low in America. The bipartisan political system in our government makes it impossible for plan like "Medicare for All" due to its comparatively drastic policies. Conservative Republicans want a comprehensive health care system in the private sector with little to no federal regulations. With so many differing opinions, diverse population groups, and the geographic size of this country, the most rich and powerful have a significant sway and influence in lobby groups. Our system has been "ordained to believe inequality exists in our country with multi billionaires controlling our politics" (Menand, 2017). With overwhelming piles of medical bills to pay, little knowledge of the intricacies in insurance plans, and frustrations towards bureaucracy, Americans wants to trust the federal government to provide "Healthcare for All".

Functions of Myths

According to Dr. Robert C. Rowland, an argumentation and rhetoric scholar, believes the function of sharing myths can be played out in several ways. The first ways is explaining the reality lived or the "moral paradigm structuring society" meaning myths are to be a pragmatic explanation of lived society (Rowland, 1990, p. 102). Next, myths serve as theoretical device (Rowland, 1990). It provides a logical explanation of overcoming a contradiction (Rowland, 1990). Finally, the last function of the myth is to ease psychological development (Rowland, 1990). In this perspective, the functions of myth are believed to help "humans deal with the crises of life" (Rowland, 1990, p.102). In this case, the utopian myth of

"Healthcare for All" follows the last perspective of functions of myth. This myth is constantly framed to solve the problems of human existence, the dysfunctional health system, which seems insoluble (Rowland, 1990). In order to dissect how "Healthcare or All" is a myth, the essence of a 'myth' must be analyzed in order for Americans to see meticulous the story is played out in American culture.

Structure of Myth

Myths have four major characteristics: a narrative format, a heroic savior and its archetypes, protected time, and sacred place. In order to get the thorough understanding of how the myth operates, I compare the founding myth of Israel or the Exodus story and "Healthcare for All."

Narrative Format

When myths are presented in our society, Dr. Rowland believes they must told in a narrative format. In the narrative, it must symbolically "solve" a social problem or provide justification for changing a social structure (Rowland, 1990). Although Bernie Sanders never makes direct religious references to the bible, his role in the "Healthcare for All" myth has been framed similarly to a preexisting myth and cultural story in the bible, the story of Exodus. In the story of Exodus, God calls on Moses to be his instrument to bring the nation of Israel out of slavery in Egypt and deliver them into the promised land of Canaan. Similarly, in today's society, the Americans are enslaved by medical debt; Bernie presents himself as the present day "Moses." Those who believe Bernie is America's Moses; those, usually with left-leaning political ideals, believe Sanders can bring the United States out of bondage to insurance companies and the rich to the promised land and utopian society of healthcare for all. The analogy between these

two stories both challenge the pre-existing social structures that oppress the masses of either the Israelites or Americans.

Heroic Value and Archetypes

The second characteristic of a structure of a myth is the heroic face of the main character. After Sander's presidential campaign, the masses directed their attention to him for healthcare reform. It seemed he was one of the only politicians that understood their struggles. At face value, Bernie Sanders does not seem to embody any heroic characteristics; there must be a main character to heroically solves society's issues (Rowland, 1990). He is 76 years old, Caucasian, of Jewish background, and from humble backgrounds ("Bernie Sanders", 2017). Sanders is not strikingly charismatic as a speaker nor does he have money or power to support him. Furthermore, similarly in the Exodus, when Moses was chosen to be the spokesperson on behalf of God, he was 80 years old at the time (Acts 7:30, New International Version). His speech delivery was not one of Moses's strengths (Exodus 4:10, New International Version). Both of them seem like "characters of less stature" who "cannot solve problems in myths or serve as societal models" (Rowland, 1990, p.104). How is that these two unlikely characters of a myth are viewed as heroic in their own myths? Although these two characters do not seem physically heroic, they both fall into the archetype of the common man. Archetypes or repeated images helps the audience make sense of the myth (Rowland, 1990). In the common man archetype, the audience can immediately identify the ideals of their heroic character. The common man often comes from humble backgrounds and believes in all of humanity. Both Sanders and Moses follow these archetypes; they believe everyone matters (Pearson, n.d.). The problems these two main characters face are tied to racial,

socioeconomic oppressions in Egypt or America. Because these characters overcome the great, ingrained systematic problems of society, they are greater heroes for it (Rowland, 1990). As Moses is the symbolic deliverer of the promised land, Bernie Sanders delivers his constituents and other Americans into the futuristic utopia of "universal healthcare" where "Every man, woman, and child in our country should be able to access the health care they need regardless of their income" (Medicare for All, 2017a). Bernie sets up the myth to drive his supporters and Americans into a utopian society where universal healthcare will solve the other injustices like socioeconomic and racial disparity in our country.

Protected Time and Sacred Places

In order for a story to be categorized as a myth, the myth must occur "outside of normal historical time or in a period" and "outside of the normal world" (Rowland, 1990, p.104). Furthermore, the story needs to be placed in a protected or sacred time and place (Rowland, 1990). In a protected time period, the story needs to solve an issue produced by human history in order to associate with the great symbolic power behind the solution (Rowland, 1990). Both the Exodus and "Healthcare for All" myths solve an issue by addressing the man-made oppressions their people had to deal with. These issues were multidimensional ethnic, socio economic injustices. These stories describe the journey in finding the Promised Land or "the perfection that is to come in the future" (Rowland, 1990, p.104). Additionally, within these sacred places or "promised lands," the heroes must act in "special symbolic power" to add more force and credibility to the narrative (Rowland, 1990). Most importantly the myth should be set apart from "common spaces"; essentially, the scene should fit the act (Rowland, 1990). The myth for "Healthcare for

All” sets itself apart from other rhetorical arguments in healthcare because of protected time and sacred place.

First, the Exodus is a myth placed in protected time because it solves the man-made oppression: the injustice of Israelites’ lifetime enslavement. The Egyptians enslaved the Israelites and “made their lives bitter with hard labor...with all kinds of work” (Exodus 1:14, New International Version). Moses performs miracles on behalf of God to scare the pharaoh of Egypt to releasing the Israelites from slavery. Moses continues to act with heroic power in order to direct the Israelites to the God’s gifted Promised Land, the sacred place. In this Promised Land, God promises his people a place where they can “eat and [be] satisfied and become prosperous” with no religious and ethnic persecution (Deuteronomy 31:20, New International Version). This deliverance from oppression to a utopian world sets the myth apart through the explanation of “transforming historical time into a sacred time” and the separation from common space (Rowland, 1990, p. 104). The “Healthcare for All” myth conveys the same message of delivering Americans from their socioeconomic oppression to a Marx’s utopian society: communism-to-come.

In 1848, Karl Marx published the infamous “The Communist Manifesto” (Menand, 2017). In this twenty four page manifesto, he challenges the ideologies of inequality to be a “natural and ordained” system of life (Menand, 2017). He considered today’s capitalism to be a detrimental flaw because the way property owners, the elite, or the bourgeoisie exploit other classes through their money and power (Menand, 2017). From this, he deeply believed the flaws of capitalism would incite a working-class revolution; this would lead to the final stage of history: communism (Menand, 2017). Marx concluded

that communism is “the solution to the riddle of history and itself as this solution” (Menand, 2017). Sanders’s ideals of universal healthcare follows these Marxist principles by attempting to shed light on the healthcare tycoons’ abuse of power and wealth in this industry. By identifying this socioeconomic disparity, it sets his ideals and myth as a sacred time by recognizing and trying to solve human issues.

It is difficult to imagine how medical businesses can exploit people when a fellow human life is on the line. However, as Sanders emphasizes, the American healthcare system is “outrageously expensive” (Sanders, 2017a). For example, the healthcare spending per person in this country jumped 50 percent between 2003 and 2015 from \$6,129 to \$10,125 (“Health Care Costs”, 2012; Alonso-Zaldivar, 2016). Furthermore, the United States spends the most on healthcare in the world (Sanders, 2017a). On average, healthcare spending per person costs at least \$9,200 compared OCED’s countries of an average of spending \$3,620 per person (Peter G. Peterson Foundation, 2016). We are the only major country that does not negotiate with pharmaceutical companies to reduce drug prices, and as a result, people are spending more than they need to (Sanders, 2017a). Facing such alarming rates, American citizens struggle to pay the large sums while the healthcare executives make very easy profit.

Marty Clear, a freelance writer and American citizen, can attest to the struggles of the American healthcare system (Neighmond & Knox, 2012). When Clear went to the emergency room for a health problem, doctors discovered an unrelated issue (Neighmond & Knox, 2012). They found an 8 pound tumor on his kidney, and fortunately, he was treated at one of the best cancer hospitals in the nation (Neighmond & Knox, 2012). In order to repay his medical bill, Clear sold his car and skips meals to save money for the \$200,000 medical

bill (Neighmond & Knox, 2012). Despite his best and most frugal efforts, he believes he will forever live with his medical debt (Neighmond & Knox, 2012). People like Marty Clear are not alone. Around 43 percent of Americans with recent illnesses deal with serious financial burdens (Neighmond & Knox, 2012). While Americans struggle with bankruptcies and delayed medical treatments in fear of the costs, CEOs of hospitals make around \$118,000 to around \$1.7 million for their annual income (Gunderman, 2013). Hospital CEOs are easily able to increase their salary by adding many state of the art robots and machinery like MRIs (Gunderman, 2013). Due to this, America has the most technology per capita in the healthcare industry (Gunderman, 2013). Sanders utilizes these arguments to support his “promised land” of single-payer healthcare program or the communism-to-come, the sacred place (Medicare for All, 2017).

The narrative of “Medicare for All: Leaving No One Behind” delivers citizens from an economically oppressive system to a “perfect” healthcare system that works for everyone and not just in favor of the millionaires (Medicare for All, 2017b). Through federal taxation, this future health program can ensure those who make over \$250,000 will pay their fair share through taxes, provide the best quality healthcare to everyone, and control our wasteful spending (Medicare for All, 2017a). Sanders repeatedly argues for this healthcare plan, so we can revolutionize and fix the human issues we face in this country. However, in order to finalize his argument and convince his audience, he uses Canada as a sacred place.

Canada currently uses a single-payer, publicly funded healthcare system separated by thirteen provinces (“Canada’s health care system”, 2016; Sanders, 2017b). By using Canada as a sacred place, Sanders establishes force and credibility to the narrative; he can and

will deliver us to the sacred place. He demonstrates this deliverance through his Twitter campaign called “Lessons from Canada” Twitter campaign. In this campaign, he helps viewers to visualize the utopian healthcare program; he sets the scene to fit the act (Rowland, 1990, 1999). In interviews with both healthcare providers from America and Canada, it addresses the misconceptions of single-payer system and how the utopian culture can be re-created. For instance, one of the major arguments and worries of switching to a public healthcare system is that the competitive and innovative edge America’s healthcare thrives on will no longer produce the top quality technology (Sanders, 2017b). However, Canadians have proven this argument otherwise. They have state-of-the-art technology and innovative services to provide high quality healthcare services. Furthermore, Canada demonstrates to be a sacred place because it agrees with one of America’s core values: volunteerism (Tidwell, n.d.). As Americans believe in the idea of helping others, the healthcare plan presents itself as another way to uphold this belief making it easier to support in this plan. In one video, an American doctor explains his surprise to see a “sense of solidarity among the Canadian people” (Sanders, 2017b, 1:15). He saw how there was a general consensus how Canadian people would not allow their neighbors to lose their house over medical bills (Sanders, 2017b). This type of narrative has taken root in America. More and more people are voicing their personal testimonies about their struggles to financially support themselves in light of daunting medical bills. In response to this, Americans have been rallying up to fight the system by setting up go fund me pages to pay off the medical bills (“Health Insurance”, 2017). These stories demonstrate how a system like Canada places the utopian society right in

America's hands. For many, the solution feels close but remains too far away.

This myth provides the space and backing for Marx's principles and its relations to mythical conditions of time and place. Sacred time and places emphasizes the need to redistribute and revolutionize the wealth and power to the working class. This "Healthcare for All" myth follows Marx's theory of the communism-to- come.

Conclusion: Response to this Myth

Through the comprehensive critical analysis of myth, readers can understand how the "Healthcare for All" exists as a myth and true story in America. The functional and structural definitions demonstrate how intricately the design of this myth is woven into American society. Myths are not simply just stories; they are a way to answer a complicated problem with a simplified solution for those who believe in the idea that the federal government should provide for healthcare as a basic right. As this myth dominates today's culture, it is important for people to approach Bernie's "Medicare for All" plan with an open mind.

Through both a rhetorical analysis along with a religious analogy and political theory, this paper allows readers to understand healthcare in a new perspective. It is not simply a facet of politics. This policy infiltrates every aspect of living, and as everyone is a participant of the healthcare system in one or more points of their lives, the "Medicare for All" plan concerns every single American citizen. This proposed plan should not be ignored because the healthcare industry currently produces over 32 percent of America's GDP ("National Health

Statistic", 2017). However, most conservatives and individuals who are in a place of socioeconomic, ethnic, or other privileged standards, believe this myth to be impossible, and furthermore, are afraid of the utopian communism-to- come out of what appears to be their own self-interest.

Because of the taboo of communism and socialism in the United States, this paper represents a hidden but honest voice about America's healthcare. Many individuals are afraid to equate this healthcare myth with communism because of its history. Although the rhetoric of communism-to- come is another area of rhetorical analysis, it is essential to understand how American indoctrination affects this myth. From the Cold War, the American government propagandized communism as a threat to American values and ideals like freedom, free enterprise, individualism, and more. However, these Americans who quickly shun this myth should reevaluate other American values like equality and socioeconomic mobility to be of more importance. Only through health and wellbeing can a person be able to preserve and uphold life, liberty, and the pursuit of happiness: the true American ideals.

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