

DISCOURSE MARKERS IN OBAMA'S AFFORDABLE HEALTHCARE SPEECHES



NAPAPORN PANOMRIT

A Thesis Submitted to University of Phayao
in Partial Fulfillment of the Requirements
for the Master of Arts Degree in English
August 2018

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Master of Arts in English

University of Phayao

.....Chairman

(Assistant Professor Dr. Sornchai Mungthaisong)

.....Committee

(Assistant Professor Dr.Chittima Kaweera)

.....Committee

(Dr.Banjong Chairinkham)

.....Committee

(Dr.Singkham Rakpa)

Approved by

.....
(Associate Professor Poonpong Ngamkasem)

Dean of School of Liberal Arts

August 2018

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Napaporn Panomrit

เรื่อง: คำเชื่อมความในสุนทรพจน์เกี่ยวกับกฎหมายประกันสุขภาพของโอบามา

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ประธานที่ปรึกษา: ดร.บรรจง ไชยรินคำ, **กรรมการที่ปรึกษา:** ดร.สิงห์คำ รักป่า

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บทคัดย่อ

งานวิจัยนี้มีวัตถุประสงค์ในการศึกษา คือ เพื่อศึกษารูปแบบคำเชื่อมความในสุนทรพจน์ด้านสุขภาพ (Affordable Healthcare) ของ นายบารัค โอบามา อดีตประธานาธิบดีของสหรัฐอเมริกา และเพื่อค้นหาความหมายตามหน้าที่ของไวยากรณ์สุนทรพจน์ 4 ครั้ง ที่กล่าวโดยนายบารัค โอบามา ในปีพ.ศ. 2556, 2557, 2558 และ 2559 คัดเลือกมาแบบเจาะจง นำมาวิเคราะห์ตามกรอบการจัดประเภทของคำเชื่อมความของ Swan (2005) จำนวน 21 ประเภท

ผลการศึกษา พบว่า นายบารัค โอบามา ใช้คำเชื่อมความ 15 ประเภท ที่ใช้มาก และถี่ ได้แก่ logical consequence จำนวน 123 ครั้ง ตามมาด้วยคำเชื่อมความประเภท gaining time จำนวน 62 ครั้ง และการใช้คำเชื่อมความประเภท concession and counter-argument จำนวน 51 ครั้ง ตามลำดับด้านความหมายที่มุ่งหมายตั้งใจนั้น พบว่า เป็นไปตามความหมายทางไวยากรณ์ตามกรอบด้านความหมายทางไวยากรณ์ ของ Swan (2005) จำนวน 15 ประเภท

Title: DISCOURSE MARKERS IN OBAMA'S AFFORDABLE HEALTHCARE SPEECHES

Author: Napaporn Panomrit, Thesis: M.A. (English), University of Phayao ,2018

Advisor: Dr.Banjong Chairinkom, **Co–advisor:** Dr.Singkham Rakpa

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ABSTRACT

The author of this paper investigates the types of discourse makers that are found in Obama's Affordable Healthcare speeches and explores intended meaning through the functions of discourse makers. Four Affordable Care speeches delivered in 2013, 2014, 2015, and 2016 were purposively chosen for the analytical study based on 21 types of discourse markers and functions classified by Swan (2005).

Findings revealed that Barack Obama, the former President of the United States, used 15 types of discourse markers. The most common type was *logical consequence*, which he used a total of 123 times in these speeches, followed by 62 instances of *gaining time* and 51 instances of *concession and counter–argument*. Intended meaning was analyzed based on 15 types of discourse markers classified by Swan (2005).



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CHAPTER I

INTRODUCTION

In this chapter, I present the rationale of the study, including the research objectives, research questions, methodology, scope of the study, definition of terms and expected advantages of the study.

Background and Rationale of the Study

Language can be defined as a system of communication that enables humans to exchange verbal or symbolic utterances. This definition stresses the social functions of language, and the fact that humans use it to express themselves and to manipulate objects in their environment. Evan and Stephen (2009), who proposed functional theories of grammar, explain grammatical structures by their communicative functions. Understanding the grammatical structures of language is the result of an adaptive process by which grammar was “tailored” to serve the communicative needs of its users.

In the field of linguistics, languages can be comprehensively and analytically studied in terms of their parts of speech by classifying them according to their functions and positions relative to other parts. In the analytical study of grammar in all languages, linguistic study is focused on three aspects: level, label, and function. Levels of language can be studied progressing from sound, word, phrases, sentence, paragraphs, and text. Labels of a language refer to the part of speech: noun, verb, pronoun, adjective, adverb, conjunction, preposition, and interjection. For the functions of a language, the focus of the analysis is on the function of the part of speech (e.g., noun functions as a subject, object, and complement).

In the functional study of language, a discourse marker (DMs) is an area of focus because of its level and function. According to Fraser (1946, p. 932), these lexical expressions have been studied under various labels, including DMs, discourse connectives, discourse operators, pragmatic connectives, sentence connectives, and cue phrases. For him, DMs, as a class of lexical expressions, are primarily drawn from the syntactic classes of

conjunctions, adverbs, and prepositional phrases. They have a core meaning, which is procedural, not conceptual, and their more specific interpretation is 'negotiated' by the context, both linguistic and conceptual.

DMs are expressions used to interface sentences to what precedes or follows and demonstrate a speaker's state of mind relative to what they are saying. As semantic constructions, they have essential functions in speakers of different styles or registers. Furthermore, as connective components, DMs have a function in relating sentences, clauses, and paragraphs to each other. Uta (1997) points out that a prominent function of DMs is to signal the kinds of relations a speaker perceives between different parts of the discourse.

Halliday and Hasan (1976) categorize five main cohesive devices in English discourse: reference, substitution, ellipsis, lexical cohesion, and conjunction. Conjunctions, or connective elements, are DMs involved the use of formal markers to relate sentences, clauses, and paragraphs to each other, and signal the way the writer wants the reader to relate what is said to what has been said before.

A conjunction is related to the entire environment of a text. The conjunctive elements (DMs) "presuppose the presence of other components in the discourse" (Halliday, 1976, p. 226). They do not only give cohesion to a text, they also cohere two sentences together. In different discourses in daily life, divergent types of DMs are used, especially political discourse. DMs play a crucial role as a means of social interactions employed by those who are engaged with politics and public. In a study on DMs (Fraser, 1946; Schiffirin, 1987; Swan, 2005) and their forms and functions, it was found that they function in discourses of various styles or registers, and work in connective elements. DMs relate sentences, clauses, and paragraphs to each other.

The thought of political talk is said by Graber (1993, pp. 305–332) saying that a political discourse is a monolog, as well for instance of social cooperation going for impacting the country, or possibly a critical discretionary instrument taking into account the transactions of specific implications and references. Grabber further claims that through any political content, DMs play a vital role as a cohesive device in passing on the expected message. DMs can be characterized as linguistic expressions of different length, which carry pragmatic and propositional meaning. They are utilized to join clauses, or to connect

sentence elements, and they show up in both speech and writing to encourage the communication. Each DMs demonstrates a specific meaning and a connection between at least two clauses.

Barack Obama's speeches about affordable healthcare, delivered before the 2008 Presidential election, showed some political purposes full of intended meaning, which can be investigated and analyzed through types of DMs found in the speeches. After his speeches, Obama was elected the 44th president of the United States of America. He also delivered speeches about affordable healthcare after becoming the President. His speeches that were aimed at influencing the nation are full of DMs.

The list of the 21 types of DMs, as classified by Swan (2005) is a comprehensive source with clear explanatory details of types and functions which each DMs plays. Swan's classification covers all the aspects of DM usage, including detailed explanations, types, and grammatical functions with clear examples. It is interesting to identify what types of DMs are in Swan's list and whether the meanings of each DM is found in Obama's Affordable Healthcare speeches correspond to the meanings in Swan's list because politicians tend to pay specific attention to what they want the public to know. Close and comprehensive investigation, along with analysis, will be conducted to analyze Barack Obama's Affordable Healthcare speeches. I explore the intended meanings the speaker wanted to convey using each DM.

Research Objectives

The research objectives of this study are the following:

1. To investigate types of DMs in Obama's Affordable Healthcare speeches;
2. To study the frequencies of DMs used in Obama's Affordable Healthcare speeches; and
3. To explore intended meaning in Obama's Affordable Healthcare speeches through the functions of DMs.

Research Questions

The three interrelated research questions are:

1. What are types of DMs often used in Obama's Affordable Care Act Speeches?
2. What are the frequencies of DMs often used in Obama's Affordable Care Act Speeches?
3. What is the intended meaning of each type of DMs in Obama's Affordable Care Act speeches?

Research Methodology

This mixed-method research focuses on the use of DMs in Obama's Affordable Care Act speeches on November 14, 2013, April 1, 2014, March 25, 2015 and October 20, 2016 to determine types of DMs which can clarify the speaker's intended message. The research methodology steps are the following:

1. Four Affordable Care Act Speeches are purposively selected for the analytical study.
2. Content analysis is conducted to identify types of DMs in the selected discourses and to clarify intended messages of the speaker used through the use of each discourse maker.
3. Data obtained from analysis is presented in descriptive form with tables.
4. The analysis conducted based on the list of DMs classified by Swan (2005).

Scope of the Study

1. Scope of content

Obama's Affordable Care Act speeches are used for analysis in the study. The total corpus of speeches accessed online consisting of the four speeches relating to Obama's Affordable Care Act is listed below:

- 1.1 Statement by the President on the Affordable Care Act in November 14, 2013 (Speech One)
- 1.2 Remarks by the President on the Affordable Care Act in April 1, 2014 (Speech Two)

1.3 Remarks by the President Marking the Fifth Anniversary of the Affordable Care Act in March 25, 2015 (Speech Three)

1.4 Remarks by the President on the Affordable Care Act, Miami Dade College Miami, Florida, October 20, 2016 (Speech Four)

2. Scope of Time

The study has been conducted since July, 2016.

Definitions of Terms

There are four important terms as follows:

A Discourse marker (DM) is a word or expression that shows the connection between what is being said and the wider context.

Affordable Care Act Speeches means speeches delivered by Barack Obama with the purpose of showing his political policy on healthcare of the people in the United States.

Types means the category of DMs classified by Swan (2015) using in different discourse both written and spoken.

Intended meaning means the purpose of the speaker in conveying his or her message to listeners through the use of DMs.

Expected Advantages of the Study

1. The result of analysis can be used as a model to analyze DMs in other types of texts.
2. Findings can be used to identify intended meaning of people's statement.

CHAPTER II

REVIEW OF RELATED LITERATURE AND RESEARCH

In this chapter, I review the literature related to the thesis. It focuses on the following main parts:

1. Discourse Markers and Related Approaches
 - 1.1 Points of View on Discourse Markers
 - 1.2 Source of Discourse Markers
2. Functions of Discourse Markers in Discourses
3. Research Related to the Use of Discourse Markers in Different Settings
4. Discourse Markers in Political Settings

Discourse Markers and Related Approaches

A DM is a word or an expression that assumes a part in dealing with the flow and structure of discourse. A study of DMs deals with a systemic functional grammar perspective, and pragmatic markers from a grammatical–pragmatic view.

Traditionally, three main patterns exist which can be summed up in the investigations of DMs, discourse coherence, pragmatics, and systemic functional linguistics (Fraser, 1999; Schiffrin, et al., 2003). These patterns are not quite the same as each other considering the various approaches to comprehending the idea of DMs and analytical methods (Schiffrin, et al., 2003).

The primary endeavor is a coherence model established by Schiffrin (1987), as noted above. As per Schiffrin (1987), four planes inside the structure can be recognized by the various levels of coherence functions that DMs play: namely exchange structure, including adjacency–pair like question and answer, action structure where discourse acts are arranged, ideational structure, which is seen from semantics as thought trade and support system (i.e., the communication and the connection between the speaker and audience) (Fraser, 1999; Schiffrin, 1987). The concentration of studies of this model, in any case, puts more accentuation on literary intelligibility rather than on the nearby setting.

The second approach proposed by Fraser himself is an exclusively “grammatical pragmatic perspective” (Fraser, 1999, p. 936). He trusted that DMs are working as literary rationality as well as signaling the speakers’ goal to the following turn in the previous articulations. Compared to the coherence model, Fraser (1999) added to a complete generalization and a pragmatic view toward different markers, including DMs, in a more extensive setting instead of a basic association. Carter, et al. (2016) refer to discourse makers as “words or phrases like *anyway, right, okay, as I say, to begin with*. We use them to connect, organize and manage what we say or write or to express attitude.”

Another current approach is through systemic functional grammar (SFG) as established by M. A. K. (Halliday and Hasan, 1976). Even though Halliday and Hasan (1976) did not directly raise the issue of DMs, in the examination of textual function, they researched words like *and, but, I mean, to sum up, and so forth* as sentence connectives that play out a critical part in semantic cohesion. DMs are viewed effective cohesive devices with various meanings and functions in fragment organization. The investigation is in view of composed messages, yet despite everything, it reveals some insight into the significance of DMs in function and meaning construction (Schiffrin, et al., 2003).

In daily use, both in speaking and writing, DMs play a crucial role. According to Cartier, et al. (2016), different DMs are used in speaking and writing. In speaking, the following DMs, such as *anyway, like, right, you know, fine, now, so, I mean, good, oh, well, as I say, great, okay, mind you, and for a start*, are commonly found in daily conversation. In writing, DMs, such as *firstly, in addition, moreover, on the other hand, secondly, in conclusion, on the one hand, to begin with, thirdly, and in sum*, are generally used in written form.

Regarding meaning, Carter, et al. (2016) point out that DMs do not always have meanings that can be searched in a dictionary. However, one can see specific characteristics of DMs in certain functions, and some DMs, such as *well*, can have several functions.

Lynn, Moder, and Martinovic–Zic (2004, p. 117) explain that a DMs is a word or expression assuming a part in dealing with the stream and structure of talk. Because their primary capacity is at the level of talk (sequences of utterances), as opposed to at the level of articulations or sentences, DMs are relatively syntax-independent and do not usually change the restrictive importance of the sentence.

1. Points of View on Discourse Markers

For Schiffrin (1986), examples of DMs include the particles “oh,” “well,” “now,” “then,” “you know,” and “I mean” and the discourse connectives “so,” “because,” “and,” “but,” and “or.” Furthermore, DMs have been defined as sentence connectives from a SFG perspective (Schiffrin, 1987; Halliday and Hasan, 1976; Cohen, 2007), and as pragmatic markers (Fraser, 1999) from a grammatical–pragmatic view.

In the same manner, Michael Swan, the author of *Practical English Usage* (2005, pp. 138–145) defines a DM as a word or expression demonstrating the association between what is being said and the more extensive setting. For him, a DM is something either interfacing a sentence to what precedes or comes after or showing a speaker’s state of mind relative to what is being stated. He gives six cases: on the other hand, frankly, as a matter of fact, then again, obviously, and in actuality.

In grammar, DMs are connectives that are used based on their purposes. According to Ian McCormick (2013) in *The Art of Connection*, outlines nine classes of connectives based on their purpose are mentioned given below:

- 1.1 to provide a sense of *where* something is in relation to something else;
- 1.2 to supply a sense of *when* something is happening;
- 1.3 to compare two ideas and express *similarities*;
- 1.4 to contrast ideas English provides many examples of signaling the notion of *difference*;
- 1.5 to present additional or *supplementary* ideas;
- 1.6 to indicate that a point in a discussion has been *conceded* or already taken into account;
- 1.7 to demonstrate a sense of logical *sequence*;
- 1.8 to offer an illustration or an *example*;
9. to deliver a *summary* of the ideas discussed.

In McCormick’s point of view, the above DMs can be easily called coordinating conjunctions: “FANBOYS” 1) F = for 2) A = and 3) N = nor 4) B = but 5) O = or 6) Y = yet 7) S = so.

2. Source of Discourse Markers

Normally, DMs used as a part of the English language such as “you know,” “actually,” “basically,” “like,” “I mean,” “okay,” and “so” are regarded as common ones. The said information, clearly demonstrates that DMs regularly originated from various word classes, for example, adverb (“well”) or prepositional phrases (in fact). The procedure leading from a free development to a DM can be followed back through grammaticalization studies and resources.

Functions of Discourse Markers in Discourses

With noticeable remarks by Swan (2005, pp. 138–145), DMs usually come at the beginning of a clause. He classifies discourse makers into 21 types:

1. Focusing and linking—with reference to, regarding, as regards, as far asis concerned; as for;
2. Balancing contrasting points—on the one hand; on the other hand; whereas; while;
3. Emphasizing a contrast—however; nevertheless; nonetheless; mind you; yet; still; in spite of this/that; despite this/that;
4. Similarity—similarly, in the same way; just as;
5. Concession and counter—argument
 - 5.1 Concession: it’s true; certainly; of course; granted; if; may; stressed auxiliaries.
 - 5.2 Counter—argument: however, even so; but, nevertheless, nonetheless; all the same; still;
6. Contradicting—on the contrary; quite opposite
7. Dismissal or previous discourse—at least; anyway; anyhow; at any rate; in any case
8. Change of subject—by the way; incidentally; right; all right; Now; Ok;
9. Return to the previous subject—to return to the previous point (formal); as I was saying;
10. Structuring—first (ly); first of all; second (ly); third (ly) etc.; lastly; finally; to Begin with; to start with; in the first /second place; for one thing (informal); for another thing (informal);

11. Adding–moreover (very formal); furthermore (formal); in addition; as well as; on the top that (informal); another thing is (informal); what is more; also; besides; in any case

12. Generalizing–on the whole, in general, in all / most/many/some cases; roadly speaking; by and larger; to a great extent; to some extent; apart from; except for....

13. Giving examples–for instance; for example; e.g.; in particular;

14. Logical consequence–therefore (formal); as a result (formal); consequently (formal); so; then;

15. Making things clear; giving detail–I mean; actually; that is to say; in other words;

16. Softening and correcting–I think; I feel; I reckon (informal); I guess (informal); in my view/opinion (formal); apparently; so to speak; more or less; sort of (informal); kind of (informal); well; really; that is to say; at least; I afraid; I suppose, or rather; actually; I mean;

17. Gaining time–let me see; let’s see; well; you know; I don’t know; I mean; kind of; sort of

18. Showing one’s attitude to what one is saying–honestly; frankly; no doubt

19. Persuading–after all; look; look here

20. Referring to the other person’s expectation–actually; in fact; as a matter of fact; to tell the truth; well;

21. Summing up–in conclusion; to sum up; briefly; in short

In Carter, et al. (2016), as cited in the Cambridge Dictionary, a DM and its functions are given in various ways;

1. DMs that organize what we say–so, well, right, okay, anyway;

2. Ordering what we say–and, in general, second, to sum up, and then, in the end, secondly, what’s more, first (of all), last of all, so, well, firstly, next, lastly, a ... b, for a start, on top of that, third (ly);

3. DMs that monitor what we say–well, I mean, in other words, the thing is, you know, you know what I mean, you see, what I mean is;

4. DMs as responses–absolutely, fine, okay,wow, (all) right, good, quite (more formal), yeah, certainly, great, really, yes, definitely, I see, sure, exactly, no, wonderful, that’s great/interesting/amazing/awful, and the like.

5. DMs showing attitude—actually, frankly, I think, (I’m) sorry, admittedly, hopefully, literally, surprisingly, amazingly, honestly, naturally, thankfully, basically, ideally, no doubt, to be honest, certainly, if you ask me, obviously, to tell you the truth, clearly, I’m afraid, of course, understandably, confidentially, I must admit, predictably, undoubtedly, definitely, I must say, really, unfortunately, essentially, in fact, sadly, fortunately, indeed, seriously

6. DMs for sounding indirect: apparently, kind of, perhaps, roughly, arguably, like, presumably, sort of/kind of, I think, maybe, probably, surely, just

7. DMs: um and erm

8. DMs: interjections (oh! gosh!), hooray, oops, ouch, yippee!, oh no!, yuck! (Carter, et al., 2016).

Clearly, DMs are expressions used to interface sentences to what precedes or comes after and demonstrate a speaker’s perspective on stated information. As semantic tools, they have essential capacities in talks of different styles or registers. In addition, as connective components, DMs have a function in relating sentences, clauses, and paragraphs to each other. This is accorded with Uta (1997, p. 2) who points out prominent function of DMs as

“One of the most prominent functions of discourse markers, however, is to signal the kinds of relations a speaker perceives between different parts of the discourse.”

Halliday and Hasan (1976, p. 226) recognize five fundamental cohesive devices in English talk: reference, substitution, ellipsis, lexical cohesion, and conjunction. Among them, conjunctions, or connective components, which Halliday called DMs, included the utilization of formal markers (i.e., DMs) to relate sentences, clauses, and paragraphs to each other and signal the way the writer wants the reader to relate what is said to what has been said sometime recently. According to Halliday and Hasan, a conjunction is identified with the whole condition of a content. The conjunctive components (discourse markers) “assume the nearness of other parts in the discourse” (Halliday, 1976, p. 226). They do not just give attachment to content, they additionally connect two sentences together.

Research Related to the Use of Discourse Markers in Different Settings

In different discourses in daily life, divergent types of DMs are used, especially political discourse. DMs play a crucial role as a means of social interactions employed by those who are engaged with politics and public. In Ismail's study (2012) on DMs and their forms and functions, it was found that they function in discourses of various styles or registers and connective elements. DMs relate sentences, clauses, and paragraphs to each other.

Recently, a growing number of studies on DMs have appeared in the context of various settings and contexts such as pedagogy, and politics. Research exists on L2 learner acquisition, the second language learners' use of DMs mostly using a corpus-driven approach. For example, Müller (2004) compared the functions of *well* as used by German EFL university learners and American native speaker (NS) based on the naturalistic corpus. In the study, 70 German EFL learners' conversations are recorded after watching a film and finishing a certain task. The discussion on the possible factors that influence the different use of DMs between NSs and NNSs is given. Similarly, Trillo (2002) focused on the pragmatic fossilization issue of DMs in both child and adult NNS in Madrid with a comparison to NS during their process of learning English.

Yang (2011) conducted a research on DMs in pedagogical settings, especially in teacher talk. As important interactional features, DMs perform great multi-functionality in conversation. It is discovered that DMs perform on different functional levels depending on various pedagogical aims. Nevertheless, their patterns and functions have not been fully described in the literature. The frequencies, categories, and effects of DMs that teachers use in classroom interaction are still under investigation.

The work on discourse markers by Othman (2010) investigated three specific DMs (*okay*, *right*, and *yeah*) used by NS lecturers in Lancaster University, UK, findings revealed that college lecturers use DMs as signposts on the structural level when taking turns in lecturing as a subconscious behavior. The naturalistic video recorded data was used and interviews with lecturers to crosscheck the interpretation from both the lecturers and the researcher's point of view were gain carried out. It recognizes the functional significance of those three DMs (*okay*, *right*, and *yeah*) in conversational interactions when organizing utterances.

DMs study has been also conducted in the Chinese context. Yu (2008) investigated the interpersonal meaning of DMs in Chinese EFL classroom within the framework of systemic functional linguistics. In her article, DMs are studied in six moves of the process of teaching: opening, information checking, information clarification, responding, comment and repetition. According to Yu (2008), the appropriate use of DMs can improve the effectiveness of classroom teaching.

Liu (2006) conducted a pragmatic analysis on one Chinese literature class and concluded that teachers' DMs have five major textual functions: connect, transfer, generalize, explain and repair. In the process of constructing classroom context, he argued that DMs contribute to the functions of discussion, emotion control and adjust of social relationship.

Min and Yam (2012) carried out their research on DMs focusing on "well" used by Chinese learners of English and how the pragmatic functions of this marker are preferred in conversation. Results show that (1) Chinese learners of English significantly underuse the DMs "well" in conversation; and (2) regarding its pragmatic functions, Chinese learners of English only prefer to use its delay marker function and initiation marker function.

In a contrastive study on DMs, Binmei (2017) investigates the impact of speech contexts (interview versus conversation) on the use of DMs by native and advanced Chinese speakers of English. Data for the study were gathered using individual sociolinguistic interviews and group conversations. A quantitative analysis revealed that native English speakers used and just more frequently in the interviews than in the conversations at a significant level; the Chinese speakers of English used oh, okay, and uh huh significantly more often in the conversations than in the interviews. A qualitative analysis showed that the functions of well varied across the contexts by both groups. The author of the article further analyses the reasons for these differences: they can be due to different functions of individual markers across contexts or the influence of L2 speakers' native language (Mandarin Chinese). The results indicate that the advanced L2 English speakers may not have acquired some DMs used by the native English speakers regarding frequency and functions across the speech contexts.

In the contrastive examination on DMs, Binmei (2017) explores the effect of discourse settings (talk with versus discussion) on the utilization of DMs by local and propelled

Chinese speakers of English. Information for the examination was assembled utilizing individual sociolinguistic meetings and gathering discussions. A quantitative examination uncovered that local English speakers utilized and simply more regularly in the meetings than in the discussions at a noteworthy level. The Chinese speakers of English utilized “gracious,” “alright,” and “uh huh” more frequently in the discussions than in the meetings. A subjective examination demonstrated that the elements of very much changed the settings by both gatherings. The author also investigates the explanations behind these distinctions: they can be because of various elements of individual markers crosswise over settings or impact of L2 speakers’ local dialect (Mandarin Chinese), and so forth. The outcomes show that the progressed L2 English speakers might not have procured a few DMs utilized by the local English speakers as far as recurrence and capacities over the discourse settings.

In the context of Saudi Arabia, Ghaleb Rabab’ah (2015) investigates the use of three major categories of DMs by 40 male Saudi EFL teachers in their English classrooms, viz., additive, causative, and adversative DMs. The analysis revealed that the participant teachers used the three major DM categories. However, the additive discourse markers recorded the highest mean scores. The findings also indicate that DMs performed several pragmatic functions. They are deployed to express a cause, to show continuity and addition of new information, and to express contrast, denial, and cancellation. Moreover, the results revealed that the participant teachers made many errors in the use of the DMs under investigation, but such errors fell into the category of misuse. The study concludes that English language and literature programs at the Saudi universities should revise their curricula so that a special attention is given to DMs. Moreover, teacher–training programs should focus on conjunctive DMs because of their impact on the cohesion of both spoken and written discourse.

Discourse Markers in Political Settings

A study on DMS playing a role in political settings was carried out by Nur (2016). The researcher wanted to identify the DMs types and analyze DMs and non–DMs found in Obama 2014 APEC CEO Summit speech based on the theory of DMs proposed by Fraser (1999) and the theory of pragmatics proposed by Yule (1996). It was revealed that Obama used

three types of DMs: contrastive markers, elaborative markers, and inferential markers. For the intended meaning of the use of DMs, the result indicated that the use of DMs in Obama speech is up to the speaker's purpose in delivering the utterance. Obama used the DM "and" to persuade and invite China to do a bilateral cooperation with America that will benefit both nations. Meanwhile, Obama used "but" to emphasize that United States viewed and put China as the more superior country among others and to ensure APEC nations that there was a chance to make the better future by working together. Besides, the speaker used "so" in the speech to show his affirmation toward the treaty between America and China in arranging the new steps and arrangement for the nations.

In his work "Discourse Markers in Political Speeches: Forms and Functions," Hind (2012) investigates the importance and functions of DMs and tries to shed light on the kinds of DMs used in political speech through analyzing the speech of the American President, Barack Obama. The writer uses Hyland and Tse's (2004) classification of DMs into interpersonal and textual markers. His findings revealed that these DMs function as means of social interaction aimed at influencing the nation.

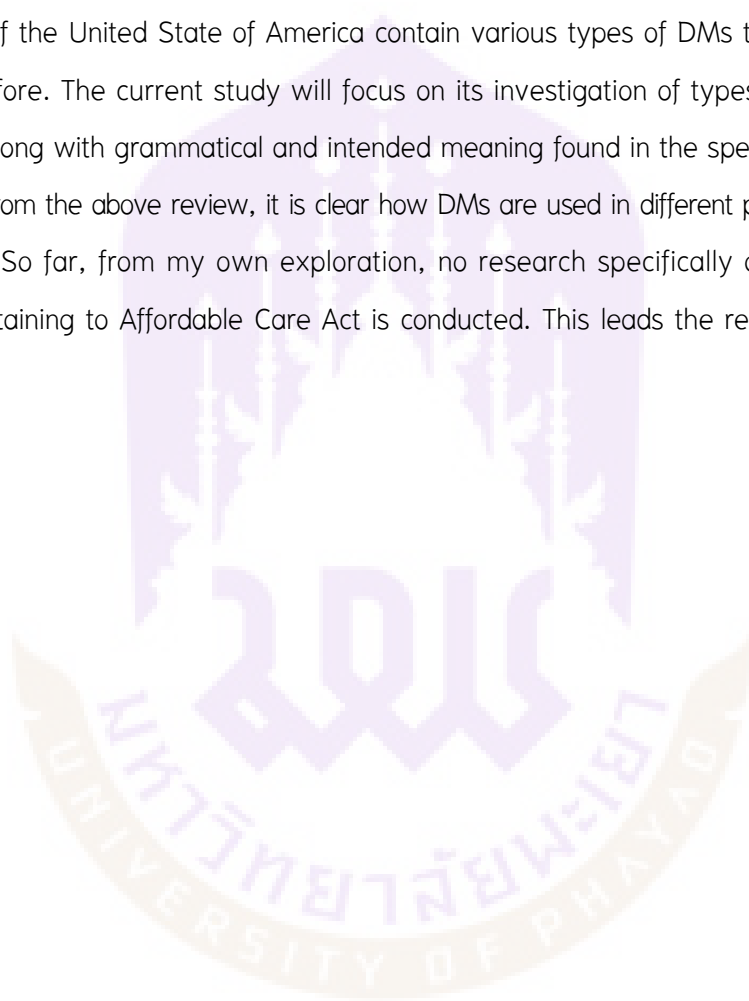
According to Graber (1993, pp. 305–332), a political discourse is a monolog, or possibly a critical discretionary instrument that takes the transactions of specific implications and references into account. Grabber further claims that through any political content, DMs assume a vital part as a cohesive device in passing on the expected message. DMs can be characterized as linguistic expressions of different length which carry pragmatic and propositional meaning. They are utilized to join clauses or to connect sentence elements and they show up in both talking and writing to encourage the talk. Each DM demonstrates a specific meaning and a connection between at least two clauses.

In Siepmann's work (2005, p. 37) DMs, in their functions and usage, can be applied to both written and spoken language. Pragmatic and propositional meaning are carried out by discourse makers. DMs can be called in different names like comment clauses, pragmatic markers, discourse connectives, cue phrases lexical phrases, organizers or simply markers words. However, DMs assume a pragmatic function in a discourse. Siepmann further points out that as DMs underline relationships between text spans, they include extra

linguistic features, as headings or indentations, contributing to textual progression and translate the communicative strategy of the author.

From the above studies, DMs clearly play a crucial role in different settings both in spoken and written form. In a political setting, DMs become the popular topics in research. DMs in the political speech delivered by politicians possibly contain some intended meanings apart from functions of each DMs. Affordable Care Speeches made by the former president of the United State of America contain various types of DMs that have not been studied before. The current study will focus on its investigation of types of DMs and their functions along with grammatical and intended meaning found in the speeches.

From the above review, it is clear how DMs are used in different periods and different situations. So far, from my own exploration, no research specifically on DMs in political setting pertaining to Affordable Care Act is conducted. This leads the researcher to further the study.



CHAPTER III

RESEARCH METHODOLOGY

The present study consists of both quantitative and qualitative data. In this chapter, I present the methodology used in this thesis. This chapter has the following main parts:

1. Texts for Analysis
2. Characteristics of Texts
3. Methods of Text Selections
4. Data Collection
 - 4.1 Quantitative Data
 - 4.2 Qualitative Data
5. Data Analysis

This research study is entitled “Discourse Markers in Obama’s Affordable Healthcare Speeches.” In it, I investigate the types of DMs used in Obama’s Affordable Healthcare speeches, to study the types and the frequencies of DMs used in Obama’s Affordable Healthcare speeches, and to explore intended meaning in Obama’s Affordable Healthcare speeches through the functions of DMs. The methodology of the present study consists of the following:

Texts for Analysis

This mixed–method study focuses on the use of DMs in Obama’s Affordable Care Act speeches made by Barack Obama, the former president of the United States of America, consisting of four speeches as given below:

1. Statement by the President on the Affordable Care Act at James S. Brady Press Briefing Room, November 14, 2013.
2. Remarks by the President on the Affordable Care Act at Rose Garden, April 1, 2014.
3. Remarks by the President Marking the Fifth Anniversary of the Affordable Care Act, South Court Auditorium, March 25, 2015.

4. Remarks by the President on the Affordable Care Act, Miami Dade College Miami, Florida, October 20, 2016 (See full texts in Appendix C)

Characteristics of Texts

Barack Obama's Affordable Healthcare speeches delivered before the presidential election had some political purposes full of intended meaning, which can be investigated and analyzed through types of DMs found in the speeches. After his speeches, Obama was elected the 44th president of the United States of America. He also delivered affordable healthcare speeches after becoming the president. His speeches, for certain extent, which were delivered aiming at influencing the nation, are full of DMs that were purposely used by the speaker.

Method of Text Selections

Affordable Care Act speeches were purposely selected for the analytical study. These texts are from a trusted source, White House Office of the Press Secretary for Immediate Release and they are accessible and downloadable at:
<https://obamawhitehouse.archives.gov/the-pressoffice/2016/10/20/remarks-president-affordable-care-act>.

Data Collection

Data in this study were obtained from both qualitative and quantitative. Quantitative data were analyzed to investigate types of DMs while qualitative ones were analyzed for intended meanings of the DMs found in Obama healthcare statements made by Obama, the former president of the United States.

1. Quantitative Data

To gather data on DMs for analysis, the data card for the record as a research tool is designed based on Swan's DM list (2005, pp. 138–145) as shown below:

1.1 Focusing and linking—with reference to, regarding, as regards, as far asis concerned; as for;

1.2 Balancing a contrasting point–on the one hand; on the other hand; whereas; while;

1.3 Emphasizing a contrast–however; nevertheless; nonetheless; mind you; yet; still; in spite of this/that; despite this/that;

1.4 Similarity–similarly, in the same way; just as;

1.5 Concession and counter–argument

1.5.1 Concession: it’s true; certainly; of course; granted; if; may; stressed auxiliaries.

1.5.2 Counter–argument: however, even so; but, nevertheless, nonetheless; all the same; still;

1.6 Contradicting–on the contrary; quite opposite

1.7 Dismissal or previous discourse–at least; anyway; anyhow; at any rate; in any case

1.8 Change of subject–by the way; incidentally; right; all right; Now; Ok;

1.9 Return to the previous subject–to return to the previous point (formal); as I was saying;

1.10 Structuring–first (ly); first of all; second (ly); third (ly) etc.; lastly; finally; to begin with; to start with; in the first /second place; for one thing (informal); for another thing (informal);

1.11 Adding–moreover (very formal); furthermore (formal); in addition; as well as; on the top that (informal); another thing is (informal); what is more; also; besides; in any case

1.12 Generalizing–on the whole, in general, in all / most/many/some cases; broadly speaking; by and larger; to a great extent; to some extent; apart from....; except for....

1.13 Giving examples–for instance; for example; e.g.; in particular;

1.14 Logical consequence–therefore (formal); as a result (formal); consequently (formal); so; then;

1.15 Making things clear; giving detail–I mean; actually; that is to say; in other words;

1.16 Softening and correcting–I think; I feel; I reckon (informal); I guess (informal); in my view/opinion (formal); apparently; so to speak; more or less; sort of (informal); kind of (informal); well; really; that is to say; at least; I afraid; I suppose, or rather; actually; I mean;

1.17 Gaining time–let me see; let’s see; well; you know; I don’t know; I mean; kind of; sort of

1.18 Showing one’s attitude to what one is saying–honestly; frankly; no doubt

1.19 Persuading–after all; look; look here

1.20 Referring to the other person’s expectation–actually; in fact; as a matter of fact; to tell the truth; well;

1.21 Summing up–in conclusion; to sum up; briefly; in short

There will be 21 record forms designed for each DM with specified column. The sample is shown below:

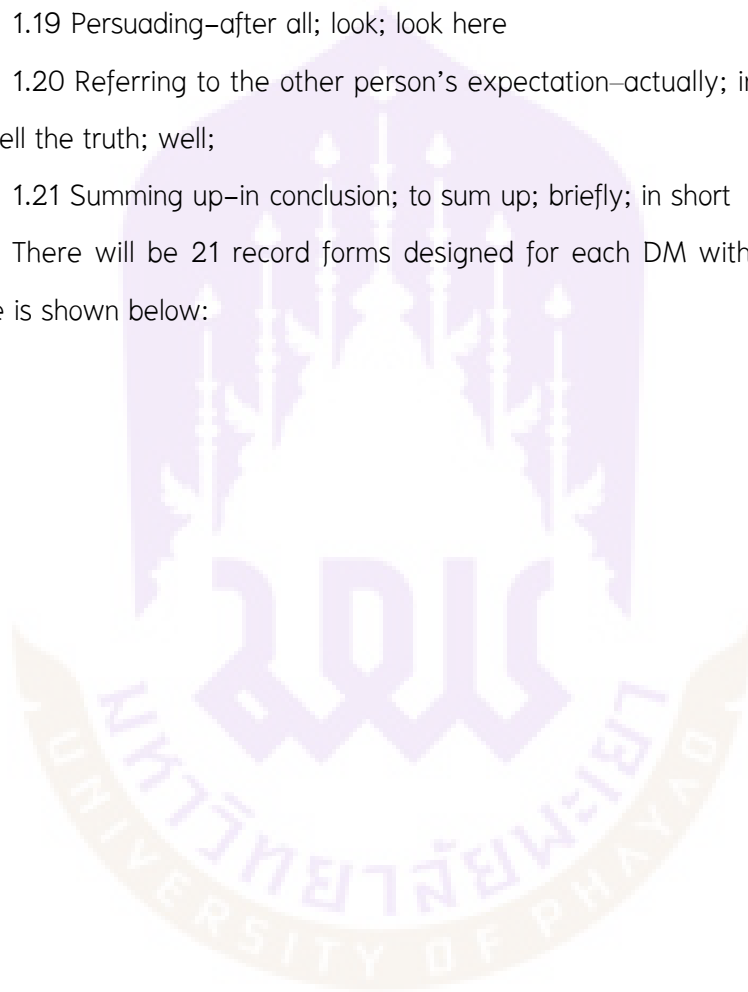


Table 1 Form for Data Collection of Discourse Markers

Discourse marker 1	Occurrence		Statement in Speech	The function of discourse marker and intended meaning	Frequency
	Paragraph	Line			No. of Occurrence
Focusing and linking					
1. with reference to; talking / speaking about;					
regarding, as regard; as far as..is concerned;					
as for					

Procedures for collecting quantitative data

The gradual process of data collection using the above record card will be processed under the following steps:

Step 1

1. Print out four Affordable Care Act speeches.
2. Add line numbering for each speech using Microsoft Word.
3. Use the find function (ctrl+F) to identify relevant DMs, as classified by Swan (2005).
4. Fill up the 21 record forms with types of DMs for each Affordable Care Act speech.
5. Read and detect each DM found in the Affordable Care Act speech, then record in the form for data collection of DMs as specified. Below is a sample of the Step 1 process. The detection of DMs will be done by giving underlined in bold type to the word (s) (see Appendix B).

Step 2

1. Write the meaning of each DM used in the statement based on functions of DMs classified by Swan (2005) in Unit 157.
2. Count and record the number of occurrences of each DM

2. Qualitative Data

Content analysis was conducted to determine the intended meanings of DMs through the functions of DMs in the selected discourses and clarify the intended messages of the speaker. Qualitative data collection was carried out as follows:

Step 1

1. Interpret grammatical meaning or meaning based on functions of DMs by Swan (2005) and write an interpretation.
2. Interpret intended meaning in DMs used by the speaker and write the interpretation.

Step 2

Report findings in summary form

Data Analysis

The data analysis conducted in this study was based on two types of data:

1. Quantitative data based on types of DMs and frequencies in the selected discourses.

2. Qualitative data based on the use of content analysis in examining the data. The qualitative content analysis was applied to identify the intended messages sending from the speaker to the audience.

1. Quantitative

Qualitative data based on types of DMs in the selected discourses. Intended meaning is categorized and shown in table.

Table 2 Type and frequency for quantitative analysis

No.	Types of discourse markers	DMs	Frequency
2	Balancing a contrasting point	on the one hand; on the other hand; whereas; while;	

2. Qualitative

Qualitative data based on types of discourse markers in the selected discourses. Intended meaning is categorized and shown in table.

Table 3 Intended meaning for qualitative analysis

No.	Types of discourse markers	DMs	Statement in speech	Intended meaning
2	Balancing a contrasting point	on the one hand; on the other hand; whereas; while;	Are there steps that we can skip while getting the core information that people need?	The President questioned his audience if steps could skip whereas the core information that people need are being obtained.



CHAPTER IV

RESULTS

The present chapter deals with data analysis and results on DMs used in Barack Obama's Affordable Care Act speeches delivered in different occasions. Four speeches delivered in 2013, 2014, 2015, and 2016 were purposively selected. The analysis was carried out after using information gathered from the form for data collection of DMs, then the analytical form was summarized, and tabulated followed by an example of each category of function, number of occurrence along with lines in which each DM is used by the President.

Results of Types and Frequencies of the Four Speeches

In responding to the first and second research and questions, DMs used in the four speeches made by the ex-president of the United States of America were summarized as shown in table 4

Table 4 Results of types and frequencies of the four speeches

No.	Types of discourse markers	DMs	B01	B02	B03	B04	Frequency
2	Balancing a contrasting point	while	3	-	-	-	3
3	Emphasizing a contrast	despite	1	2	-	-	3
		yet	3	-	-	-	3
		still	11	5		13	29
4	Similarity	just as	-	2	-	-	2
5	Concession and counter-argument	if	-	-	-	34	34
		but	-	12	-	-	12

Table 4 (cont.)

No.	Types of discourse markers	DMs	B01	B02	B03	B04	Frequency
5	Concession and counter-argument (count.)	if	-	-	-	34	34
		but	-	12	-	-	12
		still	-	5	-	-	5
8	Change of subject	by the way	4	-	-	7	11
		all right	4	-	-	2	6
		now	4	2		18	24
10	Structuring	first	-	-	1	-	1
		finally	-	-	-	1	1
		in the first place	-	-	1	1	2
		second	-	-	1	-	1
11	Adding	also	14	-	6	2	22
12	Generalizing	In general	1	-	-	-	1
		To some extent	1	-	-	-	1
14	Logical consequence	then	10	2	3	22	37
		so	34	6	5	37	86
15	Making things clear; giving details	I mean	2	-	1	1	4
		actually	5	1	-	10	16
		finally	-	-	-	1	1

Table 4 (cont.)

No.	Types of discourse markers	DMs	B01	B02	B03	B04	Frequency
16	Softening and correcting	sort of	-	-	-	1	1
		kind of	-	-	-	1	1
		well	4	-	-	8	12
		I feel	2	-	-	-	2
		I guess	2	-	-	-	2
		I think	19	1	1	-	21
		at least	1	-	-	-	1
		frankly	-	1	-	-	1
17	Gaining time	You	57	-	1	2	60
		know					
		well	-	-	2	-	2
18	Showing one's attitude to what one is saying	Frankly	-	1	-	-	1
19	Persuading	look	3	-	-	-	3
20	Referring to the other person's expectation	in fact	4	-	-	-	4

The table above shows both types and frequencies of discourse markers of the four speeches which can be elaborated as follows:

A. Types of discourse markers

From Table 4, it reveals that 15 types of DMs found in Barack Obama's Affordable Care Act speeches include *balancing a contrasting point; emphasizing a contrast; similarity; concession and counter-argument; change of subject; structuring; adding; generalizing; logical consequence; making things clear: giving details; softening and correcting; gaining time; showing one's attitude to what one is saying; persuading and referring to the other person's expectation*. The most used type is **logical consequence** 'so' followed by

gaining time ‘you know’ whereas **logical consequence** ‘then’ and **concession and counter-argument** ‘if’ were least occurrences among 15 types of DMs.

B. Frequencies of use of discourse markers

In terms of frequencies of use of discourse markers from high to low, the most frequently used is “so” with 86 occurrences of **logical consequence**, followed by 60 occurrences of the **gaining time** DM “you know.” The **logical consequence** DM “then” has 37 occurrences respectively.

Results of intended meaning of the four speeches

In responding to the third objectives of the study and research question 3, intended meaning of discourse markers used in the four speeches made by the ex-President of the United States of America were summarized in table 5, 6, 7, 8.

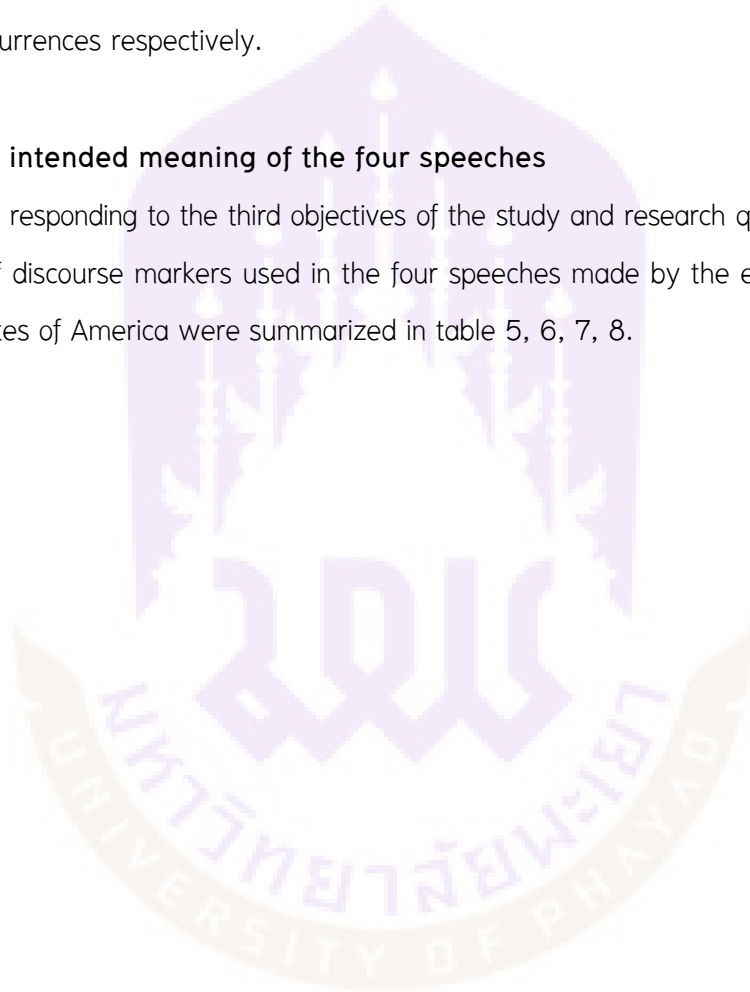


Table 5 Results of intended meaning of Speech 1

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
2	Balancing a contrasting point	while	3	<i>Are there steps that we can skip <u>while</u> getting the core information that people need?</i>	The President questioned his audience if steps could skip whereas the core information that people need are being obtained.
3	Emphasizing a contrast	still	11	<i>So, state insurance commissioners <u>still</u> have the power to decide what plans can and can't be sold in their states, but the bottom line is insurers can extend current plans that would otherwise be cancelled into 2014.</i>	The President used 'still' to describe something surprising pertaining to what was said previously.
		Yet	3	<i>You were informed or several people in this building were informed two weeks before the launch of the website that it was failing the most basic tests</i>	The President informed his audience to describe something surprising pertaining to what was said previously and to emphasize increase or repetition.

Table 5 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
				<i>internally; and <u>yet</u> a decision was made to launch the website on October 1st.</i>	
		Despite	1	<i>So, bottom line is in just one month, <u>despite</u> all the problems that we've seen with the website, more than 500,000 Americans could know the security of health care by January 1st, many of them for the first time in their lives.</i>	The President questioned his audience to describe something surprising pertaining to what was said previously.
8		by the way	4	<i>And <u>by the way</u>, that's what we should have been able to do in drafting the rules in the first place.</i>	The President wants to introduce something in a speaker's mind and it is not directly part of the conversation.

Table 5 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
8	Change of subject	all right	4	<i>This one's deserved, <u>all right?</u> It's on us.</i>	The President told his audience to start of a new section of the discourse.
		Now	7	<i><u>Now</u>, it is important to understand that out of that population, typically, there is constant churn in that market.</i>	The President used this expression to his audience to tell that start of a new section of the discourse is going on.
11	Adding	also	14	<i>And you know, I am very frustrated, but I'm <u>also</u> somebody who, if I fumble the ball, you know, I'm going to wait until I get the next play, and then I'm going to try to run as hard as I can and do right by the team.</i>	The President wanted to introduce his audience additional information or argument to what has been said to give more information.

Table 5 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
12	Generalizing	in	1	<i>And I think it's legitimate for them to expect me to have to win back some credibility on this health care law in particular and on a whole range of these issues <u>in general</u>.</i>	The President used this expression to his audience thinking about how far general what is being said is.
		general			
		to some extent	1	<i>And in terms of the impact on me—I think <u>to some extent</u> I addressed it when I talked to Julie (sp)—you know, there are going to be ups and downs during the course of my presidency.</i>	
13	Giving examples	In particular	2	<i>And I think it's legitimate for them to expect me to have to win back some credibility on this health care law <u>in particular</u> and on a whole range of these issues in general.</i>	The President used this expression to give an example to make what has been said clear.

Table 5 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
14	Logical consequence	So	34	<i>So in terms of how I intend to approach it, I'm just going to keep on working as hard as I can around the priorities that the American people care about.</i>	The President used this expression to his audience to express logical order of what was said that follows what is said.
		then	10	<i>And if the insurer is saying the reason you're getting this notice is because of the Affordable Care Act, <u>then</u> you're going to be understandably aggravated about it.</i>	The President used this expression to his audience to express logical order of what was said that follows what is said. The President used this expression when details are introduced and when these are unexpected.
19	Persuading	look	3	<i>Well, <u>look</u>, if—if—(if?) it comes to immigration reform, you know, there is no reason for us not to do immigration reform.</i>	The President used this expression because he was explaining something or making a point, especially very forcefully.

Table 5 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
20	Referring to the other person's expectation	In fact	4	<i>And <u>in fact</u>, you know, if we can get some focus groups and we sit down with actual users and see, you know, how well is this working, what would improve it.</i>	The President used this expression to add more detailed information to what has just been said.

From table 5, intended meaning in each DM is shown in accordance with number of DMs, each DM used by Barack Obama shows its intended meaning and grammatical meaning in Swan's list of DMs. In the **gaining time** category, "you know" occurs with the highest frequencies with 57 occurrences.

Table 6 Results of intended meaning of Speech 2

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
3	Emphasizing a contrast	still	5	<i>Now, that doesn't mean that all the problems in health care have been solved forever. Premiums are <u>still</u> rising for families who have insurance, whether you get it through your employer or you buy it on your own—that's been true every year for decades.</i>	The President questioned his audience to describe something surprising pertaining to what was said previously.
		despite	2	<i>But, so far, those premiums have risen more slowly since the Affordable Care Act passed than at any time in the past 50 years. It's also true that, despite this law, millions of Americans remain uncovered in part because governors in some states for political reasons have deliberately refused to expand coverage under this law. But we're going to work on that.</i>	

Table 6 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
4	Similarity	Just as	2	<i>I hope to send a follow-up letter in a few months saying I am free and clear of this disease, but until then, I know I will be fighting just as you have been fighting for my life as a working American citizen.”</i>	The President used this expression to tell something/someone that looks similar, but not exactly, the same.
5	Concession and counter-argument	but	12	<i>We are on our way. And if all of us have the courage and the wisdom to keep working not against one another, not to scare each other, but for one another—then we won’t just make progress on health care.</i>	The President used this expression to his audience to put forward to oppose an idea.
		still	5	<i>There will be parts of the law that will still need to be improved.</i>	
8	Change of subject	now	2	<i>Jeanne Goe is a bartender from Enola, Pennsylvania. Now, I think most folks are aware being</i>	The President used this expression to give a pause while communicating with his

Table 6 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
8	Change of subject (Cont.)	now	2	<i>a bartender, that's a job that usually doesn't offer health care.</i>	an audience to change what is speaking about to a new subject.
14	Logical consequence	Then	2	<i>And if we can stop refighting old political battles that keep us gridlocked, <u>then</u> we could actually make the law work even better for everybody.</i>	The President used this expression to express logical order of what was said that follows what is said.
		so	5	<i>And a whole lot of people decided it was. <u>So</u> I want to thank everybody who worked so hard to make sure that we arrived at this point today.</i>	
15	Making things clear; giving details	actually	1	<i>And if we can stop refighting old political battles that keep us gridlocked, then we could <u>actually</u> make the law work even better for everybody.</i>	The President used this expression to make his statement that has just said clear including additional information.

Table 6 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
16	Softening and correcting	I think	1	<i>Jeanne Goe is a bartender from Enola, Pennsylvania. Now, <u>I think</u> most folks are aware being a bartender, that's a job that usually doesn't offer health care.</i>	The President used this expression to make his/ statement soft or to correct what has been said, these expressions.
18	Showing one's attitude to what one is saying	frankly	1	<i>I'm a big believer in this legislation, and it has removed a lot of complexity and, <u>frankly</u>, fear from my life. Please keep fighting for the ACA." That's what Sean had to say.</i>	The President used this expression to express his/her attitude towards what he /she is speaking.

From table 6, intended meaning in each DM is shown in accordance with number of DMs, each DM used by Barack Obama shows its own intended meaning, grammatical meaning in the Swan's list of DMs **concession and counter-argument** "but" occurs with the highest frequencies with 12 occurrences.

Table 7 Results of intended meaning of Speech 3

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
10	Structuring	In the first place	1	<i>And it's working not just to make sure that folks like Anne get coverage, but it's also working to make sure that the system as a whole is providing better quality at a better price, freeing up our providers to do the things that led them to get into health care <u>in the first place</u>—and that's help people.</i>	The President used this expression too, to show a sequence or order of an event and process.
		First	1	<i><u>First</u>, it's because the Affordable Care Act pretty much was their plan before I adopted it—(laughter)—based on conservative, market-based principles developed by the Heritage Foundation and supported by Republicans in Congress, and deployed by a guy named Mitt Romney in Massachusetts to great effect.</i>	

Table 7 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
		second	1	<i>And <u>second</u>, it's because health reform is really hard and the people here who are in the trenches know that. Good people from both parties have tried and failed to get it done for 100 years because every public policy has some trade-offs, especially when it affects one-sixth of the American economy and applies to the very personal needs of every individual American.</i>	
11	Adding	also	6	<i>And we've made our share of mistakes since we passed this law. But we <u>also</u> know beyond a shred of a doubt that the policy has worked.</i>	The President used this expression to show a sequence or order of an event and process to introduce additional information or argument to what has been said to give more information.

Table 7 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
14	Logical consequence	Then	3	<i>What if you get sick? What if you get into a car accident? <u>So</u> Anne, dutiful daughter that she was, went to HealthCare.gov, checked out her options in the marketplace.</i>	The President used this expression wants to express logical order of what was said that follows what is said.
		so	5	<i>And if that's your argument, <u>then</u> you should meet somebody like Anne Ha, who is here.</i>	
15	Making things clear; giving details	I mean	1	<i><u>I mean</u>, we have been promised a lot of things these past five years that didn't turn out to be the case: death panels, doom.</i>	The President used this expression to make his statement that has just said clear including additional information.
17	Gaining time	You	1	<i>If you're a woman, you can no longer be charged more just for being a woman. And <u>you know</u> there are a lot of women. (Laughter.) Like more than 50 percent.</i>	The President used this expression to pause to give time to think.
		know			

From table 7, intended meaning in each DM is shown in accordance with number of DMs, each DM used by Barack Obama shows its own intended and grammatical meaning in the Swan's list of DMs. In the **adding** category, "also" occurs with the highest frequencies with six occurrences.

Table 8 Results of intended meaning of speech 4

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
3	Emphasizing a contrast	still	13	<i>Well, but that still leaves that last 10 percent. And the fact that that last 10 percent <u>still</u> has difficulties is something that we've got to do something about.</i>	The President questioned his audience to describe something surprising pertaining to what was said previously.
5	Concession and counter-argument	If	34	<i>And I promise, <u>if</u> Republicans have good ideas to provide more coverage for folks like Amanda, I will be all for it.</i>	The President used this expression to express an acknowledgment or acceptance of something true.
8	Change of subject	By the way	7	<i>And, <u>by the way</u>, that would hold down costs for the rest of you because there would be less uncompensated care in hospitals.</i>	The President used this expression to introduce something in his mind and it is not directly part of the conversation. Also, he wanted to give a pause while communicating with an audience to change what is speaking about to a new subject.

Table 8 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
8	Change of subject (Count.)	all right	2	<i>And when they just refused to do anything, we said, <u>all right</u>, we're going to have to do it with Democrats.</i>	The President used this expression to tell that start of a new section of the discourse is going on.
		now	7	<i><u>Now</u>, we couldn't get single-payer passed, and I wanted to make sure that we helped as many people as possible, given the political constraints.</i>	The President used this expression to give a pause while communicating with an audience to change what is speaking about to a new subject.
10	Structuring	Finally	1	<i>And <u>finally</u>, we should continue to encourage innovation by the states.</i>	The President used this expression to show a sequence or order of an event and process.
		in the first place	1	<i>But one thing I want to start with is just reminding people why it is that we fought for health reform in the first place.</i>	

Table 8 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
11	Adding	also	2	<i>But we've <u>also</u> always known —and I have always said—that for all the good that the Affordable Care Act is doing right now—for as big a step forward as it was—it's still just a first step.</i>	The President used this expression to introduce additional information or argument to what has been said to give more information.
14	Logical consequence	Then	23	<i>And Amanda was able to stay on her parents' plan and <u>then</u> get insurance after she aged out, even though she has what used to be called a preexisting condition—because we made it illegal to discriminate against people with preexisting conditions.</i>	The President used this expression to want to express logical order of what was said that follows what is said.

Table 8 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
14	Logical consequence (Count.)	so	37	<i>And if you had had an illness like cancer or diabetes, or some other chronic disease, you couldn't buy new insurance because the insurance company's attitude was, you know what, this is just going to cost us money, we don't want to insure you. <u>So</u> if you were trying to buy health insurance on your own, it was either hugely expensive or didn't provide very effective coverage.</i>	
15	Making things clear; giving details	I mean	1	<i>And that's just the truth. (Laughter.) <u>I mean</u>. I worked really, really hard to engage Republicans; took Republican ideas that originally they had praised; said, let's work together to get this done.</i>	The President used this expression to make one's statement that has just said clear including additional information.
		actually	10	<i>So repeal is not the answer. Here is what we can do instead to <u>actually</u> make the Affordable Care Act work even better than it's working right now.</i>	

Table 8 (cont.)

No.	Types of discourse markers	DMs	Frequency	Statement in speech	Intended meaning
16	Softening and correcting	Sort of	1	<i>You might buy a policy thinking that it was going to cover you. It was <u>sort of</u> like when I was young and I bought my first car, I had to buy car insurance.</i>	The President used this expression to make his statement soft or to correct what has been
		Kind of	1	<i>This isn't <u>kind of</u> a rah-rah speech. I might get into the details. I hope you don't mind.</i>	said.
		well	8	<i><u>Well</u>, I can tell you what will not work. Repealing the Affordable Care Act will not work.</i>	
17	Gaining time	You know	2	<i>And as I said, part of this is just —<u>you know</u>, health care is complicated.</i>	The President used this expression to pause his /her talk to give time to think.

From table 8, intended meaning in each discourse marker is shown in accordance with number of discourse markers, each discourse marker used by Barack Obama shows its own intended meaning, grammatical meaning in the Swan's list of discourse markers **logical consequence** 'so' occurs with the highest frequencies with 37 occurrences.

CHAPTER V

CONCLUSION

Summary of the study

This study aims to investigate types of discourse markers in Barack Obama's affordable healthcare speeches, to study the frequencies of DMs used in Obama's Affordable Healthcare speeches, and to explore intended meaning in Barack Obama's Affordable Healthcare speeches through the functions of discourse makers if their meanings correspond to the meaning and functions in the list of discourse.

1. Summary of types of discourse markers used in Barack Obama's Affordable Care speeches (quantitative result)

This summary section provides the overall results obtained from analysis based on the objective of the Study 1: to investigate types of DMs in Barack Obama's Affordable Healthcare speeches. Results revealed after the analytical process that the President used different types of DMs in his four speeches delivered in 2013, 2014, 2015, and 2016. DMs used by him in four speeches can be classified according to types proposed by Swan (2005).

Results shows that 15 types of DMs used by Barack Obama, were frequently used in the list. Based on 15 used types, the most used type is logical consequence "so" followed by gaining time "you know," whereas the logical consequence DM "then" and concession and counter-argument DM "if" had the lowest numbers of occurrences among the 15 types of DM. From inspecting the number of DMs as per type and speech, it is seen that Barack Obama used this type to show more stable logical order of what was said following what is said across the entire speech. This corresponds to Schiffrin (1987) "so" is used to indicate a relation of "premise and conclusion" and indicating a result and establishing a causal link among event.

2. Summary of the Frequencies of Discourse Markers

This second summary section provides the overall results obtained from analysis based on the objective of Study 2: to study the frequencies of DMs used in Obama's

Affordable Healthcare speeches. In four Affordable Care speeches, 15 types of categories of DMs out of 21 types as classified by Swan (2005) were found as follows: *balancing, emphasizing a contrast, similarity, concession and counter-argument, structuring, adding, logical consequence, making things clear, giving details, softening, and correcting, gaining time, persuading, and referring to the other person's expectation*. In conclusion, the most often use of DMs is **logical consequence** (123 times), followed by 62 instances of **gaining time** and **concession and counter-argument** with 51 times respectively. There are 415 of total frequencies of DMs used by Barack Obama. This corresponds to the objective of Study 2 and research question set.

Results reveal that the frequencies of DMs used by Barack Obama, the most frequently use is 'so' with 86 occurrences of **logical consequence** followed by 60 occurrences of **gaining time** 'you know' whereas **logical consequence** 'then' with 37 occurrences and **concession and counter-argument** 'if' with 34 occurrences were least occurrences respectively among 15 types of DMs. From inspecting the number of DMs as per frequency and speech, it is seen that Barack Obama used 'so' with 86 occurrences to express the logical order of the sequence of what was said that follows what is said. This corresponds to Cambridge Dictionary Online (2018) "So is a very common DMs in speaking. It usually occurs at the beginning of clauses and we use it when we are summarizing what has just been said, or when we are changing topic."

3. Summary of intended meaning in Barack Obama's Affordable Healthcare speeches

This summary section addressed the overall results obtained from analysis based on the objective of the Study 3: to explore intended meaning in Barack Obama's Affordable Healthcare speeches through the functions of discourse makers if their meanings correspond to the meaning and functions in the list of discourse.

The results of the study were based on 15 types of DMs used by the speaker that can be interpreted according to Swan's (2005) classification of discourse markers functions (based on grammatical function). Besides, these DMs are used by Obama, the former President of the United States, containing intended meaning (grammatical meaning).

These intended meanings were found in each DM as a device to convey political messages or social interaction. This corresponds to the objective of the Study 3 and research question set.

In Speech 1, intended meaning in each DM is shown in accordance with the number of DMs. Each DM used by Barack Obama has its own intended meaning and grammatical meaning in Swan's list of DMs. The **gaining time** DM "you know" occurs with the highest frequency, with 57 occurrences. It shows the common expression of the speaker to have the time to think about correspondence during the talk. This corresponds to Jana (2016, p. 31) "you know *gives* the speaker *time* to consider his inferences when the speaker is talking."

In Speech 2, intended meaning in each DM is shown in accordance with number of DMs, each DM used by Barack Obama shows its own intended meaning, grammatical meaning in the Swan's list of DMs **concession and counter-argument** "but" occurs with the highest frequencies with 12 occurrences. It shows the common expression for the speaker to express opposing ideas in context. This corresponds to Cambridge Dictionary Online (2018, Online) "but is used to connect ideas that contrast." Some paper indicated opposite results stating that "but" is used to make "denials of expectation," "contrast," "correction," and "cancellation" (Lakoff 1971; Blakemore 1987; 2002; Horn 1989; Bell 1998; Item 2005) and the two theorists (Horn 1989; Abraham 1979) further argue that "*but* in English is an ambiguous linguistic expression."

In Speech 3, intended meaning in each DM is shown in accordance with number of DMs, each DM used by Barack Obama shows its own intended meaning, grammatical meaning in the Swan's list of DMs **adding** "also" occurs with the highest frequencies with six occurrences. It shows the common expression for the speaker to add extra information to what has been said. This corresponds to Cambridge Dictionary Online (2018, Online) "*Also* occupies different positions in a sentence. We use *also* in front position to emphasize what follows or to add a new point or topic."

In Speech 4, intended meaning in each DM is shown in accordance with number of DMs, each DM used by Barack Obama shows its own intended meaning, grammatical meaning in the Swan's list of DMs **logical consequence** 'so' occurs with the highest frequencies with 37 occurrences. It shows the common expression for the speaker to express logical sequence to what has been said. This corresponds to Cambridge

Dictionary Online (2018, Online) “So is a very common discourse marker in speaking. It usually occurs at the beginning of clauses and we use it when we are summarizing what has just been said, or when we are changing topic”.

Discussion of the study

In this section, I mainly elaborate on the findings of the study, which include both qualitative and quantitative results. Discussions of results were discussed based on three objectives of the study together (types of DMs, frequencies, and intended meanings).

1. Discussions of Speech 1

Types of DMs found in Barack Obama’s Affordable Care speech on November 14, 2013 were discussed based on results of the study. From comprehensive study, DMs used by President Obama are of 12 types as given below:

1.1 Balancing contrasting points with two occurrences of the DM “while.” In this context, the President questioned his audience if steps could skip whereas the core information that people need are being obtained.

1.2 Emphasizing a contrast with one occurrence of “despite,” three of “yet,” and 12 of “still”

Despite: In this context, the President questioned his audience to describe something surprising pertaining to what was said previously.

Yet: In this context, the President informed his audience to describe something surprising pertaining to what was said previously and to emphasize increase or repetition. For Ismail (2012), the use of adversative DMs like “yet” indicate that the speaker is attempting to deny an expectation.

Still: These lexical expressions, in discourse, are used to describe something surprising pertaining to what was said previously.

1.3 Change of subject with 12 occurrences of DM: eight “now,” four “all right,” and four of “by the way”

By the way: In this context, the speaker wants to give a pause while communicating with an audience to change what is speaking about to a new subject, to introduce something in a speaker’s mind and it is not directly part of the conversation.

Here, the President used this expression to change the subject of talk completely without notice or clue.

All right: In this context, the President told his audience to start of a new section of the discourse.

Now: In this context, the President used this expression to his audience to tell that start of a new section of the discourse is going on.

1.4 Adding with 14 occurrences of ‘also’

Also: In this context, the President wanted to introduce his audience additional information or argument to what has been said to give more information.

1.5 Generalizing with one occurrence of “in general” and one of “to some extent”

In general/to some extent: In this context, the President used this expression to his audience thinking about how far general what is being said is.

1.6 Giving examples with two occurrences of ‘In particular’

In particular: In this context, the President used this expression to give an example to make what has been said clear.

1.7 Logical Consequence with 38 occurrences of “so” and ten of “then”

So/then: In this context, the President used this expression to his audience to express logical order of what was said that follows what is said.

1.8 Making things clear; giving details with 7 occurrences of DM: five “actually” and two “I mean”

Actually: In this context, the President used this expression when details are introduced and when these are unexpected.

I mean: In this context, the President questioned his audience used to make one’s statement that has just said clear including additional information.

1.9 Softening and correcting with differences of types of DMs:

Two instances of “I feel,” four of “well,” two of “I guess,” 23 of “I think”, and one of “at least”

I think/ I guess/ I feel: In this context, the President used this expression to show his personal opinion, with which other people may not agree. In this situation, Hyland and Tse (2004, pp. 156–177) “I think” include it as attitude markers which express

the writer's affective values toward the reader and the content presented in the text. In contrast, Holmes (1990; as cited in Furko, 2013) identified two functions of "I think" as expressing either uncertainty or certainty. Nevertheless, it seems that politicians tend to use the latter function in their use of such markers.

Well: In this context, the President used this expression to make his statement soft or to correct what has been said.

At least: In this context, the President used this expression to emphasize that something was positive in a negative situation.

1.10 Gaining time with 56 occurrences of "you know"

You know: In this context, the President used this expression to give time to think by using a pause during his talk.

1.11 Persuading with three occurrences of "look"

Look: In this context, the President used this expression because he was explaining something or making a point, especially very forcefully.

1.12 Referring to the other person's expectation with four occurrences of "in fact"

In fact: In this context, the President used this expression to add more detailed information to what has just been said.

2. Discussion of Speech 2

The types of DMs found in Barack Obama's Affordable Care speech on April 1, 2014 were discussed based on results of the study. From comprehensive study, DMs used by President Obama are of eight types as given below:

2.1 Emphasizing a contrast (seven occurrences): five "still" and two "despite"

Despite/Still: In this context, the President questioned his audience to describe something surprising pertaining to what was said previously.

2.2 Similarity with two occurrences "just as"

Similarity: In this context, the President used this expression to tell something/someone that looks similar, but not exactly, the same.

2.3 Concession and Counter-argument with 17 occurrences of discourse markers: 12 "but" and five "still"

But/still: In this context, the President used this expression to his audience to put forward to oppose an idea.

2.4 Change of subject with two occurrences of “now”

Now: In this context, the President used this expression to pause while communicating with his audience to change to a new subject.

2.5 Logical consequence with seven occurrences of DMs: two “then” and five “so”

Then/so: In this context, the President used this expression to express logical order of what was said that follows what is said.

2.6 Making things clear; giving details with one occurrence “actually”

Actually: In this context, the President used this expression to make his statement that has just said clear including additional information.

2.7 Softening and correcting with one occurrence “I think”

I think: In this context, the President used this expression to make his/ statement soft or to correct what has been said, these expressions.

2.8 Showing one’s attitude to what one is saying with one occurrence “frankly”

Frankly: In this context, the President used this expression to express his/her attitude toward what he /she is speaking.

3. Discussions of Speech 3

Types of DMs found in Barack Obama’s Affordable Care speech on March 25, 2015 were discussed based on results of the study. From comprehensive study, DMs used by President Obama are of five types as given below:

3.1 Structuring with three occurrences: one “in the first place,” one “first,” one “second”

In the first place/first/second: In this context, the President used this expression too, to show a sequence or order of an event and process.

3.2 Adding with six occurrences of “also”

Also: In this context, the President used this expression to show a sequence or order of an event and process to introduce additional information or argument to what

has been said to give more information. This corresponds to Ismail's study (2012) on DMs in political speeches focusing on forms and function. This 'also' is used to introduce further evidences, the speaker depends on using specific markers to achieve his aim.

3.3 Logical consequence with eight occurrences; three "then," five "so"

So/then: In this context, the President used this expression wants to express logical order of what was said that follows what is said.

3.4 Making things clear; giving details with one occurrence of "I mean"

I mean: In this context, the President used this expression to make his statement that has just said clear including additional information.

3.5 Gaining time with three occurrences; one "you know," one "well"

You know/well: In this context, the President used this expression to pause his /her talk to give time to think.

4. Discussions of Speech 4

The DMs used by President Obama in his Affordable Care speech on October 20, 2016 can be divided into nine categories and are discussed below:

4.1 Emphasizing a contrast with 13 occurrences "still"

Still: In this context, the President questioned his audience to describe something surprising pertaining to what was previously said.

4.2 Concession and counter-argument with 35 occurrences of "if"

If: In this context, the President used this expression to express an acknowledgment or acceptance of something true.

4.3 Change of subject with 16 occurrences: seven "by the way," two "all right," and seven "now"

By the way: In this context, the President used this expression to introduce something in his mind and it is not directly part of the conversation. Also, he wanted to give a pause while communicating with an audience to change what is speaking about to a new subject.

All right: In this context, the President used this expression to tell that start of a new section of the discourse is going on.

Now: In this context, the President used this expression to give a pause while communicating with an audience to change what is speaking about to a new subject. This is accorded with “now” as the textual DM classified by Schiffrin (1987, p. 241), she calls it “topicalisers” which are markers that explicitly indicate some type of topic shift to the reader so that the argumentation can be easily followed. In other words, “now” is used to indicate a speaker’s progression through a discourse which contains an ordered sequence of subordinating parts. It is also used to indicate the upcoming shift in speech, or when the speaker wants to negotiate the right to control what will happen next in speech.

4.4 Structuring with two occurrences: one “finally” and one “in the first place”

Finally/in the first place: In this context, the President used this expression to show a sequence or order of an event and process. In the same way, Ismail (2012) points out ‘finally’ as conclusive marker that is used to give a conclusive relation of the context ideas.

4.5 Adding with two occurrences of “also”

Also: In this context, the President used this expression to introduce additional information or argument to what has been said to give more information.

4.6 Logical consequence with 37 occurrences of “so” and 23 of “then”

Then/so: In this context, the President used this expression to wants to express logical order of what was said that follows what is said. This corresponds to Schiffrin (1987, p. 330) “so” is used to indicate a relation of ‘premise and conclusion’ and indicating a result and to establish a causal link among events.

4.7 Making things clear; giving details with 11 occurrences: one “I mean” and ten “actually”

I mean/actually: In this context, the President used this expression to make one’s statement that has just said clear including additional information.

4.8 Softening and correcting with ten occurrences: 1one “sort of,” one “kind of,” and eight “well”

Sort of/ kind of/well: In this context, the President used this expression to make his statement soft or to correct what has been said.

4.9 Gaining time with two occurrences “you know”

You know: In this context, the President used this expression to pause his /her talk in order to give time to think. This corresponds to Interpersonal DMs classified by Hyland and Tse (2004, pp. 156–177). In its sub list “you know” is certainty markers that express full commitment to the statements presented by the writer. In this regard Schiffrin (1987, p. 268) maintains that “y’ know” has two discourse functions: it is a marker of meta-knowledge about what speakers and hearers share and a marker of meta-knowledge about what is generally known. It is also used to indicate a situation in which the speaker knows that the hearer shares some knowledge about a specific piece of information.

When the context of the use of discourse makers found in four selected speeches made by Obama is considered, every DM plays a crucial role both speaking and writing and is significant in terms of meaning in communication, and meanings are not always found in a dictionary. This corresponds to Carter et al. (2016) point out that DMs do not always have meanings that can be searched in a dictionary. However, what one can see specific characteristics of DMs is they have certain functions, and some DMs, such as *well*, can have multiple functions. Each and every discourse maker used by Obama conveys his intended meaning according to his purpose. This is supported by the study conducted by Nur (2016) to investigate types of DMs used by Obama in Obama 2014 APEC CEO Summit speech based on the theory of DMs proposed by Fraser (1999) and the theory of pragmatic proposed by Yule (1996). Findings showed that Obama used three types of DMs: contrastive, elaborative, and inferential markers. For the intended meaning of the use of DMs, the result indicated that the use of DMs in Obama speech is up to the speaker’s purpose in delivering the utterance, whereas the DM “and” was used to persuade and invite China to do a bilateral cooperation with America that will benefit both nations. Meanwhile, Obama used “but” to emphasize that United States viewed and put China as the more superior country among others and to ensure APEC nations that there was a chance to make the better future by working together. Besides, the speaker used “so” in the speech to show his affirmation toward the treaty between America and China in arranging the new steps and arrangement for the nations. This indicates significant role of DMs in political setting as

Graber (1993, pp. 305–332) in his study, through any political content, DMs assume a vital part as a cohesive device in passing on the expected message.

The DMs used in Obama healthcare speeches have grammatical and social functions. Besides, functions of DMs play the significant role in political speech. Obama used discourse makers as a means of social interaction aiming at influencing the nation. This is accorded with what Hind M. Ismail's work (2012) "Discourse Markers in Political Speeches: Forms and Functions" investigating the importance and functions of DMs and tries to shed light on the kinds of DMs used in political speech by analyzing the speeches of Barack Obama. The writer uses Hyland and Tse's (2004) classification of DMs; interpersonal and textual markers. His findings revealed that these DMs function as means of social interaction aimed at influencing the nation.

Recommendations

1. Recommendations for Implications

The findings of the study can be used as a model to explore other kinds of speeches in various contexts:

1.1 Political candidates can benefit from using the frequent used types of DMs based on Swan's list to transmit desired and persuasive outcomes to their audiences and win against their political opponents.

1.2 DMs enable English major students to effectively communicate in spoken and written English.

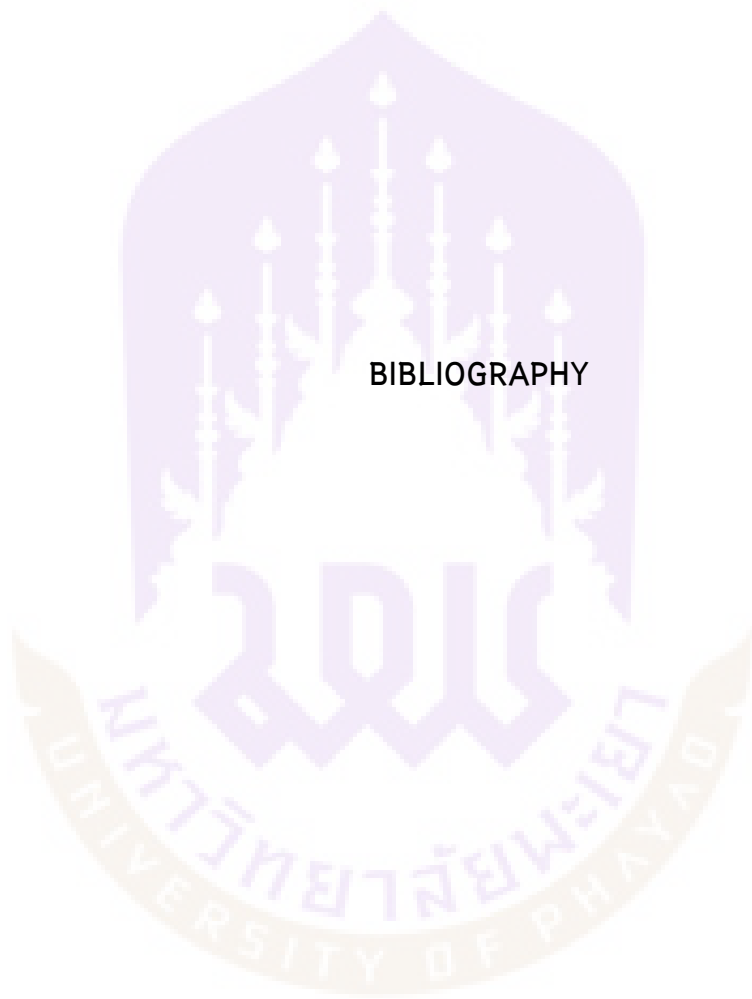
2. Recommendation for further Studies

An analysis of DMs can be conducted for the following settings:

2.1 DMs in other occasions and contexts

2.2 DMs in religious settings

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APPENDIX A Form for Data Collection of Discourse Markers

Discourse marker 1	Occurrence		Statement in Speech	The function of discourse marker and intended meaning	Frequency
	Paragraph	Line			No. of Occurrence
Focusing and linking					
1. with reference to; talking/speaking about;					
regarding, as regard; as far as..is concerned;					
as for					

APPENDIX B Sample of Step 1 Process

1 The White House

2 Office of the Press Secretary

3 For Immediate Release

4 October 20, 2016

5 Remarks by the President on the Affordable Care Act

6 Miami Dade College Miami, Florida

7 1:51 P.M. EDT

8 THE PRESIDENT: Hello, Miami! (Applause.) Thank you so much. Well, everybody have a seat.

9 Have a seat. It is good to see all of you! It's good to be back at Miami-Dade! (Applause.)

10 One of my favorite institutions! (Applause.) Love this school.

11 I want to thank your longtime president and great friend, Eduardo J. Padrón. (Applause.)

12 And to all the faculty and staff, and of course, most importantly, the students, for hosting

13 me--I want to say how grateful I am. I want to thank the wonderful elected officials who

14 are here today. I'm going to just point out two outstanding members of Congress--

15 Debbie Wasserman Schultz--(applause)--and Ted Deutch. (Applause.)

16 **So** this is one of my last visits here as President. **Now**, once I'm not President--

17 AUDIENCE MEMBER: Nooo--

18 THE PRESIDENT: No, no, the good news is, once I'm no longer President I can come more

19 often. (Applause.) Right now, usually I can only come to Florida when I'm working.

20 **But** when I'm out of office, I can come here for fun. (Laughter.)

21 **But** the first thing I want to say is thank you for your support, **and** thank you for the
22 opportunity and the privilege you've given me to serve these past eight years.

23 I remember standing just a few blocks north of here in the closing days of the 2008

24 campaign. **And** at that point, we were already realizing that we were in the midst of the

25 worst economic crisis of our lifetimes. We didn't know where the bottom would be.

26 We were still in the middle of two wars. Over 150,000 of our troops were overseas.

27 But thanks to the hard work and the determination of the American people, when I come here

28 today the story is different.

29 Working together, we've cut the unemployment rate in Florida by more than half.

30 Across the country, we turned years of job losses into the longest streak of job creation

31 on record. We slashed our dependence on foreign oil, doubled our production of
32 renewable energy. Incomes are rising again--they rose more last year than any time
33 ever recorded. Poverty is falling--fell more last year than any time since 1968.
34 Our graduation rates from high school are at record highs. College enrollment is significantly
35 higher than it was when we came into office. Marriage equality is a reality in all 50 states.
36 (Applause.)

37 **So** we've been busy. This is why I've got gray hair. (Laughter.) But we did one other thing.
38 We fought to make sure that in America, health care is not just a privilege, but a right
39 for every single American. **And** that's what I want to talk about today. (Applause.)

40 That's what I want to talk about here today.

41 You've heard a lot about Obamacare, as it's come to be known. You heard a lot about
42 it in the six and a half years since I signed it into law. And some of the things you heard
43 might even be true. But one thing I want to start with is just reminding people why it is
44 that we fought for health reform in the first place. Because it was one of the key motivators
45 in my campaign.

46 **And** it wasn't just because rising health costs were eating into workers' paychecks
47 and straining budgets for businesses and for governments. It wasn't just because, before
48 the law was passed, insurance companies could just drop your coverage because
49 you got sick, right at the time you needed insurance most.

50 It was because of you. It was because of the stories that I was hearing all around the country,
51 and right here in Florida--hearing from people who had been forced to fight a broken
52 health care system at the same time as they were fighting to get well.

53 It was about children like Zoe Lihn, who needed heart surgery when she was just
54 15 hours old--just a baby, just a infant. And she was halfway to hitting her lifetime
55 insurance cap before she was old enough to walk. Her parents had no idea how they could
56 possibly make sure that she continued to make progress. And today, because of the
57 Affordable Care Act, Zoe is in first grade and she's loving martial arts. And she's got
58 a bright future ahead of her. (Applause.)

59 We fought so hard for health reform because of women like Amanda Heidel, who lives
60 here in South Florida. As a girl, she was diagnosed with diabetes--and that's a disease

61 with costs that can add up quickly if you don't have insurance, can eat away at your dreams.
62 But thanks to the Affordable Care Act, Amanda got to stay on her parents' plan after college.
63 When she turned 26, Amanda went online, she shopped for an affordable health insurance
64 plan that covered her medications. Today, she's pursuing a doctorate in psychology.
65 And Amanda said that the Affordable Care Act "has given me the security and freedom
66 to choose how I live my life." The freedom and security to choose how I live my life.
67 That's what this was all about.

68 Zoe and Amanda, the people who I get letters from every single day describing what it
69 meant not to fear that if they got sick, or a member of their family got sick, if they,
70 heaven forbid, were in an accident, that somehow they could lose everything.

71 **So because of** this law, **because of** Obamacare, another 20 million Americans now
72 know the financial security of health insurance. **So** do another 3 million children, thanks
73 in large part to the Affordable Care Act and the improvements, the enhancements that
74 we made to the Children's Health Insurance Program. **And** the net result is that never
75 in American history has the uninsured rate been lower than it is today. Never. (Applause.)
76 **And** that's true across the board. It's dropped among women. It's dropped among Latinos
77 and African Americans, every other demographic group. It's worked.

78 **Now**, that doesn't mean that it's perfect. No law is. **And** it's true that a lot of the noise
79 around the health care debate, ever since we tried to pass this law, has been nothing
80 more than politics. **But** we've also always known--and I have always said--that for all
81 the good that the Affordable Care Act is doing right now--for as big a step forward as it
82 was--it's still just a first step. It's like building a starter home--or buying a starter home.
83 It's a lot better than not having a home, but you hope that over time you make some
84 improvements.

85 **And in fact**, since we first signed the law, we've already taken a number of steps to
86 improve it. **And** we can do even more--**but** only if we put aside all the politics rhetoric,
87 all the partisanship, and just be honest about what's working, what needs fixing and
88 how we fix it.

89 **So** that's what I want to do today. This isn't kind of a rah-rah speech. I might get into
90 the details. I hope you don't mind. (Laughter.)

91 **So** let's start with a basic fact. The majority of Americans do not--let me repeat--do not
92 get health care through the Affordable Care Act. Eighty percent or so of Americans get
93 health care on the job, through their employer, or they get health care through Medicaid,
94 or they get health care through Medicare. **And so** for most Americans, the Affordable
95 Care Act, Obama, has not affected your coverage--except to make it stronger.

96 **Because of** the law, you now have free preventive care. Insurance companies have to offer
97 that in whatever policy they sell. **Because of the law**, you now have free checkups
98 for women. Because of the law, you get free mammograms. (Applause.) Because of the law,
99 it is harder for insurance companies to discriminate against you because you're a woman
100 when you get health insurance. (Applause.) **Because of the law**, doctors are finding
101 better ways to perform heart surgeries and delivering healthier babies, and treating
102 chronic disease, and reducing the number of people that, once they're in the hospital,
103 end up having to return to the hospital.

104 **So** you're getting better quality even though you don't know that Obamacare is doing it.

105 AUDIENCE MEMBER: Thanks, Obama.

106 THE PRESIDENT: Thanks, Obama. (Laughter and applause.)

107 **Because of** the law, your annual out-of-pocket spending is capped. Seniors get discounts
108 on their prescription drugs because of the law. Young people can stay on their parents'
109 plan--just like Amanda did--because of the law. (Applause.) And Amanda was able to stay
110 on her parents' plan and then get insurance after she aged out, even though she has
111 what used to be called a preexisting condition--because we made it illegal to discriminate
112 against people with preexisting conditions. (Applause.)

113 **By the way**, before this law, before Obamacare, health insurance rates for everybody--
114 whether you got your insurance on the job, or you were buying it on your own--health
115 insurance rates generally were going up really fast. This law has actually slowed down
116 the pace of health care inflation. So, every year premiums have gone up, but they've
117 gone up the slowest in 50 years since Obamacare was passed. **In fact**, if your family
118 gets insurance through your job, your family is paying, on average, about \$3,600
119 less per year than you would be if the cost trends that had existed before the law were
120 passed had continued. Think about that. That's money in your pocket.

121 **Now**, some people may say, **well**, I've seen my copays go up, or my networks have
122 changed. But these are decisions that are made by your employers. It's not because of
123 Obamacare. They're not determined by the Affordable Care Act.

124 **So** if the Affordable Care Act, if Obamacare hasn't changed the coverage of the 80 percent
125 of Americans who already had insurance, except to make it a better value, except to
126 make it more reliable, how has the law impacted the other 15 or 20 percent of Americans
127 who didn't have health insurance through their job, or didn't qualify for Medicaid, or didn't
128 qualify for Medicare?

129 **Well**, before the Affordable Care Act, frankly, you were probably out of luck. Either you
130 had to buy health insurance on your own, because you weren't getting it through the job,
131 and it was wildly expensive, and your premiums were going up all the time, and if you
132 happened to get sick and use the insurance, the insurer the next year could drop you.

133 **And** if you had had an illness like cancer or diabetes, or some other chronic disease, you
134 couldn't buy new insurance because the insurance company's attitude was, you know
135 what, this is just going to cost us money, we don't want to insure you.

136 **So** if you were trying to buy health insurance on your own, it was either hugely
137 expensive or didn't provide very effective coverage. You might buy a policy thinking that
138 it was going to cover you. It was sort of like when I was young and I bought my first car,
139 I had to buy car insurance. **And** I won't name the insurance company, but I bought
140 the insurance because it was the law, and I got the cheapest one I could get, because
141 I didn't have any money--and it was a really beat-up car. (Laughter.) And I remember
142 somebody rear-ends me, and I call up the insurance company, thinking maybe I can get
143 some help, and they laughed at me. They're all like, what, are you kidding? (Laughter.)
144 It didn't provide any coverage other than essentially allowing me to drive. (Laughter.)

145 Well, that's what it was like for a lot of people who didn't have health insurance on the job.

146 So that meant that a lot of people just didn't bother getting health insurance at all.

147 And when they got sick, they'd have to go to the emergency room.

148 AUDIENCE MEMBER: (Inaudible.)

149 THE PRESIDENT: Well, that's true, too.

150 And so you're relying on the emergency room, but the emergency room is the most
151 expensive place to get care. And because you weren't insured, the hospital would have
152 to give you the care for free, and they would have to then make up for those costs by
153 charging everybody else more money. So it wasn't good for anybody.

154 So what the Affordable Care Act is designed to do is to help those people who were
155 previously either uninsured or underinsured. And it worked to help those people in two ways.

156 First, we gave states funding to expand Medicaid to cover more people. In D.C. and the
157 31 states that took us up on that, more than 4 million people have coverage who didn't
158 have it before. They now have health insurance.

159 Second, for people who made too much to qualify for Medicaid even after we expanded
160 it, we set up what we call marketplaces on HealthCare.gov, so you could shop for a plan
161 that fits your needs, and then we would give you tax credits to help you buy it. And
162 most people today can find a plan for less than \$75 a month at the HealthCare.gov
163 marketplace when you include the tax credits that government is giving you. That means
164 it's less than your cellphone bill--because I know you guys are tweeting a lot--
165 (laughter)--and texting and selfies. (Laughter.) And the good news is, is that most
166 people who end up buying their coverage through the marketplaces, using these tax
167 credits, are satisfied with their plans.

168 So not only did Obamacare do a lot of good for the 80-plus percent of Americans who
169 already had health care, but now it gave a new affordable option to a lot of folks who
170 never had options before. All told, about another 10 percent of the country now have coverage.

171 The Affordable Care Act has done what it was designed to do: It gave us affordable
172 health care. So what's the problem? Why is there still such a fuss? Well, part of the
173 problem is the fact that a Democratic President named Barack Obama passed the law.
174 (Applause.)

175 And that's just the truth. (Laughter.) I mean, I worked really, really hard to engage
176 Republicans; took Republican ideas that originally they had praised; said, let's work
177 together to get this done. And when they just refused to do anything, we said, all right,
178 we're going to have to do it with Democrats. And that's what we did.

179 And early on, Republicans just decided to oppose it. And then they tried to scare people
180 with all kinds of predictions--that it would be a job-killer; that it would force everyone
181 into government-run insurance; that it would lead to rationing; that it would lead to
182 death panels; that it would bankrupt the federal government. You remember all this.

183 And despite the fact that all the bad things they predicted have not actually happened--
184 despite the fact that we've created more jobs since the bill passed in consecutive months
185 than any time on record--(applause)--despite the fact that the uninsured rate has gone
186 down to its lowest levels ever, despite that fact that it's actually cost less than anybody
187 anticipated and has shown to be much less disruptive on existing plans that people get
188 through their employers, despite the fact that it saved Medicare over \$150 billion--
189 which makes that program more secure--despite all this, it's been hard, if not impossible,
190 for any Republican to admit it.

191 They just can't admit that a lot of good things have happened and the bad things they
192 predicted didn't happen. So they just keep on repeating, we're going to repeal it. We're
193 going to repeal it, and we're going to replace it with something better--even though, six
194 and a half years later, they haven't--they still haven't shown us what it is that they would
195 do that would be better.

196 But--and this is actually the main reason I'm here--just because a lot of the Republican
197 criticism has proven to be false and politically motivated doesn't mean that there aren't
198 some legitimate concerns about how the law is working now. And the main issue has to
199 do with the folks who still aren't getting enough help. Remember, I said 80 percent
200 of people, even before the law passed, already had health insurance. And then we expanded
201 Medicaid, and we set up the marketplaces, and another 10 percent of people got health
202 insurance. Well, but that still leaves that last 10 percent. And the fact that that last 10 percent
203 still has difficulties is something that we've got to do something about.

204 Now, part of the reason for this is, as I already mentioned to you, not every state expanded
205 Medicaid to its citizens, which means that some of the most vulnerable working families
206 that the law was designed to help still haven't gotten insurance. As you may have
207 heard, Florida is one of those states. If your governor could put politics aside

208 AUDIENCE: Boo--

209 THE PRESIDENT: Don't boo--vote. (Applause.)

210 If your governor would just put politics aside and do what's right, then more than
211 700,000 Floridians would suddenly have access to coverage. And, by the way, that would
212 hold down costs for the rest of you, because there would be less uncompensated care
213 in hospitals. And it means that people who did sign up for the marketplace, who oftentimes
214 may be sicker, qualify for Medicaid and so they're not raising costs in the marketplace.

215 In fact, if the 19 states who so far have not expanded Medicaid would just do so,
216 another 4 million people would have coverage right now all across the country.

217 So that's step number one. And that's, by the way, just completely in the control of these
218 governors. They could be doing it--right now. They could do it tomorrow.

219 Now, the second issue has to do with the marketplaces. Although the marketplaces are
220 working well in most of the states, there are some states where there's still not enough
221 competition between insurers. So if you only have one insurer, they may decide we're
222 going to jack up rates because we can, because nobody else is offering a better price.

223 In those states where the governor or legislature is hostile to the ACA, it makes it harder
224 to enroll people because the state is not actively participating in outreach. And so, as a
225 consequence, in those states enrollment in the plan--especially enrollment of young people--
226 --has lagged.

227 And what that means is that the insurance pool is smaller and it gets a higher percentage
228 of older and sicker people who are signing up--because if you're sick or you're old,
229 you're more likely to say, well, I'm going to sign up, no matter what, because I know I'm
230 going to need it; if you're young and healthy like you guys, you say, eh, I'm fine, life is
231 good--so you have more older and sicker people signing up, fewer younger and healthier
232 people signing up, and that drives rates up, because the people who use health care
233 most end up being in the insurance pool; people who use it least are not.

234 And then, in some cases, insurers just set their prices too low at the outset because they
235 didn't know what the insurance pool was going to look like, and then they started losing
236 money. And so now they've decided to significantly increase premiums in some states.

237 Now, it's these premium increases in some of the states in the marketplace that
238 sometimes attracts negative headlines. Remember, these premium increases won't

239 impact most of the people who are buying insurance through the marketplace, because
240 even when premiums go up, the tax credits go up to offset the increases. So people who
241 qualify for tax credits, they may not even notice their premiums went up because the tax
242 credit is covered.

243 And keep in mind that these premium increases that some of you may have read about
244 have no effect at all if you're getting health insurance on the job, or through Medicaid or
245 Medicare. So for the 80 [percent]—plus people who already had health insurance, if your
246 premium is going up, it's not because of Obamacare. It's because of your employer or
247 your insurer—even though sometimes they try to blame Obamacare for why the rates
248 go up. It's not because of any policy of the Affordable Care Act that the rates are going up.

249 But if you are one of the people who doesn't get health care on the job, doesn't qualify
250 for Medicaid, doesn't qualify for Medicare—doesn't qualify for a tax credit to help you
251 buy insurance, because maybe you made just a little bit too much money under the law
252 —these premium increases do make insurance less affordable. And in some states,
253 the premium increases are manageable. Some are 2 percent or 8 percent, some 20 percent.

254 But we know there are some states that may see premiums go up by 50 percent or more.
255 And an extreme example is Arizona, where we expect benchmark premiums will more
256 than double. Part of this is because Arizona is one of those states that had really low
257 average premiums—among the lowest in the country—so now insurance companies
258 basically are trying to catch up, and they also don't have a lot of competition there.

259 And meanwhile, in states like Florida, the failure to expand Medicaid contributes to
260 higher marketplace premiums. And then there are some other states that just because of
261 the nature of their health care systems, or the fact that they're rural and people are
262 dispersed, so it's harder to provide health care, more expensive—they have a tougher
263 time controlling costs generally.

264 Again, the tax credits in the ACA will protect most consumers from the brunt of these
265 premium increases. And with the ability to shop around on HealthCare.gov—which works
266 really well now—most people can find plans for prices even lower than this year's prices.
267 But there are going to be people who are hurt by premium increases or a lack of
268 competition and choice. And I don't want to see anybody left out without health insurance.

269 I don't want to see any family having to choose between health insurance now or saving
270 for retirement, or saving for their kids' college education, or just paying their own bills.
271 So the question we should be asking is, what do we do about these growing pains in the
272 Affordable Care Act, and how do we get the last 9 percent of Americans covered? How
273 do we reach those last 9 percent? And how do we make sure that premiums are more
274 stable going forward, and the marketplace insurance pools are more stable going forward?
275 Well, I can tell you what will not work. Repealing the Affordable Care Act will not work.
276 (Applause.) That's a bad idea. That will not solve the problem. Because right off the bat,
277 repeal would take away health care from 20 million people. We'd go back where 80 percent
278 of people had health insurance instead of 90 percent--right off the bat. And all the
279 reforms that everybody benefits from that I talked about--like young Americans being
280 able to stay on their parents' plans, or the rules that prevent insurance companies from
281 discriminating against people because of a preexisting condition like diabetes or cancer,
282 or the rule now that you can't charge somebody more just because they're a woman--
283 all those reforms would go away for everybody, because that's part of Obamacare.
284 All the progress that we've made in controlling costs and improving how health care is
285 delivered, progress that's helped hold growth in the price of health care to the slowest
286 rate in 50 years--all that goes away. That's what repeal means. It would be bad for
287 everybody. And the majority of Americans, even if they don't know that they're benefitting
288 from Obamacare, don't want to see these benefits and protections taken away from their
289 families now that they have them. I guarantee you there are people who right now think
290 they hate Obamacare. And if somebody told them, all right, we're repealing it, but now
291 your kid who is on your plan is no longer on your plan, or now you've got a preexisting
292 condition and you can't buy health insurance--they'd be shocked. They'd be--what do you
293 mean?

294 So repeal is not the answer. Here is what we can do instead to actually make the
295 Affordable Care Act work even better than it's working right now. And I've already
296 mentioned one.

297 Florida and every state should expand Medicaid. (Applause.) Cover more people. It's easy
298 to do, and it could be done right now. You'd cover 4 million more Americans, help drive

299 down premiums for folks who buy insurance through the marketplace. And, by the way,
300 because the federal government pays for almost all of this expansion, you can't use as
301 an excuse that, well, the state can't afford it--because the federal government is paying
302 it. States like Louisiana that just expanded Medicaid--you had a Republican governor
303 replaced by a Democratic governor. He said, I want that money. Expanded Medicaid,
304 and found not only does it insure more people, but it's actually saved the state big money
305 and makes people less dependent on expensive emergency room care.

306 So that's step number one.

307 Step number two. Since overall health care costs have turned out to be significantly
308 lower than everyone expected since we passed Obamacare, since that's saved the federal
309 government billions of dollars, we should use some of that money, some of those savings
310 to now provide more tax credits for more middle-income families, for more young adults
311 to help them buy insurance. It will make their premiums more affordable. And that's not
312 just good for them--it's good for everybody. Because when more people are in the
313 marketplace, everybody will benefit from lower premiums. Healthier people, younger
314 people start joining the pool; premiums generally go down. That would be number two.

315 The third thing we should do is add what's called a public plan fallback--(applause)--
316 to give folks more options in those places where there are just not enough insurers to compete.
317 And that's especially important in some rural communities and rural states and counties.
318 If you live in L.A. right now, then it's working fine. There are a lot of insurers because it's
319 a big market, there are a lot of providers. But if you're in some remote areas, or you're
320 near some small towns, it may be that the economics of it just don't work unless
321 the government is providing an option to make it affordable. And, by the way, this is not
322 complicated. Basically, you would just wait and see--if the private insurers are competing
323 for business, then you don't have to trigger a public option. But if no private insurers are
324 providing affordable insurance in an area, then the government would step in with a
325 quality plan that people can afford.

326 And, by the way, this is not a radical idea. This idea is modeled on something that
327 Republicans championed under George Bush for the Medicare Part D drug benefit program.

328 It was fine when it was their idea. The fact that they're now opposed to it as some
329 socialist scheme is not being consistent, it's being partisan.

330 And finally, we should continue to encourage innovation by the states. What the Affordable
331 Care Act says is, here's how we propose you insure your populations, but you, the state,
332 can figure out a different way to accomplish the same goal--providing affordable,
333 comprehensive coverage for the same number of residents at the same cost--then go
334 right ahead. There may be more than one way to skin a cat. Maybe you've got an idea
335 we haven't thought of. Just show us, don't talk about it. Show us what the plan looks like.

336 Republicans who claim to care about your health insurance choices and your premiums,
337 but then offer nothing and block common-sense solutions like the ones that I propose to
338 improve them--that's not right. And my message to them has been and will continue to be:
339 Work with us. Make the system better. Help the people you serve. We're open to good
340 ideas, but they've got to be real ideas--not just slogans, not just votes to repeal.

341 And they've got to pass basic muster. You can't say, well, if we just do--if we just plant
342 some magic beans--(laughter)--then everybody will have health insurance. No, we've
343 got to have health care economists and experts look at it and see if the thing would
344 actually work.

345 So that's where we are. Number one, Obamacare is helping millions of people right now.
346 The uninsured rate has never been lower. It's helping everybody who already has health
347 insurance, because it makes their policies better. Number two, there are still too many
348 hardworking people who are not being reached by the law. Number three, if we tweak
349 the program to reach those people who are not currently benefitting from the law, it will
350 be good for them and it will be good for the country. Number four, if we repeal this law
351 wholesale that will hurt the people who don't have coverage right now. It will hurt the
352 20 million who are already getting help through the law. And it will hurt the country
353 as a whole.

354 So this should be an easy choice. All it does--all it requires is putting aside ideology,
355 and in good faith trying to implement the law of the land. And what we've learned,
356 by the way, is that when governors and state legislators expand Medicaid for their citizens
357 and they hold insurance companies accountable, and they're honest with uninsured people

358 about their options, and they're working with us on outreach, then the marketplace
359 works the way it's supposed to. And when they don't, the marketplaces tend to have
360 more problems. And that shouldn't be surprising. If state leaders purposely try to make
361 something not work, then it's not going to run as smoothly as if they were trying to make
362 it work. Common sense. You don't even have to go to Miami Dade to figure that out.
363 (Laughter.)

364 The point is, now is not the time to move backwards on health care reform. Now is the
365 time to move forward. The problems that may have arisen from the Affordable Care Act
366 is not because government is too involved in the process. The problem is, is that we have not
367 reached everybody and pulled them in. And think about it. When one of these companies
368 comes out with a new smartphone and it had a few bugs, what do they do? They fix it.
369 They upgrade--unless it catches fire, and they just--(laughter)--then they pull it off the
370 market. But you don't go back to using a rotary phone. (Laughter.) You don't say, well,
371 we're repealing smartphones--we're just going to do the dial-up thing. (Laughter.)
372 That's not what you do.

373 Well, the same basic principle applies here. We're not going to go back to discriminating
374 against Americans with preexisting conditions. We're not going to go back to a time when
375 people's coverage was dropped when they got sick. We're not going to go back to a situation
376 where we're reinstating lifetime limits in the fine print so that you think you have insurance,
377 and then you get really sick or you kid gets really sick, and you hit the limit that the insurance
378 company set, and next thing you know they're not covering you anymore, and you got to
379 figure out how you come up with another \$100,000 or \$200,000 to make sure that your
380 child lives. We're not going to go back to that.

381 I hear Republicans in Congress object, and they'll say, no, no, no, no, we'll keep those
382 parts of Obamacare that are popular; we'll just repeal everything else. Well, it turns out
383 that the sum of those parts that are popular in Obamacare is Obamacare. (Applause.) It's
384 just people don't always know it. And repealing it would make the majority of Americans
385 worse off when it comes to health care.

386 And as I said, part of this is just--you know, health care is complicated. Think about this
387 speech--it's been pretty long, and you're just--you're thinking, wow, I just want to take

388 a picture with the President or something. (Laughter.) So it's hard to get people focused
389 on the facts. And even reporters who have covered this stuff--and they do a good job;
390 they're trying to follow all the debate. But a lot of times they just report, "Premium
391 increases." And everybody thinks, wow, my insurance rates are going up, it must be
392 Obama's fault--even though you don't get health insurance through Obamacare,
393 you get it through your job, and even though your increases have gone up a lot slower.
394 Or suddenly you're paying a bigger copay, and, ah, thanks Obama. (Laughter.) Well, no,
395 I had nothing to do with that.

396 So part of it is this is complicated, the way it gets reported. There's a lot of hysteria
397 around anything that happens. And what we need to do is just focus on this very specific
398 problem--how do we make sure that more people are getting coverage, and folks right
399 now who are not getting tax credits, aren't getting Medicaid, how do we help them,
400 how do we reach them. And we can do it.

401 Instead of repealing the law, I believe the next President and the next Congress should
402 take what we've learned over the past six years and in a serious way analyze it, figure
403 out what it is that needs to get done, and make the Affordable Care Act better and cover
404 even more people. But understand, no President can do it alone. We will need Republicans
405 in Congress and in state governments to act responsibly and put politics aside. Because
406 I want to remind you, a lot of the Affordable Care Act is built on Republican ideas.

407 In fact, Bernie Sanders is still mad at me because we didn't get single-payer passed.
408 Now, we couldn't get single-payer passed, and I wanted to make sure that we helped
409 as many people as possible, given the political constraints. And so we adopted a system
410 that Republicans should like; it's based on a competitive, market-based system in which
411 people have to a responsibility for themselves by buy insurance.

412 And maybe now that I'm leaving office, maybe Republicans can stop with the 60-
413 something repeal votes they've taken, and stop pretending that they have a serious
414 alternative, and stop pretending that all the terrible things they said would happen have
415 actually happened, when they have not, and just work with the next President to smooth
416 out the kinks.

417 Because it turns out, no major social innovation in America has ever worked perfectly at
418 the start. Social Security didn't. Its benefits were stingy at first. It left out a whole lot of
419 Americans. The same was true for Medicare. The same was true for Medicaid. The same
420 was true for the prescription drug law. But what happened was, every year, people of
421 goodwill from both parties tried to make it better. And that's what we need to do right now.
422 And I promise, if Republicans have good ideas to provide more coverage for folks like
423 Amanda, I will be all for it. I don't care whose idea it is, I just want it to work. They can
424 even change the name of the law to ReaganCare. (Laughter.) Or they can call it Paul
425 Ryan Care. I don't care--(laughter)--about credit, I just want it to work because I care
426 about the American people and making sure they've got health insurance.

427 But that brings me to my final point, and that is change does not typically come from the
428 top down, it always comes from the bottom up. The Affordable Care Act was passed
429 because the American people mobilized, not just to get me elected, but to keep the pressure
430 on me to actually do something about health care and to put pressure on members of
431 Congress to do something about it. And that's how change happens in America. It doesn't
432 happen on its own. It doesn't happen from on high. It happens from the bottom up. And
433 breaking gridlock will come only when the American people demand it.

434 So that's why I'm here. Only you can break this stalemate, but educating the public on
435 the benefits of the Affordable Care Act, and then pressing your elected officials to do the
436 right this and supporting elected officials who are doing the right things.

437 And this is one of the reasons why I'm so proud of what Miami-Dade College is doing,
438 because it's making sure that students and faculty, and people throughout this community
439 know about the law, know about how to sign up for health care, and then actually helps
440 people sign up. And I'm incredibly proud of the leadership Joe Peña and the entire team
441 in encouraging people to sign up.

442 Thanks to them, Miami-Dade has been hosting enrollment office hours and workshops,
443 even on nights and weekends. Right here on the Wolfson campus, and on all the Miami-
444 Dade campuses, you can go for a free one-on-one session where a trained expert can
445 walk you through the process and answer any questions you have--and then help you
446 sign up for health care right there and then. Joe says he doesn't have a conversation

447 without making sure people know how to get covered. The more young and healthy
448 people like you who do the smart thing and sign up, then the better it's going to work for
449 everybody.

450 And the good news is, in a few days, you can do just that because Open enrollment,
451 the time when you can start signing up, begins on November 1. And you just need to go
452 to HealthCare.gov, which works really well now. (Laughter.)

453 And campuses will be competing to come up with the most creative ways to reach
454 people and get them signed up--and I'm pretty sure that Miami-Dade can set the
455 standard for the rest of the country. 'Cause that's how you do. (Applause.) That's how you do.

456 So much has changed since I campaigned here in Miami eight Octobers ago. But one
457 thing has not: this is more than just about health care. It's about the character of our
458 country. It's about whether we look out for one another. It's about whether the wealthiest
459 nation on earth is going to make sure that nobody suffers. Nobody loses everything they
460 have saved, everything they have worked for because they're sick. You stood up for the
461 idea that no American should have to go without the health care they need.

462 And it's still true today. And we've proven together that people who love this country
463 can change it--20 million people out there will testify. I get letters every day, just saying
464 thank you because it's made a difference in their lives. And what true then is true now.
465 We still need you. Our work to expand opportunity to all and make our union more
466 perfect is never finished--but the more we work, and organize, and advocate, and fight,
467 the closer we get.

468 So I hope you are going to be busy this November signing folks up. But more importantly,
469 I hope, for all the young people here, you never stop working for a better America.

470 And even though I won't be President, I'll keep working right alongside you.

471 Thank you, everybody. God bless you. God bless America. Thank you. (Applause.)

472 END

473 2:40 P.M. EDT

APPENDIX C Speech

Speech B01

1 The White House

2 Office of the Press Secretary

3 For Immediate Release

4

November 14, 2013

5

Statement by the President on the Affordable Care Act

6

James S. Brady Press Briefing Room

7

12:02 P.M. EST

8 Switching gears, it has now been six weeks since the Affordable Care Act's new
9 marketplaces opened for business. I think it's fair to say that the rollout has been rough so
10 far, and I think everybody understands that I'm not happy about the fact that the rollout
11 has been, you know, wrought with a whole range of problems that I've been deeply
12 concerned about.

13 But today, I want to talk about what we know after these first few weeks and what we're
14 doing to implement and improve the law. Yesterday, the White House announced that in
15 the first month, more than a hundred thousand Americans successfully enrolled in new
16 insurance plans. Is that as high a number as we'd like? Absolutely not. But it does mean
17 that people want affordable health care.

18 The problems of the website have prevented too many Americans from completing the
19 enrollment process, and that's on us, not on them. But there's no question that there's real
20 demand for quality, affordable health insurance. In the first month, nearly a million people
21 successfully completed an application for themselves or their families.

22 Those applications represent more than 1.5 million people. Of those 1.5 million people,
23 106,000 of them have successfully signed up to get covered.

24 Another 396,000 have the ability to gain access to Medicaid under the Affordable Care
25 Act. That's been less reported on, but it shouldn't be. You know, Americans who are
26 having a difficult time, who are poor, many of them working, may have a disability,
27 they're Americans like everybody else. And the fact that they are now able to get
28 insurance is going to be critically important. Later today I'll be in Ohio, where Governor
29 Kasich, a Republican, has expanded Medicaid under the Affordable Care Act, and as many

30 as 275,000 Ohioans will ultimately be better off because of it. And if every governor
31 followed suit, another 5.4 million Americans could gain access to health care next year.

32 So bottom line is in just one month, despite all the problems that we've seen with the
33 website, more than 500,000 Americans could know the security of health care by January
34 1st, many of them for the first time in their lives. And that's life-changing, and it's
35 significant.

36 That still leaves about 1 million Americans who successfully made it through the website
37 and now qualify to buy insurance but haven't picked a plan yet. And there's no question
38 that if the website were working as it's supposed to, that number would be much higher of
39 people who've actually enrolled.

40 So that's problem number one, making sure that the website works the way it's supposed
41 to. It's gotten a lot better over the last few weeks than it was on the first day, but we're
42 working 24/7 to get it working for the vast majority of Americans in a smooth, consistent
43 way.

44 The other problem that has received a lot of attention concerns Americans who've received
45 letters from their insurers that they may be losing the plans they bought in the old
46 individual market, often because they no longer meet the law's requirements to cover
47 basic benefits like prescription drugs or doctor's visits.

48 Now, as I indicated earlier, I completely get how upsetting this can be for a lot of
49 Americans, particularly after assurances they heard from me that if they had a plan that
50 they liked they could keep it. And to those Americans, I hear you loud and clear. I said that
51 I would do everything we can to fix this problem. And today I'm offering an idea that will
52 help do it.

53 Already people who have plans that pre-date the Affordable Care Act can keep those
54 plans if they haven't changed. That was already in the law. That's what's called a
55 grandfather clause that was included in the law. Today we're going to extend that principle
56 both to people whose plans have changed since the law took effect and to people who
57 bought plans since the law took effect.

58 So state insurance commissioners still have the power to decide what plans can and can't
59 be sold in their states, but the bottom line is insurers can extend current plans that would

60 otherwise be cancelled into 2014. And Americans whose plans have been cancelled can
61 choose to re-enroll in the same kind of plan.

62 We're also requiring insurers to extend current plans to inform their customers about two
63 things: One, that protections--what protections these renewed plans don't include.
64 Number two, that the marketplace offers new options with better coverage and tax credits
65 that might help you bring down the cost.

66 So if you received one of these letters I'd encourage you to take a look at the
67 marketplace. Even if the website isn't working as smoothly as it should be for everybody
68 yet, the plan comparison tool that lets you browse cost for new plans near you is working
69 just fine.

70 Now, this fix won't solve every problem for every person, but it's going to help a lot of
71 people. Doing more will require work with Congress. And I've said from the beginning that
72 I'm willing to work with Democrats and Republicans to fix problems as they arise. This is
73 an example of what I was talking about. We can always make this law work better.

74 It is important to understand, though, that the old individual market was not working well.
75 And it's important that we don't pretend that somehow that's a place worth going back to.
76 Too often it works fine as long as you stay healthy. It doesn't work well when you're sick.
77 So year after year, Americans were routinely exposed to financial ruin or denied coverage
78 due to minor pre-existing conditions or dropped from coverage altogether even if they've
79 paid their premiums on time. That's one of the reasons we pursued this reform in the first
80 place.

81 And that's why I will not accept proposals that are just another brazen attempt to
82 undermine or repeal the overall law and drag us back into a broken system. We will
83 continue to make the case, even to folks who choose to keep their own plans, that they
84 should shop around in the new marketplace because there's a good chance that they'll be
85 able to buy better insurance at lower cost.

86 So we're going to do everything we can to help the Americans who've received these
87 cancellation notices. But I also want everybody to remember that there are still 40 million
88 Americans who don't have health insurance at all. I'm not going to walk away from 40
89 million people who have the chance to get health insurance for the first time, and I'm not

90 going to walk away from something that has helped the cost of health care grow at its
91 slowest rate in 50 years.

92 So we're at the opening weeks of the project to build a better health care system for
93 everybody, a system that will offer real financial security and peace of mind to millions of
94 Americans.

95 It is a complex process. There are all kinds of challenges. I'm sure there will be additional
96 challenges that come up. And it's important that we're honest and straightforward in terms
97 --when we come up with a problem with these reforms and these laws, that we address
98 them.

99 But we've got to move forward on this. It took a hundred years for us to even get to the
100 point where we could start talking about and implementing a law to make sure everybody
101 got health insurance. And my pledge to the American people is, is that we're going to
102 solve the problems that are there, we're going to get it right, and the Affordable Care Act
103 is going to work for the American people.

104 So with that, I'm going to take your questions, and I'm going to start with Julie Pace of AP.

105 **Q:** Thank you, Mr. President.

106 The combination of the website problems and the concerns over the policy cancellations
107 have crystallized worry within your own party, and polls also show that you're taking some
108 hit (with the ?) public on both your overall job approval rating and also hunch factors like
109 trust and honesty. Do you feel as though the flawed health care rollout has led to a breach
110 in the public trust and confidence in government? And if so, how do you plan to resolve
111 that?

112 **PRESIDENT OBAMA:** There is no doubt that people are frustrated. We just came out of a
113 shutdown and the possibility that for the first time in over 200 years, we wouldn't pay our
114 bills. And people breathed a sign of relief when that finally got done, and the next thing
115 they know is, is that the president's health care reform can't get the website to work and
116 that there are these other problems with respect to cancellation notices.

117 And, you know, I understand why folks are frustrated. I would be too, because sometimes,
118 you know, people look at what's taking place in Washington, and they say not enough is
119 getting done that helps me with my life. And, you know, regardless of what Congress

120 does, ultimately, I'm the president of the United States, and they expect me to do
121 something about it.

122 So in terms of how I intend to approach it, I'm just going to keep on working as hard as I
123 can around the priorities that the American people care about. And I think it's legitimate for
124 them to expect me to have to win back some credibility on this health care law in
125 particular and on a whole range of these issues in general.

126 And, you know, that's on me. I mean, we fumbled the rollout on this health care law.
127 There are a whole bunch of things about it that are working really well which people didn't
128 notice, all right, because they weren't controversial, so making sure kids could stay on their
129 parents' plans till they were--up through the age of 25, and making sure that seniors got
130 more discounts on their prescription drugs--there were a whole bunch of stuff that we did
131 well over the first three years, but we also knew that these marketplaces--creating a
132 place where people can shop and, through competition, get a better deal for the health
133 insurance that their families need--we always knew that that was going to be
134 complicated, and everybody was going to be paying a lot of attention to it.

135 And we should have done a better job getting that right on day one, not on day 28 or on
136 day 40. I am confident that by--by the time we look back on this next year, that people
137 are going to say, this is working well, and it's helping a lot of people. But my intention in
138 terms of winning back the confidence of the American people is just to work as hard as I
139 can, identify the problems that we've got, make sure that we're fixing them, whether it's a
140 website, whether it is making sure that folks who got these cancellation notices get help,
141 we're just going to keep on chipping away at this until the job is done.

142 Major Garrett.

143 **Q:** Thank you, Mr. President. You say, while the law was being debated, if you like your
144 plan you can keep it. You said, after the law was implemented or signed, if you like your
145 plan you can keep it. Americans believed you, sir, when you said that to them over and
146 over.

147 Do you not believe, sir, the American people deserve a deeper, more transparent
148 accountability from you as to why you said that over and over when your own statistics
149 published in the Federal Register alerted your policy staff--and, I presume, you--to the

150 fact that millions of Americans would in fact probably fall into the very gap you're trying to
151 administratively fix now? That's one question.

152 Second question. (Laughter.) You were informed or several people in this building were
153 informed two weeks before the launch of the website that it was failing the most basic
154 tests internally; and yet a decision was made to launch the website on October 1st. Did
155 you, sir, make that test (sic)? And if so, did you regret that?

156 **PRESIDENT OBAMA:** OK. On the website, I was not informed directly that the website
157 would not be working as--the way it was supposed to. Has I been informed, I wouldn't be
158 going out saying, boy, this is going to be great. You know, I'm accused of a lot of things,
159 but I don't think I'm stupid enough to go around saying, this is going to be like shopping on
160 Amazon or Travelocity, a week before the website opens, if I thought that it wasn't going
161 to work.

162 So, clearly, we and I did not have enough awareness about the problems in the website.
163 Even a week into it, the thinking was that these were some glitches that would be fixed
164 with patches, as opposed to some broader systemic problems that took much longer to fix
165 and we're still working on them.

166 So you know, that doesn't excuse the fact that they just don't work, but I think it's fair to
167 say, no, Major, we--we would not have rolled out something knowing very well that it
168 wasn't going to work the way it was supposed to, given all the scrutiny that we knew was
169 going to be on--on the website.

170 With respect to the pledge I made that if you like your plan you can keep it, I think--you
171 know, and I've said in interviews -- that there is no doubt that the way I put that forward
172 unequivocally ended up not being accurate. It was not because of my intention not to
173 deliver on that commitment and that promise. We put a grandfather clause into the law but
174 it was insufficient.

175 Keep in mind that the individual market accounts for 5 percent of the population. So when I
176 said you can keep your health care, you know, I'm looking at folks who've got employer-
177 based health care. I'm looking at folks who've got Medicare and Medicaid. And that
178 accounts for the vast majority of Americans. And then for people who don't have any

179 health insurance at all, obviously that didn't apply. My commitment to them was you were
180 going to be able to get affordable health care for the first time.

181 You have an individual market that accounts for about 5 percent of the population. And our
182 working assumption was--my working assumption was that the majority of those folks
183 would find better policies at lower cost or the same cost in the marketplaces and that there
184 --the universe of folks who potentially would not find a better deal in the marketplaces,
185 the grandfather clause would work sufficiently for them. And it didn't. And again, that's on
186 us, which is why we're--that's on me.

187 And that's why I'm trying to fix it. And as I said earlier, my--I guess last week, and I will
188 repeat, that's something I deeply regret because it's scary getting a cancelation notice.

189 Now, it is important to understand that out of that population, typically, there is constant
190 churn in that market. You know, this market is not very stable and reliable for people. So
191 people have a lot of complaints when they're in that marketplace. As long as you're
192 healthy, things seem to be going pretty good. And so a lot of people think, I've got pretty
193 good insurance, until they get sick, and then suddenly they look at the fine print and
194 they've got a \$50,000 out-of-pocket expense that they can't pay.

195 We know that on average over the last decade, each year premiums in that individual
196 market would go up an average of 15 percent a year. I know that because when we were
197 talking about health care reform, one of the complaints was, I bought health care in the
198 individual market, and I just got a notice from the insurer they dropped me after I had an
199 illness or my premiums skyrocketed by 20 or 30 percent; why aren't we doing something
200 about this?

201 So part of what our goal has been is to make sure that that individual market is stable and
202 fair and has the kind of consumer protections that make sure that people don't get a rude
203 surprise when they really need health insurance.

204 But if you just got a cancelation notice and so far you're thinking, my prices are pretty
205 good, you haven't been sick, and it fits your budget, and now you get this notice, you're
206 going to be worried about it. And if the insurer is saying the reason you're getting this
207 notice is because of the Affordable Care Act, then you're going to be understandably
208 aggravated about it.

209 Now, for a big portion of those people, the truth is, they might have gotten a notice saying,
210 we're jacking up your rates by 30 percent. They might have said, from here on out we're
211 not going to cover X, Y and Z illnesses. We're changing the--because these were all 12-
212 month policies. They--the insurance companies were no--under no obligation to renew
213 the exact same policies that you had before.

214 But look, one of the things I understood when we decided to reform the--the health
215 insurance market, part of the reason why it hasn't been done before and it's very difficult
216 to do, is that anything that's going on that's tough in--in the health care market, if you
217 initiated a reform, can be attributed to your law. And--and so what we want to do is to be
218 able to say to these folks, you know what, the Affordable Care Act is not going to be the
219 reason why insurers have to cancel your plan. Now, what folks may find is the insurance
220 companies may still come back and say, we want to charge you 20 percent more than we
221 did last year, or we're not going to cover prescription drugs now. But that will--that's in
222 the nature of the market that existed earlier.

223 **Q:** Did you decide, sir, that the simple declaration was something the American people
224 could handle, but this new honest answer you just gave now was something they couldn't
225 handle, and you didn't trust the American people with the fuller truth?

226 **PRESIDENT OBAMA:** No. I think, as I said earlier, Major, my expectation was that for 98
227 percent of the American people, either it genuinely wouldn't change at all, or they'd be
228 pleasantly surprised with the options in the marketplace and that the grandfather clause
229 would cover the rest. That proved not to be the case. And that's on me.

230 And the American people--those who got cancellation notices do deserve and have
231 received an apology from me, but they don't want just words. What they want is whether
232 we can make sure that they're in a better place and that we meet that commitment.

233 And by the way, I think it's very important for me to note that, you know, there are a
234 whole bunch of folks up in Congress and others who made this statement, and they were
235 entirely sincere about it. And the fact that you've got this percentage of people who've had
236 this, you know, impact--I want them to know that, you know, their senator or
237 congressman, they were making representations based on what I told them and what this

238 White House and our administrative staff told them, and so it's not on them, it's on us. But
239 it is something that we intend to fix.

240 Steve Carlson (sp).

241 **Q:** Do you have reason to believe that Iran would walk away from nuclear talks if Congress
242 draws up new sanctions, and would that--will a diplomatic breakdown (at this stage ?)
243 (leave you ?) no option but military option? And how do you respond to your critics on the
244 Hill who say that it was only tough sanctions that got Iran to the table, and only tougher
245 sanctions will make it capitulate?

246 **PRESIDENT OBAMA:** Well, let me make a couple of points. Number one, I've said before
247 and I will repeat, we do not want Iran having nuclear weapons. And it would be not only
248 dangerous to us and our allies, but it would be destabilizing to the entire region and could
249 trigger a nuclear arms race that would make life much more dangerous for all of us. So our
250 policy is, Iran cannot have nuclear weapons, and I'm leaving all options on the table to
251 make sure that we meet that goal.

252 Point number two, the reason we've got such vigorous sanctions is because I and my
253 administration put in place when I came into office the international structure to have the
254 most effective sanctions ever.

255 And so I think it's fair to say that I know a little bit about sanctions, since we set them up
256 and made sure that we mobilized the entire international community so that there weren't
257 a lot of loopholes and they really had bite.

258 And the intention in setting up those sanctions always was to bring the Iranians to the table
259 so that we could resolve this issue peacefully, because that is my preference. That's my
260 preference because any armed conflict has costs to it, but it's also my preference because
261 the best way to assure that a country does not have nuclear weapons is that they are
262 making a decision not to have nuclear weapons and we are in a position to verify that they
263 don't have nuclear weapons.

264 So as a consequence of the sanctions that we've put in place--and I appreciate all the
265 help--bipartisan help that we received from Congress in making that happen--Iran's
266 economy has been crippled. They had a negative 5 percent growth rate last year. Their
267 currency plummeted. They're having significant problems in just the day-to-day economy

268 on the ground in Iran. And President Rouhani made a decision that he was prepared to
269 come and have a conversation with the international community about what they could do
270 to solve this problem with us.

271 We've now had a series of conversations. And it has never been realistic that we would
272 resolve the entire problem all at once. What we have done is seen the possibility of an
273 agreement in which Iran would halt advances on its program, that it would dilute some of
274 the highly enriched uranium that makes it easier for them to potentially produce a weapon,
275 that they are subjecting themselves to much more vigorous inspections so that we know
276 exactly what they're doing at all their various facilities, and that that would then provide
277 time and space for us to test, over a certain period of months, whether or not they are
278 prepared to actually resolve this issue to the satisfaction of the international community,
279 making us confident that in fact they're not pursuing a nuclear weapons program.

280 In return, the basic structure of what's been talked about, although not completed, is that
281 we would provide very modest relief at the margins of the sanctions that we've set up. But
282 importantly, we would leave in place the core sanctions that are most effective and have
283 the most impact on the Iranian economy--specifically oil sanctions and sanctions with
284 respect to banks and financing.

285 And what that gives us is the opportunity to test how serious are they, but it also gives us
286 an assurance that if it turns out six months from now that they're not serious, we can crank
287 --we can dial those sanctions right back up.

288 So my message to Congress has been that let's see if this short-term, phase one deal can
289 be completed to our satisfaction where we're (absolutely/actually ?) certain that while
290 we're talking with the Iranians, they're not busy advancing their program.

291 We can buy some additional months in terms of their breakout capacity.

292 Let's test how willing they are to actually resolve this diplomatically and peacefully. We will
293 have lost nothing if at the end of the day it turns out that they are not prepared to provide
294 the international community the hard proof and assurances necessary for us to know that
295 they're not pursuing a nuclear weapon. And if that's--turns out to be the case, then not
296 only is our entire sanctions infrastructure still in place, not only are they still losing money

297 from the fact that they can't sell their oil and get revenue from their oil as easily, even
298 throughout these talks, but other options remain.

299 But--but what--what I've said to members of Congress is that if in fact we're serious
300 about trying to resolve this diplomatically, because no matter how good our military is,
301 military options are always messy, are always difficult, always have unintended
302 consequences, and in this situation are never complete in terms of making us certain that
303 they don't then go out and pursue even more vigorously nuclear weapons in the future, if
304 we're serious about pursuing diplomacy, then there is no need for us to add new sanctions
305 on top of the sanctions that are already very effective and that brought them in table in
306 the first place. Now, if it turns out they can't deliver, they can't come to the table in a
307 serious way and get this issue resolved, the sanctions can be ramped back up.

308 And we've got that--we've got that option.

309 All right, Roger--Roger Runningen. Roger, it's his birthday, by the way. That's not the
310 reason you got a question, but I thought it was important to note that. Happy birthday.

311 **Q:** Thank you, Mr. President. Back to health care, can you guarantee for the American
312 people that the health care website is going to be fully operational for all people--not just
313 the vast majority--by November 30? And second, more broadly, this is your signature
314 domestic piece of legislation.

315 **PRESIDENT OBAMA:** Right.

316 **Q:** You hear criticism on the Hill that you and your White House team are too insular. Is
317 that how this mess came to be?

318 **PRESIDENT OBAMA:** Well, you know, I think there's going to be a lot of--there's going to
319 be a lot of evaluation of how we got to this point. And I'm--I assure you that I've been
320 asking a lot of questions about that. (Chuckles.) The truth is that this is, number one, very
321 complicated. You know, the website itself is doing a lot of stuff.

322 There aren't a lot of websites out there that have to help people compare their possible
323 insurance options, verify income to find out what kind of tax credits they might get,
324 communicate with those insurance companies so that they can purchase, make sure that
325 all of it's verified, right? So there's just a--a bunch of pieces to it that made it challenging.

326 And you combine that with the fact that the federal government does a lot of things really
327 well. One of the things it does not do well is information technology procurement. You
328 know, this is kind of a systematic problem that we have across the board.

329 And you know, it is not surprising, then, that there were going to be some problems. Now,
330 I think we have to ask ourselves some hard questions inside the White House, as opposed
331 to why we didn't see more of these problems coming earlier on, A, so we could set
332 expectations, B, so that we could look for different ways for people to end up applying.

333 So, you know, ultimately, you're right. This is something that's really important to me, and
334 it's really important to millions of Americans who have been waiting for a really long time
335 to try go get health care because they don't have it. And you know, I am very frustrated,
336 but I'm also somebody who, if I fumble the ball, you know, I'm going to wait until I get the
337 next play, and then I'm going to try to run as hard as I can and do right by the team. So,
338 you know, ultimately I'm the head of this team. We did fumble the ball on it. And what I'm
339 going to do is make sure that we get it fixed.

340 In terms of what happens on November 30th or December 1st, I think it's fair to say that
341 the improvement will be marked and noticeable. You know, the website will work much
342 better on November 30th, December 1st, than it worked certainly on October 1st. That's a
343 pretty low bar. It'll be working a lot better than it is -- it was last week and will be
344 working better than it was this week, which means that the majority of people who go to
345 the website will see a website that is working the way it's supposed to.

346 I think it is not possible for me to guarantee that a hundred percent of the people a
347 hundred percent of the time going on this website will have a perfectly seamless, smooth
348 experience.

349 We're going to have to continue to improve it, even after November 30th, December 1st.
350 But the majority of people who use it will be able to see it operate the way it was
351 supposed to.

352 One thing that we've discovered, though, that I think is--is worth noting, a lot of focus has
353 been on the website and the technology, and that's partly because that's how we initially
354 identified it; you know, these are glitches. What we're discovering is that part of the
355 problem has been technology, hardware and software, and that's being upgraded. But

356 even if we get the--the hardware and software working exactly the way it's supposed to
357 with relatively minor glitches, what we're also discovering is that insurance is complicated
358 to buy. And another mistake that we made, I think, was underestimating the difficulties of
359 people purchasing insurance online and shopping for a lot of options with a lot of costs and
360 lot of different benefits and plans and--and somehow expecting that that would be very
361 smooth, and then they've also got to try to apply for tax credits on the website.

362 So what we're--what we're doing even as we're trying to solve the technical problems is
363 also what can we do to make the application a little bit simpler? What can we do to make
364 it in English as opposed to bureaucratese? Are there steps that we can skip while still
365 getting the core information that people need?

366 And part of what we're realizing is that there are going to be a certain portion of people
367 who are just going to need more help and more hand-holding in the application process.

368 And so--so I guess part of the continuous improvement that I'm looking at is not just a
369 technical issue; it's also can we streamline the application process; what are we doing to
370 give people more assistance in the application process; you know, how do the call centers
371 and the people who are helping folks in person--how are they trained so that things can
372 go more smoothly, because the bottom line ultimately is I just want people to know what
373 their options are in a--in a clear way. And you know, buying health insurance is never
374 going to be like buying a song on iTunes. You know, it's just a much more complicated
375 transaction.

376 But I think we can continue to make it better, all of which is to say that on December -- or
377 December 1st, November 30th, it will be a lot better, but there will still be some problems.
378 Some of those will not be because of technological problems, although I'm--I'm sure that
379 there will still be some glitches that have to be smoothed out. Some of it's going to be how
380 are we making this application process more user-friendly for folks.

381 And you know, one--one--one good example of this, by the way, just to use an analogy--
382 --when we came into office, we heard a lot of complaints about the financial aid forms that
383 families had to fill out to get federal financial aid. And I actually remember applying for
384 some of that stuff and remember how difficult and confusing it was.

385 And Arne Duncan over at Education worked with a team to see what we could do to
386 simplify it, and it made a big difference. And that's part of the process that we've got to go
387 through. And in fact, you know, if we can get some focus groups and we sit down with
388 actual users and see, you know, how well is this working, what would improve it, what
389 part of it didn't you understand, that all, I think, is part of what we're going to be working
390 on in the weeks ahead.

391 **Q:** What about the insularity criticism that you hear on the Hill?

392 **PRESIDENT OBAMA:** You know, I--I've got to say I meet with an awful lot of folks, and I
393 talk to an awful lot of folks every day. And I have lunches with CEOs and IT venture
394 capitalists and labor leaders and, you know, pretty much folks from all walks of life on a
395 whole bunch of topics. And if you looked at my schedule on any given day, we're
396 interacting with a whole lot of people.

397 And I think it's fair to say that we have a pretty good track record of working with folks on
398 technology and IT from our campaign, where, both in 2008 and 2012, we did a pretty
399 darn good job on that. So it's not that--you know, the idea that somehow we didn't have
400 access or were interested in people's--people's ideas I think isn't accurate.

401 What is true is that, as I said before, our IT systems, how we purchase technology in the
402 federal government is cumbersome, complicated and outdated. And so this isn't a situation
403 where--on my campaign, I could simply say, who are the best folks out there, let's get
404 them around a table, let's figure out what we're doing and we're just going to continue to
405 improve it and refine it and work on our goals.

406 If you're doing it at the federal government level, you know, you're going through, you
407 know, 40 pages of specs and this and that and the other and there's all kinds of law
408 involved. And it makes it more difficult--it's part of the reason why chronically federal IT
409 programs are overbudget, behind schedule.

410 And one of the--you know, when I do some Monday morning quarterbacking on myself,
411 one of the things that I do recognize is since I know that the federal government has not
412 been good at this stuff in the past, two years ago as we were thinking about this, you
413 know, we might have done more to make sure that we were breaking the mold on how

414 we were going to be setting this up. But that doesn't help us now. We got to move
415 forward.

416 Jeff Mason.

417 **Q:** Thank you, Mr. President. Today's fix that you just announced leaves it up to state
418 insurance commissioners and insurance companies to ultimately decide whether to allow
419 those policies to be renewed for a year. How confident are you that they will do that? And
420 secondly, how concerned are you that this flawed rollout may hurt Democrats' chances in
421 next year's mid-term elections and your ability to advance other priorities, such as
422 immigration reform?

423 **PRESIDENT OBAMA:** On the first question, traditionally state insurance commissioners
424 make decisions about what plans can be or cannot be sold, how they interact with insurers.
425 What we're essentially saying is the Affordable Care Act is not going to be the factor in
426 what happens with folks in the individual market. And my guess is right away you're going
427 to see a number of state insurance commissioners exercise it.

428 Part of the challenge is the individual markets are different states. There's some states that
429 have individual insurance markets that already have almost all the consumer protections
430 that the Affordable Care Act does. They match up pretty good.

431 It's not some big jump for--for folks to move into the marketplace. In others, there are
432 pretty low standards, so you can sell pretty substandard plans in those markets, and that's
433 where people might see a bigger jump in their premiums. So I think there's going to be
434 some state-by-state evaluation on how this is handled.

435 But the key point is, is that it allows us to be able to say to the folks who've received
436 these notices, look, you know, I, the president of the United States, and the insurance --
437 the insurance model of the Affordable Care Act is not going to be getting in the way of you
438 shopping in the individual market that you used to have. Now, as I said, there are still
439 going to be some folks who, over time, I think, are going to find that the marketplaces are
440 better.

441 One way I--I described this to--I met with a group of senators when this issue first came
442 up. And it's not a perfect analogy, but you know, we made a decision as a society that
443 every car has to have a seat belt or air bags. And so you pass a regulation. And there's

444 some additional cost, particularly at the start, of increasing the safety and
445 protections, but we make a decision as a society that the costs are outweighed by the
446 benefits of all the lives that are saved. So what we're saying now is if you're buying new
447 --a new car, you got to have a seat belt.

448 Well, the problem with the--the grandfather clause that we put in place is it's almost like
449 we said to folks, you got to buy a new car, even if you can't afford it right now. And
450 sooner or later folks are going to start trading in their old cars.

451 But, you know, we don't need--if their life circumstance is such where, for now at least,
452 they want to keep the old car, even if the new car is better, we should be able to give
453 them that option, and that's what we want to do.

454 And by the way, that's what we should have been able to do in drafting the rules in the
455 first place. So again, you know, these are two fumbles on something that--on a big game
456 which--but the game's not over. With respect to the politics of it, you know, I'll let you
457 guys do a lot of the work on projecting what this means for various political scenarios.

458 There is no doubt that our failure to roll out the ACA smoothly has put a burden on
459 Democrats, whether they're running or not, because they stood up and supported this
460 effort through thick and thin, and, you know, I feel deeply responsible for making it harder
461 for them rather than easier for them to continue to promote the core values that I think led
462 them to support this thing in the first place, which is, in this country, as wealthy as we are,
463 everybody should be able to have the security of affordable health care.

464 And that's why I feel so strongly about fixing it. My first and foremost obligation is to the
465 American people, to make sure that they can get what's there if we can just get the darn
466 website working and smooth this thing out, which is plans that are affordable and allow
467 them to advantage of tax credits and give them a better deal.

468 But I also do feel an obligation to everybody who--out there who supported this effort.
469 You know, when we don't do a good job on the rollout, we're letting them down. And, you
470 know, I don't--I don't like doing that. So my commitment to them is we're going to just
471 keep on doing better every day until we get it done.

472 And in terms of the impact on me--I think to some extent I addressed it when I talked to
473 Julie (sp)--you know, there are going to be ups and downs during the course of my

474 presidency. And, you know, I think I said early on when I was running, I am not a perfect
475 man and I will not be a perfect president, but I'll wake up every single day working as
476 hard as I can on behalf of Americans out there from every walk of life who are working
477 hard, meeting their responsibilities but sometimes are struggling because the way the
478 system works isn't giving them a fair shot.

479 And--and that pledge I haven't broken. That commitment, that promise continues to be --
480 continues to hold; the promise that I wouldn't be perfect, number one, but also the promise
481 that as long as I've got the honor of having this office, I'm just going to work as hard as I
482 can to make things better for folks.

483 And what that means specifically in this health care arena is we can't go back to the status
484 quo. I mean, right now everybody is properly focused on us not doing a good job on the
485 rollout. And that's legitimate and I get it.

486 There have been times where I thought we were--got, you know, slapped around a little
487 bit unjustly. This one's deserved, all right? It's on us.

488 But we can't lose sight of the fact that the status quo before the Affordable Care Act was
489 not working at all. If--if the health care system had been working fine and everybody had
490 high-quality health insurance at affordable prices, I wouldn't have made it a priority. We
491 wouldn't have been fighting this hard to get it done, which is why when I see sometimes
492 folks up on Capitol Hill, and Republicans in particular, who have been suggesting, you
493 know, repeal, repeal, let's get rid of this thing, I keep on asking, well, what is it that you
494 want to do? Are you suggesting that the status quo was working? Because it wasn't, and
495 everybody knows it. It wasn't working in the individual market, and it certainly wasn't
496 working for the 41 million people who didn't have health insurance.

497 And so what we did was we chose a path that was the least disruptive to try to finally
498 make sure that health care is treated in this country like it is in every other advanced
499 country, that it's not some privilege that just a certain portion of people can have, but it's
500 something that everybody has some confidence about. And you know, we didn't go far left
501 and choose an approach that would have been much more disruptive. We didn't adopt
502 some more conservative proposals that would have been much more disruptive. We tried
503 to choose a way that built off the existing system.

504 But it is complicated. It is hard. But I make no apologies for us taking this on because
505 somebody, sooner or later, had to do it.

506 I do make apologies for not having executed better over the last several months.

507 **Q:** Do you think that execution and the--and the flaws in the rollout will affect your ability
508 to do other things, like immigration reform, another policy (priority ?)?

509 **PRESIDENT OBAMA:** Well, look, if--if--(if ?) it comes to immigration reform, you know,
510 there is no reason for us not to do immigration reform. And we've already got strong
511 bipartisan support for immigration reform out of the Senate. You've got--I met with a
512 number of traditionally very conservative clergy who are deeply committed to immigration
513 reform. We've got the business community entirely behind immigration reform. So you've
514 got a bunch of constituencies that are traditionally much more--have leaned much more
515 heavily towards Republicans who are behind this.

516 So if people are looking for an excuse not to do the right thing on immigration reform, they
517 can always find an excuse. You know, we've run out of time or, you know, this is hard or,
518 you know, the list goes on and on. But my working assumption is people should want to do
519 the right thing. And when you've got an issue that would strengthen borders, make sure
520 that the legal immigration system works the way it's supposed to, that would go after
521 employers who are doing the wrong thing when it comes to hiring undocumented workers
522 and would allow folks who are here illegally to get right with the law and pay a fine and
523 learn English and get to the back of the line but, you know, ultimately join fully our
524 American community, when--when you've got a law that makes sense, you shouldn't be
525 looking for an excuse not to do it. And I'm going to keep on pushing to make sure it gets done.
526 Am I going to have to do some work to rebuild confidence around some of our initiatives? Yeah.
527 But part of--part of this job is, the things that go right, you guys aren't going to write
528 about. The things that go wrong get prominent attention; that's how it's always been.
529 That's not unique to me as president, and I'm up to the challenge. We're going to get this
530 done, all right?

531 Thank you, everybody.

532 END

533 12:53 P.M. EST

Speech B02

1 The White House
2 Office of the Press Secretary
3 For Immediate Release

4 April 01, 2014

5 **Remarks by the President on the Affordable Care Act**

6 Rose Garden

7 4:19 P.M. EDT

8 THE PRESIDENT: Everybody, please have a seat. Thank you so much.

9 Welcome to the White House.

10 Six months ago today, a big part of the Affordable Care Act kicked in as healthcare.gov
11 and state insurance marketplaces went live. And millions of Americans finally had the same
12 chance to buy quality, affordable health care--and the peace of mind that comes with it --
13 -- as everybody else.

14 Last night, the first open--enrollment period under this law came to an end. And despite
15 several lost weeks out of the gate because of problems with the website, 7.1 million
16 Americans have now signed up for private insurance plans through these marketplaces --
17 7.1 (Applause.)

18 The truth is, even more folks want to sign up. So anybody who was stuck in line because
19 of the huge surge in demand over the past few days can still go back and finish your
20 enrollment--7.1 million, that's on top of the more than 3 million young adults who have
21 gained insurance under this law by staying on their family's plan. That's on top of the
22 millions more who have gained access through Medicaid expansion and the Children's
23 Health Insurance Program. Making affordable coverage available to all Americans, including
24 those with preexisting conditions, is now an important goal of this law. (Applause.)

25 And in these first six months, we've taken a big step forward. And just as importantly, this
26 law is bringing greater security to Americans who already have coverage. Because of the
27 Affordable Care Act, 100 million Americans have gained free preventive care, like
28 mammograms and contraceptive care, under their existing plans. (Applause.) Because of
29 this law, nearly 8 million seniors have saved almost \$10 billion on their medicine because
30 we've closed a gaping hole in Medicare's prescription drug plan. We're closing the donut

31 hole. (Applause.) And because of this law, a whole lot of families won't be driven into
32 bankruptcy by a serious illness, because the Affordable Care Act prevents your insurer
33 from placing dollar limits on the coverage they provide.

34 These are all benefits that have been taking place for a whole lot of families out there,
35 many who don't realize that they've received these benefits. But the bottom line is this:
36 Under this law, the share of Americans with insurance is up and the growth of health care
37 costs is down, and that's good for our middle class and that's good for our fiscal future.
38 (Applause.)

39 Now, that doesn't mean that all the problems in health care have been solved forever.
40 Premiums are still rising for families who have insurance, whether you get it through your
41 employer or you buy it on your own--that's been true every year for decades. But, so far,
42 those premiums have risen more slowly since the Affordable Care Act passed than at any
43 time in the past 50 years. It's also true that, despite this law, millions of Americans remain
44 uncovered in part because governors in some states for political reasons have deliberately
45 refused to expand coverage under this law. But we're going to work on that. And we'll
46 work to get more Americans covered with each passing year. (Applause.)

47 And while it remains true that you'll still have to change your coverage if you graduate
48 from college or turn 26 years old or move or switch jobs, or have a child--just like you did
49 before the Affordable Care Act was passed--you can now go to healthcare.gov and use it
50 year-round to enroll when circumstances in your life change. So, no, the Affordable Care
51 Act hasn't completely fixed our long-broken health care system, but this law has made our
52 health care system a lot better--a lot better. (Applause.)

53 All told, because of this law, millions of our fellow citizens know the economic security of
54 health insurance who didn't just a few years ago--and that's something to be proud of.
55 Regardless of your politics or your feelings about me, or your feelings about this law, that's
56 something that's good for our economy, and it's good for our country. And there's no good
57 reason to go back.

58 Let me give you a sense of what this change has meant for millions of our fellow
59 Americans. I'll just give you a few examples. Sean Casey, from Solana Beach, California,
60 always made sure to cover his family on the private market. But preexisting medical

61 conditions meant his annual tab was over \$30,000. The Affordable Care Act changed that.
62 See, if you have a preexisting condition, like being a cancer survivor, or if you suffer
63 chronic pain from a tough job, or even if you've just been charged more for being a woman
64 --you can no longer be charged more than anybody else. So this year, the Casey family's
65 premiums will fall from over \$30,000 to under \$9,000. (Applause.)

66 And I know this because Sean took the time to write me a letter. "These savings," he said,
67 "will almost offset the cost of our daughter's first year in college. I'm a big believer in this
68 legislation, and it has removed a lot of complexity and, frankly, fear from my life. Please
69 keep fighting for the ACA." That's what Sean had to say.

70 Jeanne Goe is a bartender from Enola, Pennsylvania. Now, I think most folks are aware
71 being a bartender, that's a job that usually doesn't offer health care. For years, Jeanne
72 went uninsured or underinsured, often getting some health care through her local Planned
73 Parenthood. In November, she bought a plan on the marketplace. In January, an illness
74 sent her to the hospital. And because her new plan covered a CAT scan she wouldn't have
75 otherwise been able to afford, her doctor discovered that she also had ovarian cancer--
76 and gave her a chance to beat it. So she wrote me a letter, too. She said it's going to be
77 "a long tough road to kill this cancer, but I can walk that road knowing insurance isn't an
78 issue. I won't be refused care. I hope to send a follow-up letter in a few months saying I
79 am free and clear of this disease, but until then, I know I will be fighting just as you have
80 been fighting for my life as a working American citizen."

81 And after her first wellness visit under her new insurance plan, Marla Morine, from Fort
82 Collins, Colorado, shared with me what it meant to her. "After using my new insurance for
83 the first time, you probably heard my sigh of relief from the White House." (Laughter.)
84 "I felt like a human being again. I felt that I had value."

85 That's what the Affordable Care Act, or Obamacare, is all about--making sure that all of
86 us, and all our fellow citizens, can count on the security of health care when we get sick;
87 that the work and dignity of every person is acknowledged and affirmed. The newly
88 insured like Marla deserve that dignity. Working Americans like Jeanne deserve that economic
89 security. Women, the sick, survivors--they deserve fair treatment in our health care system,
90 all of which makes the constant politics around this law so troubling.

91 Like every major piece of legislation--from Social Security to Medicare--the law is not
92 perfect. We've had to make adjustments along the way, and the implementation--especially
93 with the website--has had its share of problems. We know something about that.

94 And, yes, at times this reform has been contentious and confusing, and obviously it's had
95 its share of critics. That's part of what change looks like in a democracy. Change is hard.
96 Fixing what's broken is hard. Overcoming skepticism and fear of something new is hard.

97 A lot of times folks would prefer the devil they know to the devil they don't.

98 But this law is doing what it's supposed to do. It's working. It's helping people from coast
99 to coast, all of which makes the lengths to which critics have gone to scare people
100 or undermine the law, or try to repeal the law without offering any plausible alternative
101 so hard to understand. I've got to admit, I don't get it. Why are folks working so hard for
102 people not to have health insurance? Why are they so mad about the idea of folks having
103 health insurance? Many of the tall tales that have been told about this law have been
104 debunked. There are still no death panels. (Laughter.) Armageddon has not arrived.
105 Instead, this law is helping millions of Americans, and in the coming years it will help
106 millions more.

107 I've said before, I will always work with anyone who is willing to make this law work even
108 better. But the debate over repealing this law is over. The Affordable Care Act is here to stay.
109 (Applause.)

110 And those who have based their entire political agenda on repealing it have to explain to
111 the country why Jeanne should go back to being uninsured. They should explain why Sean
112 and his family should go back to paying thousands and thousands of dollars more. They've
113 got to explain why Marla doesn't deserve to feel like she's got value. They have to explain
114 why we should go back to the days when seniors paid more for their prescriptions or
115 women had to pay more than men for coverage, back to the days when Americans with
116 preexisting conditions were out of luck--they could routinely be denied the economic
117 security of health insurance--because that's exactly what would happen if we repeal this
118 law. Millions of people who now have health insurance would not have it. Seniors who
119 have gotten discounts on their prescription drugs would have to pay more. Young people
120 who were on their parents' plan would suddenly not have health insurance.

121 In the end, history is not kind to those who would deny Americans their basic economic
122 security. Nobody remembers well those who stand in the way of America's progress or our
123 people. And that's what the Affordable Care Act represents. As messy as it's been
124 sometimes, as contentious as it's been sometimes, it is progress. It is making sure that we
125 are not the only advanced country on Earth that doesn't make sure everybody has basic
126 health care. (Applause.) And that's thanks in part to leaders like Nancy Pelosi and Dick
127 Durbin, and all the members of Congress who are here today. We could not have done it
128 without them, and they should be proud of what they've done. They should be proud of
129 what they've done. (Applause.)

130 And it's also thanks to the often-unheralded work of countless Americans who fought
131 tirelessly to pass this law, and who organized like crazy these past few months to help
132 their fellow citizens just get the information they needed to get covered. That's why we're
133 here today. That's why 7.1 million folks have health insurance--because people got the
134 word out.

135 And we didn't make a hard sell. We didn't have billions of dollars of commercials like some
136 critics did. But what we said was, look for yourself, see if it's good for your family.

137 And a whole lot of people decided it was. So I want to thank everybody who worked so
138 hard to make sure that we arrived at this point today.

139 I want to make sure everybody understands: In the months, years ahead, I guarantee you
140 there will be additional challenges to implementing this law. There will be days when the
141 website stumbles--I guarantee it. So, press, just--I want you to anticipate--(laughter)--
142 there will be some moment when the website is down--and I know it will be on all of your
143 front pages. It's going to happen. It won't be news. There will be parts of the law that will
144 still need to be improved. And if we can stop refighting old political battles that keep us
145 gridlocked, then we could actually make the law work even better for everybody.

146 And we're excited about the prospect of doing that. We are game to do it. (Applause.)

147 But today should remind us that the goal we set for ourselves--that no American should
148 go without the health care that they need; that no family should be bankrupt because
149 somebody in that family gets sick, because no parent should have to be worried about
150 whether they can afford treatment because they're worried that they don't want to have

151 to burden their children; the idea that everybody in this country can get decent health care
152 -- that goal is achievable.

153 We are on our way. And if all of us have the courage and the wisdom to keep working not
154 against one another, not to scare each other, but for one another--then we won't just
155 make progress on health care. We'll make progress on all the other work that remains to
156 create new opportunity for everybody who works for it, and to make sure that this country
157 that we love lives up to its highest ideals. That's what today is about. That's what all the
158 days that come as long as I'm President are going to be about. That's what we're going to
159 be working towards.

160 Thank you very much, everybody. God bless you. God bless America. (Applause.)

161 Thank you.

162 END



Speech B03

1 The White House

2 Office of the Press Secretary

3 For Immediate Release

4 March 25, 2015

5 Remarks by the President Marking the Fifth Anniversary of the Affordable Care Act

6 South Court Auditorium

7 10:42 A.M. EDT

8 THE PRESIDENT: Thank you. (Applause.) Thank you so much, everybody. Everybody,
9 have a seat. Thank you, Doctor, for that introduction. I want to thank Sylvia Burwell, our
10 outstanding head of Health and Human Services. We've got some wonderful members of
11 Congress here today who helped make this happen. And I want to offer a heartfelt
12 thanks to all of the top medical professionals who are here today. We've got hospital
13 leaders, we've got health care CEOs, doctors, patients, advocates, consumer groups,
14 Democrats and Republicans, who have all come together and spent time and effort to
15 make the Affordable Care Act, and America's health care system, work even better.

16 What your efforts have meant is the start of a new phase, where professionals like you
17 and organizations like yours come together in one new network with one big goal, and
18 that is to continue to improve the cost and quality of health care in America.

19 A lot of you have already taken steps on your own. The American Cancer Society that's
20 represented here is committed to teaching its members about how new patient-centered
21 approaches can improve cancer care. Governor Markell of Delaware, who's here, has set
22 a goal of having 80 percent of his citizens receive care through new and improved payment
23 and delivery models within five years. And Dr. Glenn Madrid, of Grand Junction, Colorado,
24 is using a new care model that allowed him to hire case coordinators and use better
25 technology so that patients have access to him 24/7. I don't know when that lets him sleep
26 -- but his patients are sleeping better.

27 And these are examples of efforts that show we don't need to reinvent the wheel;
28 you're already figuring out what works to reduce infections in hospitals or help patients
29 with complicated needs. What we have to do is to share these best practices, these good
30 ideas, including new ways to pay for care so that we're rewarding quality.

31 And that's what this network is all about. In fact, just five years in, the Affordable Care
32 Act has already helped improve the quality of health care across the board. A lot of the
33 attention has been rightly focused on people's access to care, and that obviously was a
34 huge motivator for us passing the Affordable Care Act--making sure that people who
35 didn't have health insurance have the security of health insurance.

36 But what was also a central notion in the Affordable Care Act was we had an inefficient
37 system with a lot of waste that didn't also deliver the kind of quality that was needed
38 that often put health care providers in a box where they wanted to do better for their
39 patients, but financial incentives were skewed the other way.

40 And so the work that we've been able to do is already spurring the kinds of changes that
41 we had hoped for. It's helped reduce hospital readmission rates dramatically. It's a major
42 reason why we've seen 50,000 fewer preventable patient deaths in hospitals. And if
43 you want to know what that means, ask Alicia Cole, who suffers--Alicia is right here--
44 who suffers the long-term effects of a hospital-acquired infection. And she is here today
45 because she doesn't want anybody else to endure what she has. And it's preventable if
46 we set up good practices, and financial incentives, reimbursement incentives, are aligned
47 with those best practices.

48 So making sure that the Affordable Care Act works as intended, to not only deliver
49 access to care but also to improve the quality of care and the cost of care, that's something
50 that requires all of us to work together. That's part of what the law is all about. It's making
51 health coverage more affordable and more effective for all of us. And in a lot of ways,
52 it's working better than many of us, including me, anticipated. (Laughter.)

53 Wherever you are, here's why you should care about making this system more efficient,
54 and here's why you should care that we keep the Affordable Care Act in place.

55 If you get insurance through your employer, like most Americans do, the ACA gave you
56 new savings and new protections. If you've got a pre-existing condition like diabetes or
57 cancer, if you've had heartburn or a heart attack, this law means that you can no longer
58 be charged more or denied coverage because of a preexisting condition, ever. It's the
59 end of the discrimination against the sick in America, and all of us are sick sometimes.

60 If you don't have health insurance, you can go online to the marketplace and choose
61 from an array of quality, affordable private plans. Every governor was given the option to
62 expand Medicaid for his or her citizens, although only 28 have chosen to do so--so far.
63 But after five years of the ACA, more than 16 million uninsured Americans have gained
64 health care coverage--16 million. In just over one year, the ranks of the uninsured have
65 dropped by nearly one-third--one-third.

66 If you're a woman, you can no longer be charged more just for being a woman. And you
67 know there are a lot of women. (Laughter.) Like more than 50 percent. (Laughter.)

68 Preventive care, like routine checkups and immunizations and contraception now come
69 with no additional out-of-pocket costs.

70 If you're a young person, you can now stay on your parents' plan until you turn 26. And
71 if you want to turn that new idea into a business, if you're going to try different jobs,
72 even a different career, you now have the freedom to do it because you can buy health
73 care that's portable and not tied to your employer. Most people have options that cost
74 less than 100 bucks a month.

75 If you're a business owner--because when we put forward the Affordable Care Act,
76 there was a lot of question about how it would affect business; well, it turns out
77 employer premiums rose at a rate tied for the lowest on record. If premiums had kept
78 growing at the rate we saw in the last decade, then either the average family premium,
79 paid by the family or paid by the business, would be \$1,800 higher than it is today.
80 That's 1,800 bucks that businesses can use to higher and invest, or that's 1,800 bucks
81 that stays in that family's bank account, shows up in their paycheck.

82 If you're a senior--more than 9 million seniors and people with disabilities have saved
83 an average of \$1,600 on their prescriptions, adding up to over \$15 billion in savings.
84 There were fears promoted that somehow this was going to undermine Medicare. Well, it
85 turns out the life of the Medicare Trust Fund has been extended by 13 years since this
86 law has passed.

87 And, relevant to the topic today, we're moving Medicare toward a payment model that
88 rewards quality of care instead of quantity of care. We don't want the incentives to be
89 skewed so that providers feel obliged to do more tests; we want them to do the right

90 tests. We want them, perhaps, to save--to invest some money on the front end to
91 prevent disease and not just on the back end to treat disease. And so these changes are
92 encouraging doctors and hospitals to focus on getting better outcomes for their patients.

93 As we speak, Congress is working to fix the Medicare physician payment system. I've
94 got my pen ready to sign a good, bipartisan bill--(applause)--which would be really
95 exciting. I love when Congress passes bipartisan bills that I can sign. (Laughter.) It's
96 always very encouraging. And I want to thank everybody here today for their work in
97 supporting new models of care that will benefit all Americans.

98 But the bottom line is this for the American people: The Affordable Care Act, this law, is
99 saving money for families and for businesses. This law is also saving lives--lives that
100 touch all of us. It's working despite countless attempts to repeal, undermine, defund, and
101 defame this law.

102 It's not the "job-killer" that critics have warned about for five years. When this law was
103 passed, our businesses began the longest streak of private-sector job growth on record:
104 60 straight months, five straight years, 12 million new jobs.

105 It's not the fiscal disaster critics warned about for five years. Health care prices are
106 rising at the slowest rate in nearly 50 years, which has helped cut our deficit by two-
107 thirds since I took office. Before the ACA, health care was the single biggest driver
108 driving up our projected deficits. Today, health care is the single biggest factor driving
109 those projections down.

110 I mean, we have been promised a lot of things these past five years that didn't turn out
111 to be the case: death panels, doom. (Laughter.) A serious alternative from Republicans
112 in Congress. (Laughter.)

113 The budget they introduced last week would literally double the number of the uninsured
114 in America. And in their defense, there are two reasons why coming up with their own
115 alternative has proven to be difficult.

116 First, it's because the Affordable Care Act pretty much was their plan before I adopted it
117 -- (laughter) --based on conservative, market-based principles developed by the Heritage
118 Foundation and supported by Republicans in Congress, and deployed by a guy named Mitt

119 Romney in Massachusetts to great effect. If they want to take credit for this law, they can.
120 I'm happy to share it. (Laughter.)

121 And second, it's because health reform is really hard and the people here who are in the
122 trenches know that. Good people from both parties have tried and failed to get it done
123 for 100 years, because every public policy has some trade-offs, especially when it
124 affects one-sixth of the American economy and applies to the very personal needs of
125 every individual American.

126 And we've made our share of mistakes since we passed this law. But we also know
127 beyond a shred of a doubt that the policy has worked. Coverage is up. Cost growth is at
128 a historic low. Deficits have been slashed. Lives have been saved. So if anybody wants
129 to join us in the spirit of the people who have put aside differences to come here today
130 and help make the law work even better, come on board.

131 On the other hand, for folks who are basing their entire political agenda on repealing the
132 law, you've got to explain how kicking millions of families off their insurance is somehow
133 going to make us more free. Or why forcing millions of families to pay thousands of
134 dollars more will somehow make us more secure. Or why we should go back to the days
135 when women paid more for coverage than men. Or a preexisting condition locked so many
136 of us out of insurance.

137 And if that's your argument, then you should meet somebody like Anne Ha, who is here.
138 Anne is 28 years old. Where's Anne? There you are. Anne runs her own business in
139 Philadelphia. And she thought what many of us think when we're young--I no longer
140 qualify-- (laughter) --that she was too young, too healthy to bother with health insurance.
141 She went to the gym every day. She ate healthy, looks great, felt invincible. Why pay a doctor
142 just to tell her she's okay?

143 But then her mom called, as moms sometimes do, and told Anne to get insured against
144 the "what ifs" of life. What if you get sick? What if you get into a car accident? So
145 Anne, dutiful daughter that she was, went to HealthCare.gov, checked out her options in
146 the marketplace. And thanks to the tax credits available to her under this law, she got
147 covered for 85 bucks a month. Four months later, Anne was diagnosed with early-stage
148 stomach cancer. Anne underwent surgery, endured chemo. Today, she's recovering. She

149 looks great. She's here with us at the White House. She invited me to her wedding. I
150 told her you don't want the President at her wedding. (Laughter.)

151 "If I didn't have insurance," Anne wrote, "my stomach cancer would have gone undiscovered,
152 slowly and silently killing me. But because I did have insurance, I was given a chance to
153 live a long and happy life." (Applause.)

154 And so in September, Anne is going to be marrying her fiancé, Tom. And she's convinced
155 him to get covered, too. And I do appreciate, Michelle appreciates the invitation. As I
156 said, we have to mag people at the wedding, and it spoils the fun. (Laughter.)

157 But here are two lessons from Anne's story. Number one: Listen to your mom. (Laughter.)
158 Number two: The Affordable Care Act works. And it's working not just to make sure that
159 folks like Anne get coverage, but it's also working to make sure that the system as a
160 whole is providing better quality at a better price, freeing up our providers to do the
161 things that led them to get into health care in the first place--and that's help people. It works.

162 Five years ago, we declared that in the United States of America, the security of quality,
163 affordable health care was a privilege--was not a privilege, but a right. And today,
164 we've got citizens all across the country, all of you here today who are helping make
165 that right a reality for every American, regardless of your political beliefs, or theirs.

166 And we're saving money in the process. And we're cutting the deficit in the process.
167 And we're helping businesses in their bottom lines in the process. We're making this
168 country more competitive in the process.

169 And it's not going to happen overnight. There are still all kinds of bumps along the way.
170 Health care is complicated stuff. And the hospital executives who are here, and the
171 doctors who are here, and the consumer advocates who are here can tell you--all the
172 complications and the quirks not just to the Affordable Care Act, but just generally making
173 the system more rational and more efficient, it takes some time. But we're on our way.
174 We're making progress.

175 And if all of us summon the same focus, the same kind of courage and wisdom and hard
176 work that so many of you in this room display; and if we keep working not against one
177 another, but for one another, with one another, we will not just make progress in health

178 care. We're going to keep on making sure that across the board we're living up to our
179 highest ideals.

180 So I very much am appreciative of what all of you are doing. I'm very proud of you. And
181 why don't you guys get back to work? (Laughter.) Thank you very much. (Applause.)

182 END

183 10:59 A.M. EDT



Speech BO4

1 The White House
2 Office of the Press Secretary
3 For Immediate Release
4 October 20, 2016
5 Remarks by the President on the Affordable Care Act
6 Miami Dade CollegeMiami, Florida
7 1:51 P.M. EDT THE PRESIDENT:
8 Hello, Miami! (Applause.) Thank you so much. Well, everybody have a seat. Have a seat.
9 It is good to see all of you! It's good to be back at Miami-Dade! (Applause.) One of my
10 favorite institutions! (Applause.) Love this school. I want to thank your longtime president
11 and great friend, Eduardo J. Padrón. (Applause.) And to all the faculty and staff, and of
12 course, most importantly, the students, for hosting me -- I want to say how grateful I
13 am. I want to thank the wonderful elected officials who are here today. I'm going to just
14 point out two outstanding members of Congress -- Debbie Wasserman Schultz --
15 (applause) -- and Ted Deutch. (Applause.)
16 So this is one of my last visits here as President. Now, once I'm not President --
17 AUDIENCE MEMBER: Nooo THE PRESIDENT: No, no, the good news is, once I'm no longer
18 President I can come more often. (Applause.) Right now, usually I can only come to Florida
19 when I'm working. But when I'm out of office, I can come here for fun. (Laughter.)
20 But the first thing I want to say is thank you for your support, and thank you for the
21 opportunity and the privilege you've given me to serve these past eight years.
22 I remember standing just a few blocks north of here in the closing days of the 2008
23 campaign. And at that point, we were already realizing that we were in the midst of the
24 worst economic crisis of our lifetimes. We didn't know where the bottom would be.
25 We were still in the middle of two wars. Over 150,000 of our troops were overseas.
26 But thanks to the hard work and the determination of the American people, when I come
27 here today the story is different.
28 Working together, we've cut the unemployment rate in Florida by more than half. Across
29 the country, we turned years of job losses into the longest streak of job creation on record.
30 We slashed our dependence on foreign oil, doubled our production of renewable energy.

31 Incomes are rising again -- they rose more last year than any time ever recorded.
32 Poverty is falling -- fell more last year than any time since 1968. Our graduation rates
33 from high school are at record highs. College enrollment is significantly higher than it was
34 when we came into office. Marriage equality is a reality in all 50 states. (Applause.)

35 So we've been busy. This is why I've got gray hair. (Laughter.) But we did one other
36 thing. We fought to make sure that in America, health care is not just a privilege, but a
37 right for every single American. And that's what I want to talk about today. (Applause.)

38 That's what I want to talk about here today.

39 You've heard a lot about Obamacare, as it's come to be known. You heard a lot about it
40 in the six and a half years since I signed it into law. And some of the things you heard
41 might even be true. But one thing I want to start with is just reminding people why it is
42 that we fought for health reform in the first place. Because it was one of the key motivators
43 in my campaign.

44 And it wasn't just because rising health costs were eating into workers' paychecks and
45 straining budgets for businesses and for governments. It wasn't just because, before the
46 law was passed, insurance companies could just drop your coverage because you got sick,
47 right at the time you needed insurance most.

48 It was because of you. It was because of the stories that I was hearing all around the country,
49 and right here in Florida--hearing from people who had been forced to fight a broken
50 health care system at the same time as they were fighting to get well.

51 It was about children like Zoe Lihn, who needed heart surgery when she was just 15
52 hours old--just a baby, just a infant. And she was halfway to hitting her lifetime insurance
53 cap before she was old enough to walk. Her parents had no idea how they could possibly
54 make sure that she continued to make progress. And today, because of the Affordable
55 Care Act, Zoe is in first grade and she's loving martial arts. And she's got a bright future
56 ahead of her. (Applause.)

57 We fought so hard for health reform because of women like Amanda Heidel, who lives
58 here in South Florida. As a girl, she was diagnosed with diabetes -- and that's a disease
59 with costs that can add up quickly if you don't have insurance, can eat away at your
60 dreams. But thanks to the Affordable Care Act, Amanda got to stay on her parents' plan

61 after college. When she turned 26, Amanda went online, she shopped for an affordable
62 health insurance plan that covered her medications. Today, she's pursuing a doctorate in
63 psychology. And Amanda said that the Affordable Care Act "has given me the security
64 and freedom to choose how I live my life." The freedom and security to choose how I live
65 my life. That's what this was all about.

66 Zoe and Amanda, the people who I get letters from every single day describing what it
67 meant not to fear that if they got sick, or a member of their family got sick, if they,
68 heaven forbid, were in an accident, that somehow they could lose everything.

69 So because of this law, because of Obamacare, another 20 million Americans now know
70 the financial security of health insurance. So do another 3 million children, thanks in large
71 part to the Affordable Care Act and the improvements, the enhancements that we made
72 to the Children's Health Insurance Program. And the net result is that never in American
73 history has the uninsured rate been lower than it is today. Never. (Applause.) And that's
74 true across the board. It's dropped among women. It's dropped among Latinos and African
75 Americans, every other demographic group. It's worked.

76 Now, that doesn't mean that it's perfect. No law is. And it's true that a lot of the noise
77 around the health care debate, ever since we tried to pass this law, has been nothing
78 more than politics. But we've also always known--and I have always said--that for all
79 the good that the Affordable Care Act is doing right now--for as big a step forward as it
80 was--it's still just a first step. It's like building a starter home--or buying a starter home.
81 It's a lot better than not having a home, but you hope that over time you make some
82 improvements.

83 And in fact, since we first signed the law, we've already taken a number of steps to
84 improve it. And we can do even more--but only if we put aside all the politics rhetoric,
85 all the partisanship, and just be honest about what's working, what needs fixing and how
86 we fix it.

87 So that's what I want to do today. This isn't kind of a rah-rah speech. I might get into
88 the details. I hope you don't mind. (Laughter.)

89 So let's start with a basic fact. The majority of Americans do not--let me repeat--do not
90 get health care through the Affordable Care Act. Eighty percent or so of Americans get

91 health care on the job, through their employer, or they get health care through Medicaid,
92 or they get health care through Medicare. And so for most Americans, the Affordable
93 Care Act, Obama, has not affected your coverage--except to make it stronger.
94 Because of the law, you now have free preventive care. Insurance companies have to
95 offer that in whatever policy they sell. Because of the law, you now have free checkups
96 for women. Because of the law, you get free mammograms. (Applause.) Because of the law,
97 it is harder for insurance companies to discriminate against you because you're a woman
98 when you get health insurance. (Applause.) Because of the law, doctors are finding better
99 ways to perform heart surgeries and delivering healthier babies, and treating chronic disease,
100 and reducing the number of people that, once they're in the hospital, end up having to
101 return to the hospital.

102 So you're getting better quality even though you don't know that Obamacare is doing it.

103 AUDIENCE MEMBER: Thanks, Obama.

104 THE PRESIDENT: Thanks, Obama. (Laughter and applause.)

105 Because of the law, your annual out-of-pocket spending is capped. Seniors get discounts
106 on their prescription drugs because of the law. Young people can stay on their parents'
107 plan--just like Amanda did--because of the law. (Applause.) And Amanda was able to
108 stay on her parents' plan and then get insurance after she aged out, even though she
109 has what used to be called a preexisting condition--because we made it illegal to
110 discriminate against people with preexisting conditions. (Applause.)

111 By the way, before this law, before Obamacare, health insurance rates for everybody--
112 whether you got your insurance on the job, or you were buying it on your own--health
113 insurance rates generally were going up really fast. This law has actually slowed down
114 the pace of health care inflation. So, every year premiums have gone up, but they've
115 gone up the slowest in 50 years since Obamacare was passed. In fact, if your family
116 gets insurance through your job, your family is paying, on average, about \$3,600 less per
117 year than you would be if the cost trends that had existed before the law were passed
118 had continued. Think about that. That's money in your pocket.

119 Now, some people may say, well, I've seen my copays go up, or my networks have
120 changed. But these are decisions that are made by your employers. It's not because of
121 Obamacare. They're not determined by the Affordable Care Act.

122 So if the Affordable Care Act, if Obamacare hasn't changed the coverage of the 80 percent
123 of Americans who already had insurance, except to make it a better value, except to
124 make it more reliable, how has the law impacted the other 15 or 20 percent of Americans
125 who didn't have health insurance through their job, or didn't qualify for Medicaid,
126 or didn't qualify for Medicare?

127 Well, before the Affordable Care Act, frankly, you were probably out of luck. Either you
128 had to buy health insurance on your own, because you weren't getting it through the
129 job, and it was wildly expensive, and your premiums were going up all the time, and if
130 you happened to get sick and use the insurance, the insurer the next year could drop
131 you. And if you had had an illness like cancer or diabetes, or some other chronic disease,
132 you couldn't buy new insurance because the insurance company's attitude was, you
133 know what, this is just going to cost us money, we don't want to insure you.

134 So if you were trying to buy health insurance on your own, it was either hugely expensive
135 or didn't provide very effective coverage. You might buy a policy thinking that it was
136 going to cover you. It was sort of like when I was young and I bought my first car, I had
137 to buy car insurance. And I won't name the insurance company, but I bought the insurance
138 because it was the law, and I got the cheapest one I could get, because I didn't have
139 any money--and it was a really beat-up car. (Laughter.) And I remember somebody
140 rear-ends me, and I call up the insurance company, thinking maybe I can get some help,
141 and they laughed at me. They're all like, what, are you kidding? (Laughter.) It didn't
142 provide any coverage other than essentially allowing me to drive. (Laughter.) Well, that's
143 what it was like for a lot of people who didn't have health insurance on the job. So that
144 meant that a lot of people just didn't bother getting health insurance at all. And when
145 they got sick, they'd have to go to the emergency room.

146 AUDIENCE MEMBER: (Inaudible.)

147 THE PRESIDENT: Well, that's true, too.

148 And so you're relying on the emergency room, but the emergency room is the most
149 expensive place to get care. And because you weren't insured, the hospital would have
150 to give you the care for free, and they would have to then make up for those costs by
151 charging everybody else more money. So it wasn't good for anybody.

152 So what the Affordable Care Act is designed to do is to help those people who were
153 previously either uninsured or underinsured. And it worked to help those people in two ways.

154 First, we gave states funding to expand Medicaid to cover more people. In D.C. and the
155 31 states that took us up on that, more than 4 million people have coverage who didn't
156 have it before. They now have health insurance.

157 Second, for people who made too much to qualify for Medicaid even after we expanded
158 it, we set up what we call marketplaces on HealthCare.gov, so you could shop for a plan
159 that fits your needs, and then we would give you tax credits to help you buy it. And
160 most people today can find a plan for less than \$75 a month at the HealthCare.gov
161 marketplace when you include the tax credits that government is giving you. That
162 means it's less than your cellphone bill--because I know you guys are tweeting a lot--
163 (laughter)--and texting and selfies. (Laughter.) And the good news is, is that most
164 people who end up buying their coverage through the marketplaces, using these tax
165 credits, are satisfied with their plans.

166 So not only did Obamacare do a lot of good for the 80-plus percent of Americans who already
167 had health care, but now it gave a new affordable option to a lot of folks who never had
168 options before. All told, about another 10 percent of the country now have coverage.

169 The Affordable Care Act has done what it was designed to do: It gave us affordable
170 health care.

171 So what's the problem? Why is there still such a fuss? Well, part of the problem is the
172 fact that a Democratic President named Barack Obama passed the law. (Applause.) And
173 that's just the truth. (Laughter.) I mean, I worked really, really hard to engage Republicans;
174 took Republican ideas that originally they had praised; said, let's work together to get
175 this done. And when they just refused to do anything, we said, all right, we're going to
176 have to do it with Democrats. And that's what we did.

177 And early on, Republicans just decided to oppose it. And then they tried to scare people
178 with all kinds of predictions--that it would be a job-killer; that it would force everyone
179 into government-run insurance; that it would lead to rationing; that it would lead to
180 death panels; that it would bankrupt the federal government. You remember all this.
181 And despite the fact that all the bad things they predicted have not actually happened--
182 despite the fact that we've created more jobs since the bill passed in consecutive months
183 than any time on record--(applause) --despite the fact that the uninsured rate has gone
184 down to its lowest levels ever, despite that fact that it's actually cost less than anybody
185 anticipated and has shown to be much less disruptive on existing plans that people get
186 through their employers, despite the fact that it saved Medicare over \$150 billion--
187 which makes that program more secure--despite all this, it's been hard, if not
188 impossible, for any Republican to admit it.

189 They just can't admit that a lot of good things have happened and the bad things they
190 predicted didn't happen. So they just keep on repeating, we're going to repeal it. We're
191 going to repeal it, and we're going to replace it with something better--even though, six
192 and a half years later, they haven't--they still haven't shown us what it is that they would
193 do that would be better.

194 But--and this is actually the main reason I'm here--just because a lot of the Republican
195 criticism has proven to be false and politically motivated doesn't mean that there aren't
196 some legitimate concerns about how the law is working now. And the main issue has to
197 do with the folks who still aren't getting enough help. Remember, I said 80 percent of people,
198 even before the law passed, already had health insurance. And then we expanded
199 Medicaid, and we set up the marketplaces, and another 10 percent of people got health
200 insurance. Well, but that still leaves that last 10 percent. And the fact that that last 10 percent
201 still has difficulties is something that we've got to do something about.

202 Now, part of the reason for this is, as I already mentioned to you, not every state expanded
203 Medicaid to its citizens, which means that some of the most vulnerable working families
204 that the law was designed to help still haven't gotten insurance. As you may have heard,
205 Florida is one of those states. If your governor could put politics aside --

206 AUDIENCE: Booo --

207 THE PRESIDENT: Don't boo--vote. (Applause.)

208 If your governor would just put politics aside and do what's right, then more than
209 700,000 Floridians would suddenly have access to coverage. And, by the way, that
210 would hold down costs for the rest of you, because there would be less uncompensated care
211 in hospitals. And it means that people who did sign up for the marketplace, who oftentimes
212 may be sicker, qualify for Medicaid and so they're not raising costs in the marketplace.

213 In fact, if the 19 states who so far have not expanded Medicaid would just do so, another
214 4 million people would have coverage right now all across the country.

215 So that's step number one. And that's, by the way, just completely in the control of
216 these governors. They could be doing it--right now. They could do it tomorrow.

217 Now, the second issue has to do with the marketplaces. Although the marketplaces are
218 working well in most of the states, there are some states where there's still not enough
219 competition between insurers. So if you only have one insurer, they may decide we're
220 going to jack up rates because we can, because nobody else is offering a better price.

221 In those states where the governor or legislature is hostile to the ACA, it makes it harder
222 to enroll people because the state is not actively participating in outreach. And so, as a
223 consequence, in those states enrollment in the plan--especially enrollment of young
224 people--has lagged.

225 And what that means is that the insurance pool is smaller and it gets a higher percentage
226 of older and sicker people who are signing up--because if you're sick or you're old,
227 you're more likely to say, well, I'm going to sign up, no matter what, because I know I'm
228 going to need it; if you're young and healthy like you guys, you say, eh, I'm fine, life is
229 good--so you have more older and sicker people signing up, fewer younger and healthier
230 people signing up, and that drives rates up, because the people who use health care
231 most end up being in the insurance pool; people who use it least are not.

232 And then, in some cases, insurers just set their prices too low at the outset because they
233 didn't know what the insurance pool was going to look like, and then they started losing
234 money. And so now they've decided to significantly increase premiums in some states.

235 Now, it's these premium increases in some of the states in the marketplace that sometimes
236 attracts negative headlines. Remember, these premium increases won't impact most of

237 the people who are buying insurance through the marketplace, because even when premiums
238 go up, the tax credits go up to offset the increases. So people who qualify for tax credits,
239 they may not even notice their premiums went up because the tax credit is covered.

240 And keep in mind that these premium increases that some of you may have read about
241 have no effect at all if you're getting health insurance on the job, or through Medicaid or
242 Medicare. So for the 80 [percent]–plus people who already had health insurance, if your
243 premium is going up, it's not because of Obamacare. It's because of your employer or
244 your insurer--even though sometimes they try to blame Obamacare for why the rates
245 go up. It's not because of any policy of the Affordable Care Act that the rates are going up.
246 But if you are one of the people who doesn't get health care on the job, doesn't qualify
247 for Medicaid, doesn't qualify for Medicare--doesn't qualify for a tax credit to help you
248 buy insurance, because maybe you made just a little bit too much money under the law
249 --these premium increases do make insurance less affordable. And in some states, the
250 premium increases are manageable. Some are 2 percent or 8 percent, some 20 percent.
251 But we know there are some states that may see premiums go up by 50 percent or more.

252 And an extreme example is Arizona, where we expect benchmark premiums will more than
253 double. Part of this is because Arizona is one of those states that had really low average
254 premiums--among the lowest in the country--so now insurance companies basically are
255 trying to catch up, and they also don't have a lot of competition there. And meanwhile,
256 in states like Florida, the failure to expand Medicaid contributes to higher marketplace
257 premiums. And then there are some other states that just because of the nature of their
258 health care systems, or the fact that they're rural and people are dispersed, so it's harder
259 to provide health care, more expensive--they have a tougher time controlling costs generally.

260 Again, the tax credits in the ACA will protect most consumers from the brunt of these
261 premium increases. And with the ability to shop around on HealthCare.gov--which works
262 really well now--most people can find plans for prices even lower than this year's prices.

263 But there are going to be people who are hurt by premium increases or a lack of competition
264 and choice. And I don't want to see anybody left out without health insurance. I don't want
265 to see any family having to choose between health insurance now or saving for retirement,
266 or saving for their kids' college education, or just paying their own bills.

267 So the question we should be asking is, what do we do about these growing pains in the
268 Affordable Care Act, and how do we get the last 9 percent of Americans covered?
269 How do we reach those last 9 percent? And how do we make sure that premiums are more
270 stable going forward, and the marketplace insurance pools are more stable going forward?
271 Well, I can tell you what will not work. Repealing the Affordable Care Act will not work.
272 (Applause.) That's a bad idea. That will not solve the problem. Because right off the bat,
273 repeal would take away health care from 20 million people. We'd go back where 80 percent
274 of people had health insurance instead of 90 percent--right off the bat. And all the reforms
275 that everybody benefits from that I talked about--like young Americans being able to stay
276 on their parents' plans, or the rules that prevent insurance companies from discriminating
277 against people because of a preexisting condition like diabetes or cancer, or the rule now
278 that you can't charge somebody more just because they're a woman--all those reforms
279 would go away for everybody, because that's part of Obamacare.

280 All the progress that we've made in controlling costs and improving how health care is
281 delivered, progress that's helped hold growth in the price of health care to the slowest
282 rate in 50 years--all that goes away. That's what repeal means. It would be bad for
283 everybody. And the majority of Americans, even if they don't know that they're benefitting
284 from Obamacare, don't want to see these benefits and protections taken away from their
285 families now that they have them. I guarantee you there are people who right now think
286 they hate Obamacare. And if somebody told them, all right, we're repealing it, but now
287 your kid who is on your plan is no longer on your plan, or now you've got a preexisting
288 condition and you can't buy health insurance--they'd be shocked. They'd be--what do you
289 mean?

290 So repeal is not the answer. Here is what we can do instead to actually make the Affordable
291 Care Act work even better than it's working right now. And I've already mentioned one.
292 Florida and every state should expand Medicaid. (Applause.) Cover more people. It's easy
293 to do, and it could be done right now. You'd cover 4 million more Americans, help drive down
294 premiums for folks who buy insurance through the marketplace. And, by the way, because
295 the federal government pays for almost all of this expansion, you can't use as an excuse that,
296 well, the state can't afford it--because the federal government is paying it. States like

297 Louisiana that just expanded Medicaid--you had a Republican governor replaced by
298 a Democratic governor. He said, I want that money. Expanded Medicaid, and found not
299 only does it insure more people, but it's actually saved the state big money and makes
300 people less dependent on expensive emergency room care. So that's step number one.
301 Step number two. Since overall health care costs have turned out to be significantly
302 lower than everyone expected since we passed Obamacare, since that's saved the federal
303 government billions of dollars, we should use some of that money, some of those savings
304 to now provide more tax credits for more middle-income families, for more young adults
305 to help them buy insurance. It will make their premiums more affordable. And that's not
306 just good for them--it's good for everybody. Because when more people are in the
307 marketplace, everybody will benefit from lower premiums. Healthier people, younger people
308 start joining the pool; premiums generally go down. That would be number two.
309 The third thing we should do is add what's called a public plan fallback -- (applause) --
310 to give folks more options in those places where there are just not enough insurers to
311 compete. And that's especially important in some rural communities and rural states and
312 counties. If you live in L.A. right now, then it's working fine. There are a lot of insurers
313 because it's a big market, there are a lot of providers. But if you're in some remote areas,
314 or you're near some small towns, it may be that the economics of it just don't work
315 unless the government is providing an option to make it affordable. And, by the way, this
316 is not complicated. Basically, you would just wait and see -- if the private insurers are
317 competing for business, then you don't have to trigger a public option. But if no private
318 insurers are providing affordable insurance in an area, then the government would step
319 in with a quality plan that people can afford.
320 And, by the way, this is not a radical idea. This idea is modeled on something that Republicans
321 championed under George Bush for the Medicare Part D drug benefit program. It was
322 fine when it was their idea. The fact that they're now opposed to it as some socialist
323 scheme is not being consistent, it's being partisan.
324 And finally, we should continue to encourage innovation by the states. What the Affordable
325 Care Act says is, here's how we propose you insure your populations, but you, the state,
326 can figure out a different way to accomplish the same goal -- providing affordable,

327 comprehensive coverage for the same number of residents at the same cost -- then go
328 right ahead. There may be more than one way to skin a cat. Maybe you've got an idea
329 we haven't thought of. Just show us, don't talk about it. Show us what the plan looks like.
330 Republicans who claim to care about your health insurance choices and your premiums,
331 but then offer nothing and block common-sense solutions like the ones that I propose to
332 improve them -- that's not right. And my message to them has been and will continue
333 to be: Work with us. Make the system better. Help the people you serve. We're open to
334 good ideas, but they've got to be real ideas--not just slogans, not just votes to repeal.
335 And they've got to pass basic muster. You can't say, well, if we just do--if we just plant
336 some magic beans-- (laughter) --then everybody will have health insurance. No, we've
337 got to have health care economists and experts look at it and see if the thing would
338 actually work.

339 So that's where we are. Number one, Obamacare is helping millions of people right now.
340 The uninsured rate has never been lower. It's helping everybody who already has health
341 insurance, because it makes their policies better. Number two, there are still too many
342 hardworking people who are not being reached by the law. Number three, if we tweak
343 the program to reach those people who are not currently benefitting from the law, it will
344 be good for them and it will be good for the country. Number four, if we repeal this law
345 wholesale that will hurt the people who don't have coverage right now. It will hurt the
346 20 million who are already getting help through the law. And it will hurt the country as a
347 whole.

348 So this should be an easy choice. All it does--all it requires is putting aside ideology, and
349 in good faith trying to implement the law of the land. And what we've learned, by the
350 way, is that when governors and state legislators expand Medicaid for their citizens and
351 they hold insurance companies accountable, and they're honest with uninsured people
352 about their options, and they're working with us on outreach, then the marketplace works
353 the way it's supposed to. And when they don't, the marketplaces tend to have more
354 problems. And that shouldn't be surprising. If state leaders purposely try to make something
355 not work, then it's not going to run as smoothly as if they were trying to make it work.

356 Common sense. You don't even have to go to Miami Dade to figure that out. (Laughter.)

357 The point is, now is not the time to move backwards on health care reform. Now is the time
358 to move forward. The problems that may have arisen from the Affordable Care Act is not
359 because government is too involved in the process. The problem is, is that we have not
360 reached everybody and pulled them in. And think about it. When one of these companies
361 comes out with a new smartphone and it had a few bugs, what do they do? They fix it.
362 They upgrade--unless it catches fire, and they just-- (laughter) --then they pull it off
363 the market. But you don't go back to using a rotary phone. (Laughter.) You don't say,
364 well, we're repealing smartphones--we're just going to do the dial-up thing. (Laughter.)
365 That's not what you do.

366 Well, the same basic principle applies here. We're not going to go back to discriminating
367 against Americans with preexisting conditions. We're not going to go back to a time when
368 people's coverage was dropped when they got sick. We're not going to go back to a situation
369 where we're reinstating lifetime limits in the fine print so that you think you have insurance,
370 and then you get really sick or you kid gets really sick, and you hit the limit that the insurance
371 company set, and next thing you know they're not covering you anymore, and you got to
372 figure out how you come up with another \$100,000 or \$200,000 to make sure that your
373 child lives. We're not going to go back to that.

374 I hear Republicans in Congress object, and they'll say, no, no, no, no, we'll keep those
375 parts of Obamacare that are popular; we'll just repeal everything else. Well, it turns out
376 that the sum of those parts that are popular in Obamacare is Obamacare. (Applause.) It's
377 just people don't always know it. And repealing it would make the majority of Americans
378 worse off when it comes to health care.

379 And as I said, part of this is just--you know, health care is complicated. Think about this
380 speech--it's been pretty long, and you're just--you're thinking, wow, I just want to take
381 a picture with the President or something. (Laughter.) So it's hard to get people focused
382 on the facts. And even reporters who have covered this stuff--and they do a good job;
383 they're trying to follow all the debate. But a lot of times they just report, "Premium
384 increases." And everybody thinks, wow, my insurance rates are going up, it must be
385 Obama's fault--even though you don't get health insurance through Obamacare, you get it
386 through your job, and even though your increases have gone up a lot slower. Or suddenly

387 you're paying a bigger copay, and, ah, thanks Obama. (Laughter.) Well, no, I had nothing
388 to do with that.

389 So part of it is this is complicated, the way it gets reported. There's a lot of hysteria around
390 anything that happens. And what we need to do is just focus on this very specific problem--
391 how do we make sure that more people are getting coverage, and folks right now who
392 are not getting tax credits, aren't getting Medicaid, how do we help them, how do we
393 reach them. And we can do it.

394 Instead of repealing the law, I believe the next President and the next Congress should
395 take what we've learned over the past six years and in a serious way analyze it, figure
396 out what it is that needs to get done, and make the Affordable Care Act better and cover
397 even more people. But understand, no President can do it alone. We will need Republicans
398 in Congress and in state governments to act responsibly and put politics aside. Because I
399 want to remind you, a lot of the Affordable Care Act is built on Republican ideas.

400 In fact, Bernie Sanders is still mad at me because we didn't get single-payer passed.
401 Now, we couldn't get single-payer passed, and I wanted to make sure that we helped
402 as many people as possible, given the political constraints. And so we adopted a system
403 that Republicans should like; it's based on a competitive, market-based system in which
404 people have to a responsibility for themselves by buy insurance.

405 And maybe now that I'm leaving office, maybe Republicans can stop with the 60-
406 something repeal votes they've taken, and stop pretending that they have a serious
407 alternative, and stop pretending that all the terrible things they said would happen have
408 actually happened, when they have not, and just work with the next President to smooth
409 out the kinks.

410 Because it turns out, no major social innovation in America has ever worked perfectly at
411 the start. Social Security didn't. Its benefits were stingy at first. It left out a whole lot of
412 Americans. The same was true for Medicare. The same was true for Medicaid. The same
413 was true for the prescription drug law. But what happened was, every year, people of
414 goodwill from both parties tried to make it better. And that's what we need to do right now.

415 And I promise, if Republicans have good ideas to provide more coverage for folks like
416 Amanda, I will be all for it. I don't care whose idea it is, I just want it to work. They can

417 even change the name of the law to Reagan Care. (Laughter.) Or they can call it Paul
418 Ryan Care. I don't care--(laughter)--about credit, I just want it to work because I care
419 about the American people and making sure they've got health insurance.

420 But that brings me to my final point, and that is change does not typically come from the
421 top down, it always comes from the bottom up. The Affordable Care Act was passed
422 because the American people mobilized, not just to get me elected, but to keep the pressure
423 on me to actually do something about health care and to put pressure on members of Congress
424 to do something about it. And that's how change happens in America. It doesn't happen
425 on its own. It doesn't happen from on high. It happens from the bottom up. And breaking
426 gridlock will come only when the American people demand it.

427 So that's why I'm here. Only you can break this stalemate, but educating the public on
428 the benefits of the Affordable Care Act, and then pressing your elected officials to do the
429 right this and supporting elected officials who are doing the right things.

430 And this is one of the reasons why I'm so proud of what Miami-Dade College is doing,
431 because it's making sure that students and faculty, and people throughout this community
432 know about the law, know about how to sign up for health care, and then actually helps
433 people sign up. And I'm incredibly proud of the leadership Joe Peña and the entire team
434 in encouraging people to sign up.

435 Thanks to them, Miami-Dade has been hosting enrollment office hours and workshops,
436 even on nights and weekends. Right here on the Wolfson campus, and on all the Miami-
437 Dade campuses, you can go for a free one-on-one session where a trained expert can
438 walk you through the process and answer any questions you have--and then help you
439 sign up for health care right there and then. Joe says he doesn't have a conversation
440 without making sure people know how to get covered. The more young and healthy
441 people like you who do the smart thing and sign up, then the better it's going to work for
442 everybody.

443 And the good news is, in a few days, you can do just that because Open enrollment, the
444 time when you can start signing up, begins on November 1. And you just need to go to
445 HealthCare.gov, which works really well now. (Laughter.)

446 And campuses will be competing to come up with the most creative ways to reach people
447 and get them signed up--and I'm pretty sure that Miami-Dade can set the standard for
448 the rest of the country. 'Cause that's how you do. (Applause.) That's how you do.

449 So much has changed since I campaigned here in Miami eight Octobers ago. But one
450 thing has not: this is more than just about health care. It's about the character of our
451 country. It's about whether we look out for one another. It's about whether the wealthiest
452 nation on earth is going to make sure that nobody suffers. Nobody loses everything they
453 have saved, everything they have worked for because they're sick. You stood up for the
454 idea that no American should have to go without the health care they need.

455 And it's still true today. And we've proven together that people who love this country
456 can change it--20 million people out there will testify. I get letters every day, just saying
457 thank you because it's made a difference in their lives. And what true then is true
458 now. We still need you. Our work to expand opportunity to all and make our union more
459 perfect is never finished--but the more we work, and organize, and advocate, and fight,
460 the closer we get.

461 So I hope you are going to be busy this November signing folks up. But more importantly, I
462 hope, for all the young people here, you never stop working for a better America.

463 And even though I won't be President, I'll keep working right alongside you.

464 Thank you, everybody. God bless you. God bless America. Thank you. (Applause.)

465 END

466 2:40 P.M. EDT



BIOGRAPHY

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Name Surname Napaporn Panomrit
Date of Birth November 30, 1981
Address 91/1 Moo 13, Phayao–Padaad Road, Thavangthong Sub–district,
Muang Phayao, Phayao Province
Workplace Vital Strive and Magic Marketing Online
Position Founder and CEO/Digital Marketing Manager

Work Experiences

2018 Founder and CEO at Vital Strive

Education Background

2013 B.A. (Sociology), Thammasat University, Bangkok

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