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# Health Safety-Net Crisis: A Case Study of News Discourse

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HEALTH SAFETY-NET CRISIS:

A CASE STUDY OF NEWS DISCOURSE

by

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Under the Direction of Marian Meyers

ABSTRACT

This study is the first to analyze news coverage of a hegemonic struggle over a crisis that threatened to close a Southern safety net hospital. Such closure could have left indigent, African American men and women without health care access. The study utilizes critical discourse analysis to focus on news portrayals of patients and the struggle over whether the hospital would continue to be governed by a majority-Black, public board of directors or a nonprofit, private board recommended by a majority-White civic group. Results indicate that newspaper coverage privileged the elite, White view, while stereotypically representing indigent, Black patients as problematic. Coverage legitimized privatizing the hospital's board through a neoliberal discourse that also portrayed its majority-Black board as incompetent.

INDEX WORDS: Critical discourse analysis, Critical race theory, Critical race feminism, Cultural studies, Race, Class, Gender, Health care, News coverage, Neoliberalism, News

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**DEDICATION**

To my parents, Clara and Lloyd Mitchell, educators and politically-progressive role models who encouraged me to enjoy all that life has to offer, to be intellectually curious while questioning the status quo, and to savor the spiritual refreshment of the great outdoors.

And to my dear friends, who saw me through while maintaining good humor: first and foremost – Amy Robinson (who kept me moving forward in one late-night e-mail after another and whose support never faltered with each new deadline); Ann Mauney (who talked writing tips with me over dinners and continued to insist I could "knock it out") and my many other wonderful friends who cheered me on and strategized deadlines with me – Diane and Margaret – and everyone else who laughed with or otherwise nurtured my soul on a regular basis: Flossie and Nattie, my weekend crew – Debby, Carolini, and Lynda; also Linda, Sally, Margo and Cathy, Stephanie, Aimee, Michele, Jennifer, Jupiter and Elyse; my family in the North country, including Johnston, Brenda, Helene Claire and Flora June; and others who talked theory, writing and related interesting topics with me – Ted, Arla, Sandra and my Monday night eating collective  (Eleanor, Charlene, Chris, Libby, Megan, Barbara, Gareth, Barbara, Cathy).

## ACKNOWLEDGEMENTS

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# 1    INTRODUCTION

Compared to other racial groups, African American men and women suffer disproportionately from many major illnesses, as well as lack of access to health care (Institute of Medicine, 2003; Mullins, Blatt, Gbarayor, Yang & Baquet, 2005). In addition, they frequently are more likely to be uninsured or have Medicaid, thus making it difficult to receive services at many health care facilities (Blustein, 2008). Like others who are indigent, African Americans often must rely on public health centers to obtain care (Envisioning the future, 2003). At the same time, the current neoliberal emphasis on privatization and efficiency over human needs has extended into the field of health care, with the result being privatization of many public hospitals across the U.S. (Tradewell, 1998). Given that the news influences public opinion and public policy (Patterson, 2006; Walsh-Childers, 1994), this trend toward neoliberal privatization points to the importance of exploring how the news media represent the need for health care access for indigent populations, including African Americans, who may not have access to insurance or who may face service cuts or a focus on efficiency at privatized medical facilities (Tradewell, 1998).

City Hospital,[1] a public medical facility in Southland, serves as a "safety net" hospital[2] that offers health care to those unable to obtain services elsewhere due to inability to pay. Located in the Deep South, the facility predominantly serves indigent African Americans. At the time that it faced a financial crisis that threatened its closure, it also provided care to a much smaller number of patients from all socioeconomic classes and races, and served the large metropolitan region that surrounded Southland. During the struggle over how to resolve City Hospital's financial crisis, African American and White civic leaders disagreed over whether a government-appointed public board of directors would continue to govern the public facility or

whether a nonprofit, private board of directors would take control. The public board consisted of majority-Black members; most of those who championed a private board were White business leaders. Whether the facility would maintain its mission to serve the indigent if the board changed hands was in question. In addition, who received equipment, vending and other contracts with the large, urban hospital could change if a new board assumed leadership.

This study examines the *Southland City Register* (SCR) coverage of the funding crisis that threatened to close City Hospital and leave its predominantly indigent, African American men and women without access to health care. The study focuses on news representations of race, class and gender in relation to patients and the struggle over whether the hospital would continue to be governed by a majority-Black public board of directors or led by a private board recommended by the majority-White working group of the Southland Metro Chamber of Commerce. This study is the first to explore news coverage from a critical perspective that emphasizes race, class and gender during a hegemonic struggle over a crisis that threatened to close a safety net hospital. In exploring the ideology underlying the news in health care stories, this study addresses how the news represented who should have access to health care through critical discourse analysis.

As a safety net hospital, City Hospital serves the uninsured, those with Medicaid and those otherwise unable to pay the full cost of health care. In 2007, at the time of City Hospital's crisis, only eight percent of its patients had private health insurance (article one), while 20 percent of its patients had no health insurance and a little over half of the patients in its acute care clinics had Medicaid (article two). The health system served as the main indigent care facility for the local county in which Southland is located, as well as the largest adjacent county

and "indeed, for the five-county metropolitan core" (article two). It provided services in 200 sub-specialty clinics as the state's largest public-health system for the poor (article three).

In addition, City Hospital provided life-saving emergency care to anyone within a 100-mile radius of Southland through its Level 1 trauma center. The trauma center had a wide range of medical specialists on call 24 hours a day. The trauma center served people across races and from all socioeconomic classes if they experienced a life-threatening injury (article four).

City Hospital struggled financially for years (article five), a situation faced by many public hospitals and health systems across the United States (Agency for Healthcare, 2003). City Hospital faced large annual deficits as Medicaid payments decreased, the number of uninsured increased, and other costs soared (article six). For example, at the time of its crisis, Medicaid only reimbursed City Hospital 85 cents on the dollar (article two).

Some safety net facilities across the U.S. did close (Steinhauer & Morris, 2007), leaving people struggling to find health care (Dewan & Sack, 2008) even as non-safety-net hospitals grappled with how to meet the needs of a new caseload of indigent patients (article one). A local university chancellor speculated that if City Hospital closed, "We would have people dying in the streets. We just don't have a good alternative" (article one).

As City Hospital's funding crisis unfolded, its majority African American board of directors sought help from the Southland Metro Chamber of Commerce, which led to creation of the Greater City Hospital Working Group. This majority-White group recommended that the health system's public board of directors be replaced with a private, nonprofit, "nonpolitical," corporate board. City Hospital's crisis resulted in a hegemonic struggle between the institution's predominantly African American hospital authority and a predominantly White Chamber of Commerce working group over replacing the board. In addition, because City Hospital serves as

a teaching hospital, the medical schools which trained students at the hospital had a stake in the institution's crisis, as did community advocates and the patients themselves.

This study explores news coverage of the struggle over the future of City Hospital. It asks three questions: (1) how did the SCR represent City Hospital's crisis; (2) how did the newspaper represent City Hospital's historic mission to serve the indigent; and (3) what role did race, class and gender play in representations of the positions of the various parties involved in the crisis, including patients, the board of directors and the Chamber and Commerce working group. Examination of SCR representations of all of these stakeholders' views also serves as a way to uncover the underlying ideology within coverage as well as source prominence and themes represented by source comments.

This study analyzes coverage in the SCR because the newspaper is Southland's hometown paper and served as the largest daily newspaper in the city, as well as being the largest mass-circulation paper in the state at the time of City Hospital's crisis. It thus reached a wide audience and had the opportunity and resources to closely follow events as they unfolded.

In order to obtain a sense of how the SCR covered City Hospital's crisis as it unfolded and was ultimately resolved, the study examined news coverage over a one-year period. This time period included the six months before the City Hospital board of directors voted itself out of power in 2008 until six months after that vote occurred. In exchange for the board of director's vote to create a private board, the health care facility received a promised gift of $200 million from a local foundation.

Given the news media's role in shaping public opinion and public policy (Cook, Tyler, Goetz, Gordon, Protess, Leff, & Molotch, 1983) as well as its role in supporting and maintaining the dominant ideology (van Dijk, 1991), the SCR's coverage likely helped shape public opinion

and policy that affected City Hospital. Indeed, research has shown that news coverage of health

care issues specifically has an effect on health-related public policy (Brodie, Brady & Altman,

1998; Collins, Abelson, Pyman, & Lavis, 2006; Cook et al., 1983; Walsh-Childers, 1994). While

this study did not examine the direct effect that SCR coverage had on public opinion and public

policy about City Hospital's crisis, it did explore which opinions and public policy suggestions

the SCR emphasized and which it downplayed or ignored.

Theory related to culture and the politics of difference also provided important grounding

for this study. Cultural studies theory argues that those in power create and circulate ideas that

can lead to negative race representations in newspaper coverage (Gaudio & Bialostok, 2005;

Hall, 1997; Heider, 2004; hooks, 1994, 1990). Cultural studies scholars claim that the media's

ideological role helps to create and maintain the status quo while rendering the dominant

ideologies of race, class and gender invisible or making them appear natural (Campbell, LeDuff,

Jenkins & Brown, 2012; Gramsci, 1971, Hall; Heider). In addition, these scholars point out that

while the media sometimes serve as a site of ideological struggle that represents both dominant

and oppositional views (Hall), news coverage ultimately cannot contain and/or silence

alternatives to the dominant White hegemony (Campbell et al.; Hall; Hartley, 1982; Heider).

Theory about the media's role in supporting hegemonic ideology also suggests the importance of

both exploring how the news media might portray City Hospital's historic mission and what

race, class and gender representations may have indicated in relation to who should have access

to health care.

Research in the area of Critical Race Theory (CRT) also emphasizes the intersection

of race and class as it relates to power, domination and hierarchy (Bell, 1995; Freeman, 1995).

More specifically, CRT highlights how the intersection of race and class permeates all aspects of

societal functioning and how White Americans maintain a dominant position while the majority

of African Americans remain subordinate (Bell, 1995; Delgado, 1995a, 1995b; Lopez, 1995;

Olmstead, 1998). CRT provided important grounding for exploring how the SCR represented

race and class related to whether City Hospital's majority indigent, African American patients –

as compared to other more affluent patients – should have continued access to the health

system's services. At the same time, CRT provided important support for exploring how the SCR

portrayed City Hospital's majority African American board of directors as opposed to a

majority-White, male board recommended by the Southland Chamber of Commerce, arguably a

more powerful Southland group than the medical facility's board.

     Critical Race Feminism (CRF) also provides an important perspective for this research

because of its focus on White privilege, domination, and hierarchy, and the effect this has on

African American women   (Cleaver, 1997; Razack, 1998). Specifically, CRF argues that Black

women's voices and concerns often are silenced and/or appropriated (Cleaver; Grillo &

Wildman, 1997; Harris, 1995). CRF also emphasizes the importance of differentiating between

race, class, gender and other identities, while also considering how these identities intersect

(Cleaver; Harris; Razack). CRF suggests the importance of examining how the SCR represented

the needs of not only Black patients versus White patients, but Black women of varying classes

versus Black men, White men, and/or White women of varying classes.

     Neoliberal hegemonic theory, which supports privatization of government functions and

structures many current activities in Western societies (Stiglitz, 2002), also provides a context

for this study for three reasons: its worldview argues that the market provides more efficiency

than the non-private sector and therefore supports privatization of government institutions

(George, 1999; Harvey, 2005; Stiglitz); it values efficiency more than people's needs (George;

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Harvey; Steger, 2003; Stiglitz); and it emphasizes individualism and the related perspective that individuals are responsible for ensuring that their needs are met (Bauman, 2000; Harvey). As noted earlier, Gramsci (1971) and Hall (1977) have argued that the media's ideological role helps to create and maintain hegemony. Thus, neoliberal hegemonic theory would support the privatization of City Hospital's board of directors, as well as institutional efficiency, above the needs of patients. Briggs and Hallin (2007) and West (2006) found that the news media represented health care issues through a neoliberal lens in some discourse to be discussed later, while in other instances the media contested the portrayal of citizens as consumers responsible for their own health care as opposed to citizens with a right to health care. However, neither the study by Briggs and Hallin nor West examined how the press specifically represented race, class and gender in relation to a hegemonic neoliberal struggle over governance of a health care facility. Thus, this study significantly extends other research by taking a close look at health disparities and its relationship to City Hospital's crisis.

This study proceeds as follows. In the next chapter, it will summarize in more detail the theories and research findings discussed above that inform this study. These include research related to health disparities, and the effect of news coverage on public opinion and public policy, and news coverage of health-related issues. Relevant theories include those related to culture and the politics of difference, critical race theory and critical race feminism, and the mass media's representations of hegemonic ideology in general and neoliberal hegemony in particular. This chapter also will provide contextual information about City Hospital, including an overview of the institution's history since its founding, as well as background about the development and resolution of the funding crisis under study. Chapter 3 will discuss the methodology used and how the analysis proceeded, and chapter 4 will present the results of this study and the

ideological implications of those results. Finally, the concluding chapter will summarize the

findings and discuss the study's limitations, suggestions for future research, and recent

developments at City Hospital.

## 2      LITERATURE REVIEW

*Health Disparities in the United States*

As noted earlier, City Hospital's role as a safety net hospital meant that it treated poor and uninsured minorities, including those with Medicaid. In 2007, African Americans comprised 75 percent of City Hospital's patients. Blacks have a greater likelihood of being uninsured or Medicaid insured than non-minority patients (Blustein, 2008), and they are more likely to suffer from health disparities. For instance, compared to other racial or ethnic groups, African Americans suffer from a higher prevalence of illness, poorer illness outcome (Bach, Schrag, Brawley, Galaznik, Yakren & Begg, 2002; Mullins et al., 2005; Smedley, Stith, & Nelson, 2003), and earlier deaths related to illness (Woolf, Johnson, Fryer, Rust, & Satcher, 2004). Blacks also suffer disparities related to health care access (Smedley, Stith & Nelson, 2003), and they receive lower quality care (Bach et al., 2002). Access to quality care decreases health disparities (Blustein, 2008).

African Americans also experience the highest number of HIV/AIDs, cerebrovascular, heart disease and cancer deaths of any racial or ethnic group (Smedley, Stith & Nelson, 2003). While cardiovascular disease led the nation as the number one cause of death from 1950 to 2002, African American men suffered a 42 percent higher mortality rate than White men. At the same time, African American women suffered a 65 percent higher mortality rate than White females. Blacks also suffer from higher diabetes-related deaths than White Americans (Mullins et al., 2005).

Research has found that elimination of these differences between Blacks and Whites with the same medical condition would have saved approximately 866, 000 lives between 1991 and 2000 in the United States (Woolf et al., 2004). A meta-analysis of academic articles that studied

survival rates between Blacks and Whites with the same cancers found that African Americans died at a significantly higher rate because they received lower quality care and a later stage diagnosis, in addition to having earlier mortality due to other illnesses (Bach et al., 2002). African Americans receive lower quality care even when controlling for access-related factors such as insurance status and income (Smedley, Stith & Nelson, 2003). This finding, compiled for an Institute of Medicine report based on a 1999 U.S. Congressional request, indicated that African Americans were less likely to receive treatment, including "appropriate cardiac medication…or to undergo coronary artery bypass surgery…or kidney transplantation" (p. 30). The study concluded that these differences arose from a complicated set of factors, including: patients' attitudes, which sometimes involved mistrust; patients' lack of knowledge about how to obtain medical care and make decisions about their care; providers' biases and lack of cross-cultural knowledge; and systemic issues, such as financing, health system administration, accessibility and geographic location (Smedley, Stith & Nelson).

Blustein (2008) argues that other factors contributing to health disparities include chronic inadequate funding for equipment and supplies for those who treat minorities covered by Medicaid, Medicare and/or who have no insurance. Blustein calls for more expertise, technology, and infrastructure funding for hospitals and physicians who serve these populations.

Research into the relationship between socioeconomic factors, race and health disparities considers a variety of factors. For example, while some studies found that African Americans have a greater number of serious illnesses and early deaths regardless of income, education or socioeconomic status (Mullins et al., 2005; Woolf et al., 2004), other studies reported racial disparities related to lower levels of education, living near environmentally hazardous sites, and living in unsafe and inadequate housing (Abelson, 2009; Betancourt & Maina, 2004), as well as

being disproportionately represented among uninsured patients (Abelson, 2009; Betancourt & Maina, 2004; Blustein, 2008). Related to this last point, Abelson (2009) links 45,000 deaths each year to a lack of health insurance. Blustein (2008) points out that minority patients are much more likely to have Medicaid than non-minorities.

In summary, research points to health disparities between minority and majority U.S. populations with African Americans having a greater incidence of illness, earlier deaths related to illness, lack of access to care – including high quality care – and  a greater likelihood of being uninsured or Medicaid insured. At the same time, high quality care decreases disparities, while being uninsured or on Medicaid increases disparities.

*News Coverage, Public Opinion, and Public Policy*

Research also has considered both whether and how the news media help create public policy and/or influence public opinion. Numerous studies have concluded that the news does have an effect on both public opinion (Brodie, Brady & Altman, 1998; Collins, Abelson, Pyman & Lavis, 2006; Cook et al., 1983; Patterson, 2006; Shaw, 1999; van Dijk, 1991) and public policy (Collins et al., 2006; Cook et al., 1983; Walsh-Childers, 1994). Repeated news coverage, in particular, impacts public opinion. Newspapers influence health care policy development in at least three ways: by providing coverage that educates policymakers; by providing information that attentive and interested publics use when lobbying policymakers; and by legitimizing an issue by prioritizing it over other issues (Walsh-Childers, 1994). Newspaper coverage of a health issue has the most influence on policy developments if: coverage concerned a problem on which health experts agreed about the solutions; advocacy and public officials were working for specific policy changes; and reporting on a subject continued over a period of time (Walsh-Childers).

Van Dijk's (1991) study of whether European newspapers reproduced racist ideology and whether news coverage affected public opinion found that headlines indicated what journalists or editors see as the major topics of news reports, while also emphasizing "the negative role of ethnic minorities in such topics" (p. 245). In coverage of politics and cultural affairs in relation to ethnic minorities, the press paid the most attention to problems and conflicts. In addition, the views expressed throughout these news stories and editorials reflected the dominant ideology of the "elites" that influenced public policy. Van Dijk states that the news media provided the dominant source of information for the public, and readers' views reflected the dominant ideology in those stories. In addition, Shaw (1999) found that favorable media coverage increased positive support for a particular candidate over the course of two presidential campaigns

In another study, Patterson (2006) employed a Foucaultian discourse analysis and Goffman's framing concept to look at news coverage related to mental illness. Patterson concluded that who or what the news media assigned responsibility to when a mentally ill person committed a crime affected subsequent public opinion and public policy.

Another study compared news coverage of two bills that passed with strong consensus in the U.S. Congress to two bills that passed with a high number of opposing votes (Niven, 2005). The study found that news coverage mirrored government opinion when legislation passed with a high number of votes, but journalists sought more "balanced" coverage when legislation had strong opposition (Niven). This finding points to a more nuanced relationship between media coverage, public policy development and elites' views.

The mechanism by which the news media affects public policy sometimes depends on collaboration between news media and public officials (Collins et al., 2006; Cook et al 1983). A

study that explored newspaper coverage of two reports about options for reforming Canada's health care examined the potential for the press to frame the issue, set the public agenda and persuade the public (Collins et al.). Using content analysis, the research found that more than 400 stories from national and regional newspapers presented accounts that favored Canada's universal health care plan, with the articles primarily using government officials as news sources. The research concluded that the coverage had the potential to shape public opinion in a way that favored the continued existence of the public health care plan and that the news helped build the government's policy agenda (Collins et al.). A separate study using an experimental design to explore how news coverage affected public opinion and public policy about home health care indicated that a televised investigative report influenced the opinion of the public and policy makers, leading to Congressional hearings and the introduction of legislation (Cook et al., 1983). However, news coverage did not affect public opinion and public policy until after U.S. congressional leaders collaborated with the news reporters about the timing of the televised report and a related Congressional hearing on home health care.

Another study explored who the media relied on as newsmakers in stories about managed care while also considering the effect of news coverage on public opinion (Brodie et al., 1998). A content analysis of over 2,100 news items in newspapers, magazines and on television found that the news stories most often utilized the health care industry and practitioners as news sources, followed by national, state and local politicians as opposed to patients. News stories focused on patients and their opinions a much smaller percent of the time. The study concluded that elites influenced the content of the news and, as a result, public support for managed care changed from a neutral tone to a critical one.

The above findings indicate that news reporters are influenced by the dominant ideology and that the media play an important role in influencing both public opinion and public policy. Public opinion also appears to be effected by repetition of news about an issue.

*Culture and the Politics of Difference*

Those in power have the ability to create ways of thinking that contribute to the subordination of some groups, such as racial minorities (Hall, 1977). As stereotypical representations develop, they become naturalized throughout a culture, including in political and economic institutions (Cleaver, 1997) and media portrayals (Blank-Libra, 2004; Gilens, 2004; Hall). Stereotypes work to split the normal from the "abnormal," with that which is stereotyped becoming the negative "other." Stereotypes occur "where there are gross inequalities of power" (Hall, p. 258), with power used to exclude subordinated groups.

The relationship between power and knowledge allows those in power to define the "other" without necessarily exerting physical force (Hall, 1997). Representational practices naturalize difference so that over time the idea of distinct differences is taken for granted. In addition, as differences that marked African Americans became fixed, these reduced African Americans to a few negative characteristics or stereotypes. This discourse has played out over the years verbally and behaviorally, although some shift in this discourse has occurred in recent decades. Like Hall, hooks (1994, 1990) argues that the power of representation creates social identity, and that White, dominant culture created an African American identity that portrayed Blacks as less than Whites and being from a primitive culture.

Stereotypical portrayals also can obscure racial inequality that creates barriers for those designated as "other" (i.e., people from non-White, non-European ethnic and/or racial groups), according to Gaudio and Bialostok (2005). For example, critical discourse analysis of a White

woman's explanation of her husband's achievement level found that stereotypical cultural beliefs obscured the ways that race, power and class privilege played a role in her Latino husband's achievements being different than those of members of her White, professional, middle-class family of origin (Gaudio & Bialostok, 2005).

Knowledge circulates so that both those with power as well as those without act out these cultural beliefs in a way that creates and sustains a hegemonic system (Hall, 1997). Hooks (1994) notes that some African Americans participate in the circulation of this knowledge as they allow themselves to be co-opted. She points out that many African Americans view other African Americans as a White audience would like to think of them.

In summary, Gaudio and Bialostok (2005), Hall (1997), and hooks (1994, 1990) present a picture of cultural differences as knowledge created by those in power. This knowledge distinguishes between Us/White Americans and Them/non-European Americans, while presenting "them/other" in a negative, stereotypical manner. Over time, the characteristics of the "other" are seen as fixed and natural. These stereotypes of African Americans dehumanize, while also creating racial inequality that excludes Blacks from the mainstream. Both Whites and African Americans are implicated in the reproduction of this representational system, as is the mass media.

Critical race theory (CRT) and critical race feminism (CRF) extend cultural studies theory by emphasizing the intersection of race, class and gender in relation to power, domination and hierarchy, and thus point out how White privilege affects all aspects of society.

*Critical Race Theory and Critical Race Feminism*

Individually, women experience raced and classed conditions differently than men, as well as other women (hooks, 1990; Brewer, 2012). Critical Race Theory (CRT) focuses on how the intersection of race and class affects the lives of African Americans and other minorities, especially in relation to White privilege, while Critical Race Feminism (CRF) focuses on how the intersection of gender, race and class affects the lives of minority women including African American women while also pointing to the role of White privilege.

CRT grew out of critical theory, Marxism, analytical philosophy, postmodern literary theory (Delgado, 1995c), legal scholarship (Bell, 1995; Delgado; Freeman, 1995) and speech act theory (Olmstead, 1998). CRT highlights how African Americans face both race and class bias (Freeman, 1995), and it points out how the subordination of Blacks in the U.S. leads to discounting African American's needs while privileging those of White Americans (Bell, 1995). CRT also emphasizes an awareness of the social construction of race, its historical and political specificity and, as noted above, its relationship to domination and hierarchy (Bell, 1995; Delgado, 1995a; Delgado, 1995c; Freeman, 1995; Lopez, 1995).

CRT claims that humans construct one race in contrast to another (Lopez, 1995). This creates "disempowerment for the less influential group" (Delgado (1995a, p. 245), such as those lower in the power hierarchy by virtue of race. Disempowerment by the more privileged marginalizes the less influential groups and/or renders them invisible as those with power assume that the accounts of White women, for example, represent the reality of African American women.

CRT also points to how society assumes that Whites can speak for African Americans (Delgado, 1995a; 1995c). In this sense, CRT approximates the concept of paternalistic racism, in

which White Americans think that they can speak to Black Americans' needs while resenting or resisting African American attempts at self representation (Meyers, 1996; 2004b).

CRT also points out that race permeates all aspects of societal functioning (Bell, 1995; Delgado, 1995b, 1995c; Freeman, 1995; Lopez, 1995; Olmstead, 1998), including news coverage, and it argues that White-dominated ideology has subordinated African Americans (Lopez) while normalizing racism (Olmstead). Finally, CRT seeks to unmask and expose the contradictions of liberal reform that leave the majority of African Americans mired in poverty (Freeman, 1995).

Delgado (1995b) notes that there are many ways to tell a story, some of which justify the dominant hegemony or dominant worldview. Delgado cites an account as told through the eyes of a White man about why a Black professor wasn't hired for a law school position. The White man asserted that race played no part in the decision. In reality, while presenting itself as neutral, the White man's story had a basis in the domination Whites have in relation to African Americans, because the Black professor was measured by dominant White criteria and found lacking. In another instance, West and Fenstermaker (2002) noted that at a university meeting about whether to continue affirmative action, the speakers either raced or gendered themselves using White privilege and male privilege as a reference point. On the other hand, non-White and non-male speakers found themselves held accountable by others for their race, gender, and class position. The strategies of naming, blaming, describing, and excusing served to normalize entitlement, domination, and difference (West and Fenstermaker.) In both of these examples, analysis of speech revealed underlying race and class discrimination. In the second case, it also revealed gender discrimination.

Hooks (1994) and Olmstead (1998) call for creation of an alternative societal narrative as CRT encourages listening from the bottom up, so that African Americans construct their own narratives about their lived experience. Olivas (1995) also notes that the United States has always traded racial minorities' needs for economic interests. For example, Chinese workers building America's railroads were denied rights under the law, including the right to immigrate, and Mexicans have historically been used for cheap labor in the U.S. but have been imported in and out as needed. In a more specific, recent example, the State of Massachusetts, facing a budget crisis in July 2009, decided to cut its health care services to 30,000 legal immigrants (Smith, 2009).

Similarly, CRF offers insight into the importance of exploring the intersection of gender, race and class (Cleaver, 1997; Grillo & Wildman, 1997; Harris, 1995; Razack, 1998) in SCR representations. CRF points out that oppressions vary by gender, race and class, and it stresses that while both Black and White women experience oppression, these oppressions vary (Grillo & Wildman, 1997; Harris; Razack, 1998). For example, CRF pays close attention to issues of domination, hierarchy, and power when speaking about the relationship between Black women and White women, as well as when considering Black women's place in society in general. It notes that in many instances, African American women rank lower in hierarchy than White women, but this may vary by individual circumstances of employment or education (Cleaver, 1997; Razack, 1998).

In arguing against conflating race, gender and class, CRF also notes that Black women experience differently-raced conditions than Black men (hooks, 1990, Brewer, 2012). Society often silences African American women's needs and assumes they are similar to those of White women (Cleaver; Grillo & Wildman, 1997; Harris, 1995). While White women face gender

oppression, White society privileges them by making a place for them economically and socially (Cleaver, 1997). By contrast, African American women must navigate issues of exclusion in such areas as housing and employment (Grillo & Wildman, 1997). In addition, Black women are among those first laid off when the economy shrinks, and they are among those most likely to hold part-time jobs and other jobs with no benefits, including health insurance. As neoliberal capitalism has spread, leading to even greater job losses among African American women while at the same time emphasizing individual responsibility, it has contributed to the elimination of Aid to Families with Dependent Children (Brewer, 2012),  which had provided a safety net to women and their families during times of a slow economy (Blank-Libra, 2004). Consequently, the feminization of poverty has increased within the African American community (Brewer, 2012).

Studies by Liebler (2004) and Meyers (2004a) point to the relevance of CRF and CRT when examining news discourse. Utilizing critical discourse analysis, Meyers explored television coverage of violence against women that occurred during an annual spring gathering of college students in Atlanta. She found that news coverage conflated race, class, and gender in a manner that led to stereotypical representations of African American, female victims of sexual violence as "Jezebels" who provoked their own mistreatment. At the same time, news coverage led to stereotypical depictions of the male perpetrators of the violence as being African American men from the underclass as opposed to college students from the middle class (Meyers). Liebler examined news coverage of missing college women, including a middle-class, White woman and a working-class African American woman. She argued that race and class intersected with gender when a larger amount of time elapsed before the news media reported the "missing" status of the African American woman compared to the White woman. The news also

represented the working class woman stereotypically by emphasizing she had worked at McDonald's, even at times when that information served no purpose, and it portrayed her family and friends as "loose, lazy, and drunken black people" (p. 206). By comparison, the news media emphasized the middle class background of the other woman.

Balibar and Wallerstein (1991) suggest that the existence of a capitalist upper class works to the benefit of a system of "hierarchies and exclusions which, above all, takes the form of racism and sexism" (Balibar & Wallerstein, 1991, p. 9). Brewer (2012) also argues that "capitalism is foundational to how these systems work" (p. 17).

Because CRT highlights the social construction of race, its historical specificity and intersection with class, as well as how it permeates all aspects of societal functioning, including news coverage, it suggests the importance of exploring whether the Southland City Register discounted the needs of City Hospital's indigent African American patients, as well as the ability of its majority-Black board of directors to govern. In addition, both CRT and the concept of paternalistic racism suggest an examination of whether the SCR privileged White business leaders' positions about how to respond to a crisis affecting City Hospital's predominantly Black patients. Similarly, CRF highlights the importance of attending to the intersection of gender, race and class and thus points to the need to explore how the SCR represented the needs of African American, female, indigent patients compared to indigent Black men, and indigent and non-indigent White patients, male and female.

### The Media's Ideological Role

The media, as part of the intellectual class (Hall, 1977), present news from within an ideology that represents the dominant perspective in a given historical and social context (Campbell, LeDuff, Jenkins & Brown, 2012; Hall, 1977; Hartley, 1982; Heider, 2004) that

portrays race, class and gender through an elite, White, male lens (Blank-Libra, 2004; Harry, 2004; Kumar, 2004; LeDuff, 2012), while also predominantly presenting a neoliberal capitalist view (Blank-Libra; Campbell et al.; Kumar, 2004). Given the increasingly concentrated ownership of the media in the hands of a few corporations, it is no surprise that news coverage represents the views of the White men who comprise the majority of the capitalist class (Kumar, 2004). In addition, industrial society has yielded to a consumer society that supports neoliberalism's emphasis on privatization and the individual with freedom of choice, as opposed to the citizen concerned with the collective good (Harvey, 2005; Stiglitz, 2002). Within this neoliberal context, the concept of the citizen has yielded to that of consumer, with citizens groomed to play the role of 'consumer citizens' who have individual responsibility for their lives (Bauman, 2001), including their health (Briggs & Hallin, 2007).

Gramsci (1971) has defined social hegemony as the process by which the dominant group obtains the masses' consent to a subordinate existence. While maintenance of hegemony requires the use of both force and consent, social hegemony allows the State and the dominant economic-based arrangements to operate without the use of force. Moral, political, and intellectual hegemony is maintained in the service of the ruling class throughout the State and civil society. The subordinated classes accept the dominant ideology as they consent to the organization of society imposed on them by those who control the means of production, while the reality of class differences is masked by the concept of the nation with its choices of political parties and its freedoms (Gramsci, 1971). This concept leads subordinated groups to believe they have power over their lives because they can choose a political party and enjoy certain individual freedoms. This discourse of choice and freedom masks class differences, while subordinated groups ultimately lack the freedom to easily move from their subordinated position.

Neoliberalism represents the current dominant ideology in the U.S. and many nations around the world (Brewer, 2012). Neoliberal economics developed in response to the liberalism of the 1950s and 1960s that fostered an economy based in government intervention that redistributed the wealth relatively more evenly across classes, led to a larger welfare state and safety net, and fuller employment and regulation of many sectors of society, including corporations, utilities, and financial markets. While the wealthy accumulated capital during the 1950s and 1960s, even as unemployment decreased, this changed by the 1970s when unemployment and inflation rose while holdings of the wealthy decreased. Within this environment, neoliberalism took hold (Harvey, 2005).

Broadly defined, neoliberal philosophy represents the economic and political idea that the "human being is best advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade" (Harvey, 2005, p. 2). The government (the State) best serves the nation and the individual by allowing the market, including corporations, to have free rein, with the assumption being that the State lacks the knowledge to second guess the invisible hand of the market (Stiglitz, 2002). Neoliberalism promotes privatization of government institutions, arguing that the private sector can operate much more efficiently. This argument has led to privatization of many sectors (Brewer, 2012), including public hospitals (Tradewell, 1998). For instance, the number of state, local and federal hospitals shrank by 40 percent between 1975 and 1995 as either nonprofit or for profit private health care facilities replaced public ones, and the neoliberal movement has exerted effort toward this end (Tradewell, 1998). Brewer ( 2012) has argued that services to citizens declined due to the emphasis in the private sector on efficiency as opposed to human needs.

Research demonstrates the fallacy of the belief that the U.S. private health insurance market provides greater health outcomes than the public health care systems in other industrialized nations (Biron, 2013; Institute of Medicine, 2013). Nor does private health insurance in the U.S. provide more cost efficient care than either Medicare (Boccuti & Moon, 2003), Medicaid and the State Children's Health Insurance Program (SCHIP) (Ku & Broaddus, 2008) or the public health care systems of 11 other industrialized nations (Squires, 2011). U.S. citizens overall are less healthy than people in 16 other industrialized countries, even when measuring the health of insured, White, college educated and upper income Americans (Institute of Medicine, 2013), as well as U.S. citizens who do not smoke and are not obese (Biron, 2013). U.S. citizens die earlier than the citizens of the other 16 nations and since 1970 this trend has accelerated, especially among women (Institute of Medicine, 2013). At the same time, the U.S. spends 16 percent of Gross Domestic Product (GDP) on health care compared to a median of 8.7 percent of GDP for 11 other industrialized countries, with the U.S. spending more per capita per year, at $7,538, compared to the median per capita of $2,995 for all the other countries. The next highest in spending is Norway at $5,003 per capita, while New Zealand spends $2,683 per capita (Squires, 2011). Within the U.S., out-of-pocket expenses to low-income Americans are less under public health insurance than private insurance (Ku & Broaddhus, 2008), and Medicare participants report greater satisfaction than privately-insured individuals under 65 years old (Davis, Schoen, Doty & Tenney, 2002).

As opposed to the efficiency that neoliberal supporters tout (Tradewell, 1998), many have argued that the aim of neoliberalism was a return of the wealth to the ruling classes, who benefited from fewer regulations, including on financial markets, and from the privatization that allowed the capitalist class to accumulate more capital (Harvey, 2005). At the same time, a

managerial-professional class supportive of neoliberal "political, economic and academic circles" (Brewer, 2012, p. 20) works in opposition to the interests of the working class and poor and in accord with their own class interests (Brewer). Such a perspective includes the "bootstrap solution to inequality" (Brewer, p. 20) that suggests individuals can succeed if they try. This perspective marginalizes those individuals who fall outside the middle class. Those critical of neoliberalism have also pointed to how it has led to greater income disparities, fewer jobs and a smaller safety net for citizens (Brewer, 2012; Harvey; Steger, 2003).

While embraced by the professional and elite classes, neoliberal ideology also has sold itself to a public frequently responsive to calls for freedom by emphasizing the great benefit to individuals of having freedom from government intrusion (Harvey, 2005). Neoliberalism also casts citizens as responsible for their own lives so that individuals and not society must accept responsibility for job losses (Brewer, 2012). Given this philosophical shift, citizens became less concerned with the common good and more concerned about their own individual lives.

The ideas promoted by neoliberalism were first developed by University of Chicago philosopher and economist Frederick von Hayek and promulgated in coordination with his students, including Milton Friedman (George, 1999; Harvey, 2005). These ideas were spread through an international network of conservative research centers, foundations and publications. Groups such as the Heritage Foundation as well as schools, particularly the University of Chicago, brought neoliberalism's belief system into the mainstream. The American Chamber of Commerce, in coordination with the National Association of Manufacturers, pushed an agenda of uniting corporations with political power. In the U.S., the Republican Party became aligned with neoliberalism, while the Democratic Party then responded by trying to hold onto its broad citizen base while also maintaining its connection to corporate and financial interests. First, the business

news media, such as the Wall Street Journal, adopted neoliberalism in their coverage (Harvey);

then like all ideologies that develop dominance, the broader media began to report from within

this perspective over time.

British Prime Minister Margaret Thatcher, along with U.S. President Ronald Reagan, are

credited with putting neoliberalism into practice in the Western world. Thatcher, in particular,

helped establish neoliberalism as an ideology as she clearly articulated it while drastically

changing the face of English government and society.

Since then, neoliberalism as ideology and practice has spread across many countries

throughout the world. In some cases, nations facing financial crises found neoliberalism pushed

on them by the World Bank and International Monetary Fund, with these institutions requiring

that countries privatize national industries and open their borders to foreign capital investment

from multi-national corporations in exchange for a loan to stabilize the economy (George, 1999;

Stiglitz, 2005). This led to greater profits for those corporations and its executives, as well as the

national leaders who sometimes pocketed the loan money (Harvey, 2005).

At any given time, the news media serve as part of the intellectual class that presents

ideology in the interest of maintaining hegemony, including the current neoliberal capitalist

ideology (Althusser, 1971/2002; Blank-Libra, 2004; Gramsci, 1971; Hall, 1977). The media's

use of language makes the dominant arrangement appear natural (Hall, 1977; Hartley, 1982;

Kumar, 2004). Hall (1977; 1982) explains that ideas - including ideology - are passed on through

language. He notes that cultural institutions, such as the media, maintain hegemony in part

through language that creates social knowledge and cultural values to create a particular

hegemonic meaning. This knowledge includes "strong racial biases in the pictorial representation

of the poor" (Gilens, 2004, p. 44) so that "black faces in news stories became more numerous

when the discourse on poverty becomes more critical of the poor, and less numerous when outlooks on poverty become more sympathetic" (Gilens, p. 51). In examining news coverage of the welfare-reform debate during the Clinton presidency, Blank-Libra (2004) found that journalists report from within a "conservative political and economic perspective…. In supporting the current economic order by failing to critique it, these newspapers recreated again and again the perspective that no alternatives to a capitalistic structure exist" (p. 37). She also found that "the voice of the male public official holding a conservative point of view was significantly dominant" (p. 32).

Hall (1977) believes that in our current fragmented society, the media more than any other institution creates and disperses social knowledge. Dominant ideology seems so natural that even journalists accept it and write within its framework. In addition, the struggle over meaning, in which the ruling class's views carry greater weight than alternative or oppositional views, results in the media presenting the dominant ideology in most instances (Hall, 1982). Hartley (1982) explains that "class antagonisms" are transformed into "natural differences," while the "class of the Subject" is instead represented as the "individual personality," "power" is represented as "authority," and "class" becomes "culture."

Given its ideological work, the social function of the news is to mark the bounds of acceptable thought and action (Hartley, 1982). Burns (1977) has concluded that the media expresses opinions within a narrow band of consensus that operates from the middle of the political spectrum to the extreme right and a bit to the left. He argues that other views are not expressed in the mainstream media, although they may be found in the alternative press.

Hall (1977) and Hartley (1982) also point out that alternative ideas are reinterpreted or diluted to address contradictions in the system and maintain hegemony. For example, when Tiger

Woods excelled as a golfer, the dominant society accepted him. However, Woods and the media emphasized the golfer's multi-racial background as opposed to his African American heritage, as well as his marriage to a White woman from the privileged class, given her status as a former model. During this time, when Woods marital problems became public, the media re-defined him as a Black man who had overstepped his role by having extra-marital affairs with White women (Brown, Anderson & Thompson, 2012). The media also portrayed him, like so many African American men, as "sex crazed, and fixated on white women" (p. 83).

Althusser (1971/2002) draws the distinction between Repressive State Apparatuses, such as the government, courts, police and military, and Ideological State Apparatus, such as education and the media. The ideological apparatus functions outside the official State superstructure but supports the power of the State. Althusser argues that it's only because the media is separate from the State and thus seen as independent that it can function as a mouthpiece for the dominant ideology. From this perspective, the media can be seen as an instrument of repression. Althusser also notes, however, that because the media function autonomously this allows contradictions and struggle to occur. Hall (1977) argues that because there is a rough harmony between the ruling and subordinated classes, the dominant ideology must continually remake itself to contain contradictions as they arise.

While operating as an arm of the State (Althusser, 1971/2002), the news presents itself as impartial (Hartley, 1982). This "impartiality" is created when two sides of an issue are presented. Other factors ensuring that the media supports the dominant ideological perspective include the fact that the news is increasingly owned by the corporate sector (Hartley, 1982). In addition, Hartley (1982) points out that social, political, economic, and historical contexts shape the news, including the fact that society operates within a commercial context. He also notes that the news

reports on the public sphere rather than private-sphere events and issues, and it pays little

attention to how public-sphere news affects the lives of everyday people.

Haney and Green (2004) similarly conclude that mainstream newspapers privilege the

dominant perspective while ignoring other views. They report that media coverage prominently

cites sources representing positions of authority, such as law enforcement and prosecutorial staff,

while de-emphasizing social, historical, and contextual information when explaining criminal

behavior.

*Media Representations of Health Care Issues*

The question of whether the news media have represented health care issues from within

a hegemonic, neoliberal perspective also has been explored. Recent news coverage about health

care issues has utilized a neoliberal discourse that emphasizes the citizen as consumer as opposed

to a liberal discourse that emphasizes the citizen as having a right to health care (Briggs &

Hallin, 2007; West, 2006). However, other research has found that the news media less

frequently invoked the citizen consumer than other news frames, and in some instances, news

reporters directly challenged the neoliberal notion of the citizen consumer (West).[3]

Who the press selects as prominent sources, as well as themes represented by prominent

sources' comments, serve as ways to uncover the dominant ideology underlying a news story

(van Dijk, 1991). Research has explored the use of sources in news coverage of health care

related stories (Atkin, Smith, McFeters, and Ferguson, 2008; Stempel & Culbertson, 1984;

Walsh-Childers, Chance, & Swain, 1999) but without examining the ideology underlying the use

of sources.

In examining the ideology underlying news reporting, West (2006) used a framing

analysis to explore how stakeholders and the news media presented arguments in the 2003-2004

Medicare debate about prescription drug coverage for seniors. In this instance, freedom to choose meant that individuals could choose a Medicare plan within the market. Politicians avoided the use of the term "consumers," while arguing that the bill offered "citizens" freedom of choice, but other stakeholders spoke of "individualized consumer choice," thus favoring a more explicitly neoliberal emphasis. The news media sometimes utilized the neoliberal ideology of the citizen consumer, but it did so less frequently than those lobbying for and against the proposed legislation, and it sometimes argued that all "citizens" should have access to health care. The study also found that the media sometimes argued for collective models of citizen power. Given that the news media utilized both the language of citizen and citizen consumer, West's study suggests support for the argument that the news media serve as a site of struggle over the dominant ideology while ultimately containing oppositional views (Althusser, 1971/2002; Hall, 1977; Hartley, 1982).

In their study, Briggs and Hallin (2007) used a qualitative content analysis to explore how newspaper stories conveyed health information to readers. They found that the press still often represented patients as passive and needing to follow doctor's order. However, more frequently or alongside this model, newspapers portrayed a neoliberal model in which individual patient-consumers bore the responsibility of actively seeking out health-related information, making a decision about their health and acting on it. The news media helped to advance neoliberal ideology "by advising patients how to be proper consumers" (p. 57). News reporting also primarily portrayed physicians, government agencies and news reporters as having the more limited role of simply providing health-related information to consumers, who then had the responsibility to act on it. In presenting patients as consumers, the news media also facilitated

"the integration of advertising and editorial content" (p. 54) and in so doing furthered the spread of neoliberal ideology.

Briggs and Hallin (2007) also found that newspapers sometimes portrayed consumers as bad if they failed to pursue the best course of action in regard to their health. However, health reporting acknowledged the contradictions and limitations of depending on a neoliberal health care model, given that it might be difficult for consumers to access care if they lacked insurance or had to choose from the conflicting information available to them. Briggs and Hallin also noted that news stories ignored racial imbalances that led to minorities being more likely to be uninsured.

While West (2006) did reference the uninsured in her study in terms of access to care, and Briggs and Hallin (2007) acknowledged racial imbalances in relation to being uninsured, neither study extensively examined news representations in terms of the intersection of neoliberal ideology with race, class and gender.

Studies about news coverage of health care suggested a link between the specific focus of a story and the sources used (Akin, Smith, McFeters, and Ferguson, 2008; Stempel & Culbertson, 1984; Walsh-Childers, Chance, & Swain, 1999), with reporters most frequently turning to medical experts, for example, in educational health stories (Akins et al.) but most frequently turning to politicians in health stories with a legislative angle (Walsh et al).

Stempel and Culbertson's (1984) content analysis of source prominence and dominance in newspaper stories about health-related issues found that in general doctors served as the most prominent and dominant source of health-care news, and newspaper reporters wrote about their accomplishments more than the accomplishments of others. In addition, newspapers quoted physicians more than they referred to them, which did not hold true for any other category of

source in health care related stories. Doctors had dominance in stories about specific diseases as well as surgical techniques, while therapists, nurses and other health-care professionals served much less prominently. Health care administrators served as sources in stories about medical costs and insurance and how the health system worked, although in still smaller numbers than physicians. The authors concluded that, in general, physicians had more prominence and dominance than other news sources in health-related stories.

Then again, a later study by Walsh-Childers, Chance, & Swain (1999) explored the frequency of newspaper coverage of health care issues compared to other issues, such as crime, education and sports. In addition, the study examined who served as news sources in health related stories. Results indicated that in 1993, when President Clinton sought to reform the U.S. health care system, journalists most frequently turned to politicians and government officials as sources as compared to health care professionals and others. Representatives of health insurance companies served as the least frequent source. Walsh et al. concluded that journalists turned to legislators and government officials most often because of the preponderance of stories about the national health care reform debate, and because political reporters rather than health reporters wrote the news articles.

Finally, Atkin, Smith, McFeters, and Ferguson's (2008) study of news coverage of breast cancer found that journalists predominantly used medical experts as sources, followed by women who had the disease, and, less frequently, foundation and corporate sources as well as medical journals. This study also found a link between the type of news story and the sources reporters utilized.

In summary, research has explored ideological representations in health related stories as well as sources utilized by the news media. Studies have found that the news media represented

health care from within a hegemonic, neoliberal discourse that emphasized the citizen consumer, which silenced those lacking health insurance, including minorities. In addition, studies have found that the media served as a site of struggle that sometimes emphasized all citizens' rights to health care (Briggs & Hallin, 2007; West, 2006). Research also has found a link between the type of source utilized and the focus of a news story (Atkin, Smith, McFeters, and Ferguson, 2008; Stempel & Culbertson, 1984; Walsh-Childers, Chance & Swain, 1999), but without considering the underlying ideology represented by sources in health care stories. Thus, the current study's examination of source prominence and the ideology represented by dominant sources extends recent findings concerning news coverage of health-related issues.

*City Hospital History*

Ideological considerations underlie the establishment and history of City Hospital, which opened in the late 1800s as a facility with a mission to serve those in Southland unable to pay for care, regardless of race. At the time of its opening, City existed as the only municipal hospital, so its patients included those able to pay for services. Given the segregation of the South at the time, the hospital served Black and White patients in separate areas of the facility. Beginning in the 1910s, the hospital served Black and White patients in different buildings. In the 1950s, the hospital began to integrate services. It no longer maintains separate buildings for its Black and White patients (article seven).

Since its opening, City Hospital served as a training facility, with students from a local university medical school observing staff and participating in patient treatment. In the 1980s, when another medical school opened to help ensure the availability of African American doctors to treat Black patients, that school began training all of its students at City Hospital.

Additionally, the university medical school trained students at four other hospitals in the metropolitan area (article eight).

**Administration and Funding**

From the time of its opening until the time of the financial crisis, which lasted from 2005 through the beginning of 2008, City Hospital had four periods of administrative control and funding. The hospital has always lacked sufficient operating funds. Initially, the city of Southland owned the facility and appointed a citizen's board of trustees to oversee operation of the facility. The seven-member board reported back to the city council concerning City Hospital's needs and operations. Financing during this period came from funds raised by the trustees, a ladies' auxiliary and others in the city supportive of the hospital (article seven).

During the second administrative period, which lasted throughout the 1920s, Southland's city council directly managed the hospital and relied on a Charities Committee to raise funds to pay for the facility and services. The city also appropriated money for City Hospital. In addition, because other hospitals had opened in the area by this time, those able to pay began going to other facilities, thus leading to even less money for the hospital.  During this time period, the administrators for the hospital included city aldermen, the mayor of Southland and the hospital superintendent. In addition, during the 1920s, because those outside the city who were unable to pay for care began coming to the facility, the Southland City Council sought funding from the local county, which began contributing a small amount of money to the facility but declined more because the city council denied conversion of the facility from a municipal to a county hospital (article seven).

During the 1930s, the city council again turned over control of the hospital to a citizen's board of trustees, who reported back to the city aldermen. Funding continued to come from the

private, charity sector, as well as the city. However, in the beginning of the New Deal, the federal government began providing money and labor for the construction needed at the hospital. During this period, some small cities south of Southland paid a small per diem rate for treatment of their indigent residents at City Hospital. The hospital also began treating residents of the neighboring county, but only on an emergency basis because that county declined to provide money to the hospital to provide care for its residents (article seven).

In the fourth period of administrative control, the state voted in the early 1940s to create an unpaid board of directors appointed by the county commissioners of the local and adjacent county, and City Hospital became a county facility. Those two counties then began providing the hospital with much of the money for operations and services, with the county in which the hospital is located providing more funding because proportionally more of the patients came from that county. During this period, the state also began contributing to the funding of the facility since by this time City Hospital offered trauma care to patients throughout the region, including those outside the two contributing counties. In the 1960s, with the creation of Medicaid and Medicare, the hospital and its clinics began receiving payments from these two programs. In addition, the federal government began providing funding under an indigent care program that provided monies to hospitals across the nation that treated the uninsured (article seven).

**Services Provided**

At the time of its founding, City Hospital consisted of a three-story hospital with 100 beds. It had one doctor, less than 20 staff and only one operating room (article seven). The facility grew through the years from a small municipal facility to a large urban hospital that served a sprawling metropolitan region. By the time of the financial crisis, which became severe in the mid-2000s, the facility had more than 900 beds and 200 specialty and sub-specialty clinics

within the hospital itself (article three). In addition, City Hospital had neighborhood health

centers; an emergency room and burn unit; the state's only poison control facility; and an

infectious disease program that included services to those with HIV. City Hospital also served as

the ambulance provider for Southland (article nine).

City Hospital provided services for close to 375,000 outpatient visits and 8,000 inpatient

visits in 2006. In 2007, the facility provided only 350,000 outpatient visits but the number of

inpatient visits grew to almost 15,000 (article nine). The health system provided routine and

emergency care services to indigent people who lived in the two primary counties (article nine),

and it also provided routine and emergency care to those from outside the two counties, although

attempting to not serve those patients since outlying counties refused to reimburse for services

provided to their residents. This became a source of contention during the financial crisis (article

10; article 11).

### Development and Resolution of City Hospital's Crisis

At the time of the financial crisis, which became a public issue in the 2000s, the county

commissioners of the two primary counties continued to appoint City Hospital's board of

directors, with the local county naming two-thirds of the members and the adjacent county

naming the remaining one-third. A minority of women served on both counties' commissions.

Some argued that appointment of board members by the county commissioners made the board

"political" (article 11), although the hospital's board, as noted earlier, had always either been

appointed by a city council, county commissioners or actually consisted of government officials,

including Southland's mayor (article seven).

While City Hospital had a life-saving Level One trauma center that served those from

outside the paying counties, the institution received only a small amount of money from the state

to pay for care of these patients (article 12). The health system continued to receive monies through the state for treating those on Medicaid and from the federal government under the Indigent Care Trust Fund given its safety net hospital designation. Federal funds also continued to be dispersed under the Disproportionate Share Hospital (DSH) fund, established to fill the payment gap caused by Medicaid only reimbursing eight-five cents on the dollar, with monies going from the federal government to the state, and the state passing the funds to hospitals that served a larger-than-usual proportion of Medicaid patients. That meant that the state could decide which facilities could receive DSH funds and in what proportion compared to other hospitals, with each state creating its own definition of a DSH facility. City Hospital also served those on Medicare and received reimbursement for that from the federal government (article one).

Like other academic health centers (Betancourt & Maina, 2004), City Hospital trained physicians and other health professionals. Approximately one-fourth of the state's practicing physicians received some or all of their training at City Hospital. Teaching staff from two medical schools served at City Hospital and its outlying clinics as permanent doctors (article eight), and medical students from both received training while working throughout the health system (article eight). Being staffed by physicians from both medical schools had been a selling point when marketing City Hospital (article nine). However, in 2007, the link to the two medical schools exacerbated the ongoing financial crisis, because the health system owed the universities over $50 million for services provided by their doctors (article 13). Some questioned why City Hospital should pay the medical schools to provide doctors for the facility when the health system offered both schools a valuable training ground for the students trained under those doctors (article 14). City Hospital's link to the two medical schools also meant that if the health system closed, both universities would have needed to find other training facilities for their

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students, and one of the schools, which only utilized City Hospital as its teaching hospital, would have been in jeopardy of closing.

Media reports pointed to the severity of City Hospital's financial problems. According to one news story, City Hospital reportedly carried an annual deficit every year since 1999, including in 2002 when the deficit rose to $40 million by one account (article 15). After joining City Hospital in 2003, its new CEO said that the health system was near bankruptcy and struggling to pay its bills, which were about $5 million more each month than its incoming revenue, and that the health system had a deficit of close to $20 million at the end of 2002 (article 16). In addition to needing money to pay its bills, the health system needed over $200 million in the near future to make needed capital improvements, including for new medical equipment, laboratories and operating rooms (article three). The CEO left City Hospital in 2005 to accept a different position, while declining to provide a reason, even as the board chairman praised his work as the CEO (article 17).

Shortly afterward, the interim CEO said in a news story that City Hospital faced a financial challenge, but he didn't think the situation would end in bankruptcy and he hoped the financial problems would lessen in the next few months. In the same article, the board's former finance chairman, who had resigned weeks earlier, said he left due to the health system's insolvency and his inability to find a way to stabilize its finances (article 15).

According to the news media, reasons for the financial crisis included a bad economy that created more indigent patients, increased costs to care for those and other patients, and decreased revenues (article three). As one example, in 2003, City Hospital anticipated state payments of $20 million to treat the indigent but received word that those payments would more likely be closer to $10 million (article 16). In addition, combined contributions from the two local counties

remained flat at close to $100 million per year for each year from 2003 through 2005, while "the cost of indigent care ha[d] soared" (article 15). At the same time, federal payments for provision of services to uninsured patients decreased while the number of "illegal immigrants" seeking services increased (article 15).

The discrepancy between the health system's operating revenue and expenses served as an indicator of City Hospital's financial crisis. In 2006, City Hospital's annual total operating revenue decreased by more than two percent, while operating expenses increased by more than six percent. Charity care charges for patients for which the hospital received no reimbursement exceeded $300,000 in 2006, which represented a $50,000 increase over the prior year in charity cases (article 18).

In 2006, City Hospital's late payments to the two medical schools for services provided by their physicians reached the highest levels ever (article eight). By the end of 2006 and throughout 2007, City Hospital's financial picture grew worse. Another indicator pointing to the severity of City Hospital's problems included the fact that the health system needed an immediate infusion of cash to meet payroll expenses in December 2007. In addition, while the time taken to pay vendors grew from 80 days in the beginning of 2007 to 118 days by August of that year (article 19), by 2007 payments to vendors others than the medical schools totaled $40 million (article 19). In 2007, City Hospital projected an end-of-year deficit of $50 to $55 million (article six).

City Hospital's board, led by an African American woman at the time of the crisis, tried various solutions as it attempted to solve the financial crisis. In August 2007, City Hospital's board sought a loan of $100 million to help it meet operating expenses and pay off some of its debt. The board hoped the loan would buy it time to develop a solution to the crisis.

However, the loan required a guarantee by at least one of the two local counties. The commission chairman of the county in which the hospital was located immediately declined the request, although the county had backed other loans in the past (article 20).  In 2007, the board also hired a financial consulting firm at a cost of more than $285,000 a month to study the problem and make recommendations. Later, the board extended the firm's contract so that the consultants could oversee implementation of recommended changes, and it increased the firm's monthly pay (article 21). At a later point, in March 2008, the health system offered buyout packages to 10 percent of its over 5,000 employees, hoping that at least 200 workers would accept (article 22). Instead, almost double that number took the offer, creating a shortage of needed senior staff, including nurses and other patient care providers, laboratory employees, intake staff, and financial counselors. To counteract this, over 100 of those employees agreed to stay on until replacements for them could be found (article 23).

As City Hospital's board and administration took steps to address the crisis, it approached the area Chamber of Commerce for help. In early 2007, the two groups announced creation of the Greater City Hospital Working Group, a panel composed of Southland business and civic leaders, including many from the Chamber of Commerce (article 24). Plans called for the working group to study the situation and make recommendations. After months of review of City Hospital's financial picture and services provided by the hospital, the working group issued a report calling for replacement of the current board with a private, not-for-profit, corporate one (article 11). Like the current board, the recommended board would continue to be unpaid and not make a profit. However, by incorporating as a private entity, the recommended board would reportedly have the ability to engage in activities that could bring added revenue to the hospital, such as "offering fee-for-transportation to and from appointments and entering joint-ventures

with physicians for medical specialties" (article 11). The new corporation could also choose to lease the hospital's buildings from the current board and include some members of the current board on the recommended board, as had occurred as other hospitals converted from public to private (Tradewell, 1998).

According to one article in the SCR, Chamber of Commerce advocates of the working group said the recommended change to a private board would bring in funds from local foundations and banks as well as the state government. However, some labor and religious leaders and others in the Black community called the recommendation an attempt by the White business community to take over the hospital and retreat from City Hospital's "mission to treat the poor and uninsured, due to an assumption that the majority-White business leaders in the working group would be less likely to be concerned about providing services to uninsured African Americans (article 25). The news report also noted that the group of union and religious leaders and others from both the White and Black community formed a group to be called the Southland City Hospital Coalition.

In the mid-1990s, City Hospital participated in race-preference set asides that ensured that some minority firms won bids with the health care system (article 26). This allowed some businesses to compete against the "resources and competitive pricing" of big, established companies and some argued that without these set asides, the companies would lack the opportunities needed to become established. Later, after being sued for reverse discrimination, City Hospital discontinued this practice but some argued that the practice informally continued, possibly allowing minority businesses to continue winning bids, to the frustration of those alleging the practice continued (article 26). Replacing the majority-Black board with a private,

nonprofit board recommended by the majority-White working group could have affected bids to minority-owned firms.

As the financial crisis unfolded, local business leaders, including some from the Chamber of Commerce, indicated that they likely could raise $200 million for the hospital if the facility's board of directors ceded day-to-day health-system operations to a private board (article three). City Hospital's board resisted this suggestion for months amid mounting pressure from state leaders, medical school officials, the state Chamber of Commerce, the chairman of the local county commission and others (article eight; article 27). In early 2008, City Hospital's board voted to create a private board to replace itself. The new board would oversee day-to-day running of the hospital and the old board would own City Hospital's buildings and lease them to the new board. At the time of the vote, the City Hospital board gave itself oversight and the ability to vote against any proposed changes that would restrict services to indigent patients, but this oversight was eliminated months later before control of the hospital changed hands.

At a later date, the news media reported the names of eleven people that the working group hoped could serve on the 17-member private board (article 28). The names on the list included the co-chairman of the working group. That news report noted that coalition members and others expressed concern that the co-chairman, a White man, would become the chairman of the new board. The article reported that the co-chairman of the working group said he would be pleased to serve if asked (article 28). Of the five remaining people to be appointed to the board, the working group recommended that four could be current board members, the news article indicated (article 28).

Within a few days, members of the City Hospital Coalition protested the possible appointment to the board of members of Southland's Chamber of Commerce who also had

served on the working group. Although news reports did not indicate members of the new board would be paid, the coalition voiced fears that at least four potential appointees had a financial conflict of interest given their ties to business or another area hospital: one businessman headed a large real estate investment firm with ownership in one building at a large area hospital; another businessman served on the advisory board of another area hospital; another man served as CEO and was part owner of a large national restaurant chain; and another served as the CEO of a large equipment sales firm. A working group member reported that several of those on the proposed board list had already stepped down or offered to step down from the boards at other area hospitals. In addition, the coalition feared that the proposed board members did not care about health care services for the poor (article 29). Three days later, all but one of the eleven working group members was selected to sit on the new board. Four members of the hospital authority were also selected to the new, private board (article 30).

In 2008, City Hospital's public board of directors and the newly created private board signed a lease handing day-to-day operations of the hospital over to the corporation. The hospital authority would rent City Hospital's buildings to the new board. Before lease signing, the hospital authority received a letter from a local foundation promising $200 million over the next few years to be used for capital improvements, with the first installment arriving when the lease actually began. The new corporate board pledged to try to raise half that amount. In addition, while less than hoped for, the state appeared poised to provide City Hospital with a one-time payment of close to $25 million more for trauma care, and state increases in Medicaid payments would provide the hospital with an additional $10 million (article 32). Leaders of the medical schools agreed to continue providing physician-training programs to City Hospital, and to look at refinancing the hospital's debt to each school.

Having provided background about City Hospital's crisis and its resolution, this paper will next discuss the methodology used to explore how the SCR portrayed City Hospital's crisis, its mission, and the intersection of race, class and gender in relation to patients' needs as well as stakeholders' views about City Hospital's crisis.

# 3     METHODOLOGY

SCR news stories, features, editorials and opinion editorials were obtained through a Lexis Nexis search of the words, "City Hospital." The search yielded a total of 83 stories, editorials and/or letters to the editor. Of that number, a total of 53 news and feature stories, editorials and opinion editorials were chosen for analysis because they focused on or referenced the financial crisis.

Analysis covered a one-year period six months before and six months after City Hospital board of directors voted to create a new governing body in 2008. News coverage represented the vote as a resolution of City Hospital's crisis because business leaders awarded the institution $200 million over a period of a few years, as promised if the board replaced itself with the recommended private governing body. The one-year period was chosen for analysis to obtain a sense of how the SCR represented events in the six months leading up to resolution of the crisis, as well as the six months following that resolution. Stories are presented in chronological order in order to demonstrate any changes in how the SCR represented City Hospital's crisis as time progressed.

This study utilized critical discourse analysis (CDA) to explore SCR news coverage of City Hospital's underfunding crisis. This methodology provides a lens through which to explore SCR discourse in terms of its ideological representation of race, gender, and class issues as they related to the struggle over the future of City Hospital.

Van Dijk (1991) explains that CDA allows for a critical focus on how the news media represent dominant versus subordinated interests, in particular within the framework of the intersection of class and race.

CDA grew out of an anti-racist, multidisciplinary framework that assumes a process of representation that supports the structure and ideology of racism. The media act as one key source of this representation. Journalists unknowingly reflect bias in their coverage of news events because, as members of the dominant White society, they see the world through this lens. White dominance is not only symbolic but political, social, and economic. Where the dominant groups' interests are at stake, the news media may be called into service to defend them. Racism is not as blatant as it once was. In fact, it is denied or downplayed while those who suffer its repercussions are blamed for its harmful outcomes (van Dijk, 1991).

CDA includes an analysis of headlines and text to uncover style, rhetoric used, development of arguments, and agency or responsibility for events. CDA pays attention to the sources used in news coverage and whose perspective the media presents. While the media itself cannot present racist discourse explicitly, it can use dominant-group sources that will legitimize racism, while translating it into popular appeals in a given situation. CDA stresses the importance of an awareness of, and attention to, local and national context, and it looks closely at the meaning behind the words, at the ideologies contained in language, and at the euphemisms that hide, misrepresent, or imply approval or disapproval of actions of either the dominant or marginalized group. Van Dijk's (1991) multidisciplinary approach to CDA is based in a sociopolitical analysis of race relations.

*Method of Analysis*

CDA analyzes what van Dijk (1991) calls the surface structure of news discourse, which includes syntax, style, word formation, sound structure, and layout. Style provides information about the speakers in news coverage – about their attitudes and social context – and it expresses

the underlying ideological meaning of words, sentences, and paragraphs. Van Dijk (1991) describes in detail how to apply CDA to headlines and text.

In conducting CDA, van Dijk looks closely at macrostructure, or headlines, as well as leads to determine topics and ideological representation. CDA examines microstructure, or the words and sentences, for the same reason.

When analyzing headlines, it is important to consider structure and function. Headlines provide information about what the topic is, as well as its slant or ideological perspective. They also tap into readers' prior knowledge and view, and they define the news for readers in terms of perspective toward class, gender and race-based acts. In addition, headlines color the meaning of the story's text. They also provide journalists with a perspective when reviewing past news coverage on a particular topic.

The choice of one word over another in a headline indicates the opinion, emotions, and social position of the journalist and the particular newspaper, while providing both a summary and evaluation of the news. The absence of particular words as well as how words are linked to each other provides information about the slant of the headline, the relationship between individuals and groups discussed in the story, and which individuals or groups the journalist and newspaper see from a positive or negative perspective. For example, "riot" and "Blacks" in the same headline provide important information about the ideological perspective of the newspaper, while conveying information to the reader about the article's sociopolitical perspective.

Completing a topical analysis of news articles provides information about what the news media write about in relation to a particular event or situation, what it downplays or ignores and why. This kind of analysis provides insight into what the reporter and newspaper consider the most important topics related to a situation. By noting the three main topics in a news article, as

well as their order and prominence, the researcher can determine which topics the journalist and newspaper see as most important. In addition, topics may focus on minor events or downplay major events. Topics also provide information about which sources the news considers important and from which ideological perspective. Van Dijk's research found that the news most prominently covers topics of concern to the majority-White population while less prominently covering topics of concern to the Black minority.

A topical analysis allows the researcher to understand the prevailing view of the dominant group, at the same time that it helps the reader to organize and store information for later recall. Analysis of topics allows the researcher to learn the journalists' mental model or knowledge and opinion about the situation. Topics may be either explicitly or implicitly stated, and they interact with each reader's prior mental model of the topic. In addition, the topics' bias affects formation of the reader's opinion. If the reader only obtains knowledge of the situation from the news, the reader is unlikely to reframe the topic later. The news topic interacts with what van Dijk calls local-level coherence, or the community's knowledge, including its stereotypes and prejudices, about the situation and the topic.

Finally, before proceeding to a detailed analysis of a news article, van Dijk suggests analyzing sources used in news and feature stories. He stresses focusing on not just who the article quotes but how they are represented, how prominently they are quoted, and how often, as well as what they are allowed to give an opinion about. Sources' quotes may make coverage more lively, add to its credibility, and most importantly present an evaluation of the situation. The appearance of quotations by sources indicates which sources have access to the media, and socioeconomics determines this in many instances. Finally, media portrayals of sources make clear the underlying ideology in news coverage.

After considering headlines, topics and sources, van Dijk next recommends moving to a micro level to complete a detailed analysis of words and sentences in the remainder of a news article. Again, underlying ideological implications can be gleaned from discourse analysis of the meaning, style, rhetoric, structure, and strategies of the news story.  Specific types of strategies to analyze include semantic strategies and implicit strategies. Semantic strategies are clearly stated, goal-directed discourse, while implicit strategies provide indirect meaning for a news story but also reveal ideological bent.

Semantic strategies are accomplished through actions that serve a particular function, such as denying being racist while presenting a negative impression of a racial group or a person from a particular race. Semantic strategies include denial, blaming the victim, admission, comparisons, discounting the facts, and contrast and division.

The strategy of denial serves the function of trying to make an acceptable impression on readers. Denials consist of disclaimers of negative representations of a subordinated group as well as apparent positive admissions about "them" so that a negative statement can follow. The strategy of contrast involves presenting a negative quality of the subordinated group at the same time that a positive quality is provided about the dominant group. The strategy of discounting the facts involves presenting an action that factually occurred but refers to it as "allegedly" occurring. Mitigation and excuses also represent examples of discounting the facts and are used when the facts can't be denied. Mitigation and excuses serve a protective function for dominant group members. The strategy of hyperbole involves downplaying the negative actions of dominant group members while overplaying the negative actions of subordinated group members. Blaming strategies can include: ridiculing the "other;" attributing negative outcomes to "them"; and reversal, in which the dominant group that caused the injury appears to be the

victim. To complete the reversal, positive "us" rhetoric may be used. The strategy of contrast and division involves contrasting different subordinated groups so that one has positive qualities and the other negative. This strategy creates the illusion of division between subordinated groups, which serves a divide and conquer function.

Analysis of implicit strategies makes explicit the ideological meaning of sentences, as well as how these are combined with local knowledge, which appears in the form of beliefs. The discursive perspective of the reporter and newspaper are revealed through the consistent use of ideologically-based words and sentences to describe particular events and individuals or groups. Journalists express opinions implicitly to avoid seeming subjective.

Implicit strategies include vagueness, presuppositions, overcompleteness, implications, inferences, concealments, negativisms, positive "us" representations, and negative "other" representations. Rhetorical and stylistic analysis of implicit strategies represents the most powerful way to complete a critical study, because it is here that ideology is concealed.

Vagueness is an implicit strategy used to conceal responsibility for negative events when that event might have been carried out by someone representative of the dominant power structure. Vagueness appears in the passive voice, which downplays responsibility for negative events and may appear to blame the victim.

Presuppositions provide information that is assumed to be common knowledge and offer positive properties of "us" and negative properties of "them." They are debatable ideas that while implicitly stated reveal underlying ideology. For example, they remind the reader to keep in mind that Whites are not racist, even if the report that follows provides information to the contrary. They may appear in the form of denial of an implicit accusation, and they are usually followed by a disclaimer, as in "I'm not racist, but." Presuppositions sometimes precede blaming

the victim. Presuppositions imply objective criteria are being applied, and they provide

information in a way that assumes it is commonly accepted knowledge.

Overcompleteness provides irrelevant details that help flesh out an overall negative

representation of the "Other." The level of completeness or description of certain events while

leaving out or downplaying other events presents the ideological bias of the reporter.

Overcompleteness or unnecessary details that reveal class or race, for example, also reflect

underlying ideology.

Implications provide a portrayal based on information inferred as common knowledge

and beliefs, combined with information presented in the text. For example, use of words such as

"claimed" or alleged" in conjunction with an act may either lower or raise credibility about the

speaker.

When analyzing editorials, as opposed to news and feature articles, van Dijk focuses on

the persuasive function in the main premises and conclusions. He notes that an editorial may

include particular facts, generalizations and other information to make its conclusions plausible

and to respond in advance to any counterarguments. He suggests focusing on the arguments and

the style of editorial in the title, in the lead, and during a sentence-by-sentence analysis. Moves

in argumentation are noted. Again, van Dijk suggests paying attention to what is implied or

explicitly stated as well as what is omitted, underplayed and played up in editorials. He suggests

citing and analyzing specific key sentences. He stresses that editorials may provide a definition

of a situation, as well as an explanation or evaluation about why the situation occurred or stands

as it does at present. Recommendations and predictions should also be noted. Of importance, like

news and feature articles, editorials may recapitulate a situation and its actors while

summarizing, selecting and focusing on a particular ideological opinion of the situation.

In editorials the writer is not restrained by the need to be objective. Binary divisions between "us" and "them" may appear, and consistent positive evaluations mean that an actor is one of "us," while consistent negative evaluations mean that an actor is one of "them" or the "other."

# 4        RESULTS

*Representations of City Hospital's Crisis*

The first article analyzed carried a headline which emphasized two themes: (1) City

Hospital faced closure for financial reasons; and (2) the board of directors needed an overhaul

due to its part in the crisis. In several stories that followed, the SCR provided comments from

Southland area leaders that repeated these two themes while expanding on them.

The lead reported that consultants hired by the hospital to come up with a plan to save it

issued a report that first emphasized making changes to the board of directors. The consultants'

report suggested adding individuals to the board who had management, finance and information-

technology skills. The story also reported consultants' findings about other changes City

Hospital needed to make due to problems uncovered. These problems included poor customer

service as well as the possibility of inadequate patient care because the institution only had

money for "the bare essentials." Besides changes in the board of directors, the consultants

suggested improvements in customer service and more efficient service. These recommendations

received much less prominent coverage in future articles than the recommendation to make

changes to the board of directors.

The SCR story also focused on other comments by the consultants about City Hospital's

needs as well as reasons for the institution's financial crisis. According to the SCR, the

consultants found that City Hospital needed an immediate investment of $200 million to update

equipment and buildings, with even more money needed for capital improvements within the

next four to five years. The $200 million in improvements would figure prominently in future

news coverage. The story also noted that reasons for the hospital's financial problems included

an increase in the cost of indigent care at the same time that funding to the hospital from the two counties remained flat.

As opposed to the first story analyzed, the next SCR story appeared a month later and it set a pattern of coverage that continued until perceived resolution of City Hospital's crisis. The story's headline and lead both adopted an urgent tone while emphasizing the need to revamp the board of directors to avoid the institution's collapse. At the same time, the stories' headline empowered the city's business leaders, as it reported that the Chamber of Commerce working group called for an immediate "board overhaul" and "new funding" to prevent the facility's closure. The lead sentence continued in the same somewhat blaming vein, as it announced that the hospital would close unless it "overhauls" its board and seeks "new funding sources." The next paragraph continued to amplify the urgency of the situation while emphasizing financial concerns to the exclusion of patient concerns as it quoted a working group leader who said that if the hospital were a business, it already would be bankrupt.

The news story continued to link the acuteness of the situation to the need to overhaul the board when two sentences later it announced the working group's specific recommendation to move to a "nonpolitical" board of directors.

The headline and lead implied no *direct* relationship between the need to overhaul the board and the need for new funding. However, by the article's fourth paragraph, the newspaper reported the presupposition that unless City Hospital went to a nonpolitical form of governance, according to the working group, it wouldn't be able to attract the "financial help it needs from banks, the state or other sources." The newspaper repeated this presupposition later in the story and thus gave it prominence as it quoted a leader of the working group who said that funding sources would not give to the hospital "under the current governing structure." Through use of

that quote, the SCR implicitly blamed the hospital authority for the financial crisis while also

pressupposing that a new board would bring in needed financial support. The story continued to

focus on the need to change from a "political" board as it again quoted a leader of the working

group who said that, unlike the nine-member hospital board, whose members were appointed by

the two county commissions, the new corporation's board members "would not be political

appointees." The news story also suggested that after the new board appointments, possibly by

the City Hospital board, the new board could continue indefinitely. Thus, the SCR presented the

odd presupposition that while the current hospital board was political, a board appointed *by it*

would not be political.

The news article referenced the working group report as it offered details about the

advantages, but none of the disadvantages, of changing to a private board. Of interest, the list of

advantages highlighted the working group focus on financial issues to the exclusion of patient-

care concerns. In addition, the story reported about the working group recommendation of a

"new, more business-oriented board." While the hospital needed additional funding, when the

SCR failed to highlight working group concern for patient care, this again pointed to a SCR

focus on financial concerns to the exclusion of health-care concerns. Advantages of changing to

a private, nonprofit, corporate board included the ability to "engage in revenue producing

ventures."

SCR coverage lent further credibility to the working group recommendation when it

noted that City Hospital's board requested creation of the working group. This implicitly

suggested that the current board might support the working group's recommendations, although

the SCR reported that the working group recommended "creating a private, not-for-profit

corporation" to govern the health system. The newspaper did not quote hospital board sources who challenged the recommendation, which might have weakened its force.

Finally, unlike the first news story analyzed, this second one did not reference any other reasons for City Hospital's financial shortfall, such as the flat financial contributions from the two counties at the same time that the cost of indigent care had dramatically increased. Also, the story did not present any comment from City Hospital board members about the working group report.

In summary, the second news article focused on several themes that reoccurred in future SCR coverage. The story emphasized: the hospital board's responsibility for the crisis, while also focusing on financial aspects of the crisis to the exclusion of patients' needs; that City Hospital faced imminent closure due to its financial crisis but needed to remain open; that due to the political nature of the current board of directors, they couldn't obtain needed funding from "banks, the state and others;" that the only way to save City Hospital involved creation of a new, nonprofit, corporate board; and that such a board would not be political and would bring needed, business-related skills to City Hospital. The SCR frequently reported that the working group formed that spring at the request of the hospital board "recommends creating a private, not-for-profit corporation to run the hospital…" (article 11). Ongoing coverage also downplayed or failed to mention very real reasons for City Hospital's crisis. Thus, SCR coverage blamed the board rather than a lack of state and other-county funding for the hospital's predicament, while also assuming that a private, nonprofit board would be nonpolitical and able to raise funds from banks, the state and other groups.

Following the second news story, the next day's SCR carried an article that warned of the severity of City Hospital's crisis. Its lead implied that the working group recommendation

represented the only credible action for the hospital board to take: "[T]he board …must now consider whether to give up its control of the hospital in order to save it" (article 32). The article also seemed critical of the hospital authority as it quoted a county commission commenting that City Hospital's board "lacks the public trust needed to turn the hospital around" (article 32). Like the second news story, this one also presented the unproven idea that "[w]ithout a new *nonpolitical* [emphasis added] governing system, the hospital will be unable to persuade banks, governments and foundations to put up money to save the state's largest public hospital" (article 32).

Two SCR editorials quickly followed that supported the working group recommendation to create a new, "nonpolitical" board. The first appeared two days after the second news story and argued that the only way to save City Hospital was to adopt the plan suggested by the Chamber of Commerce working group. A week later, another editorial also emphasized the severity of City Hospital's financial shortfall before again supporting the working group recommendation as it issued a call to "move quickly to enact the recommendations…" (article 33) of the working group because closure of the hospital was not acceptable. Like other news stories, the editorial called for taking "politics" out of City Hospital's operations by transferring control of the institution from a public board to the private, nonprofit corporate board recommended by the working group.

A news story that appeared on the same day as the second editorial implied a paternalistic, blaming perspective toward City Hospital while not acknowledging the state's role in creating the medical system's crisis. Its lead reported that the hospital's "financial outlook is so dire that the state must step in" (article 34).

Appearing just days after the SCR reported the working group recommendation, another news story presented a different perspective on how to address the crisis. The news article noted in its headline that City Hospital's crisis could be solved. The story presented detailed recommendations from City Hospital's consultants about how to save the institution through more efficient operations. However, this story was unusual among most other stories, which stressed the need to change the board of directors to save City Hospital.

In ongoing SCR coverage, the push to transfer control of City Hospital to a private board appeared to snowball, even as the other themes also continued to reappear. For example, two months after the first news story appeared and four months before the vote to change to a private board, another story reported that leaders of the medical schools sent a "strongly worded letter" to the hospital board, asking it to "act quickly" and transfer City Hospital "to a private, nonprofit corporation" (article 35), while noting that not doing so immediately could lead to the "collapse" of City Hospital and "threaten" the health of many in the city, "the region and the State." The letter also pointed out that the debt to the two medical schools "compromised" the schools' ability to continue their mission of training doctors, thus emphasizing the medical schools' need for payment. The story also again repeated the presupposition that the working group, formed at the request of the hospital board, "says creating a private, nonprofit corporation is essential to attract the financing to keep the health system afloat" (article 35). The SCR didn't explain why such a corporation was essential, but assumed that to be a fact. Another story appearing on the same day again repeated the unproven presupposition that "the hospital system cannot attract the financial help it needs from the state, banks and other sources under its present 'political' structure," according to the working group (article 36). Three days later, an SCR article reported that "pressure is mounting" on the City Hospital board to "turn management of the state's largest

hospital over to a private, nonprofit corporation" (article 37). That story again repeated the presupposition that the working group "insists that the hospital must be removed from the control of political appointees before any money will come in" (article 37), while failing to note that a board supported by prominent businessmen would also be "political."

An SCR headline just days later reported that the local county commission refused to give the hospital more money and that the commissioners said a "private, nonprofit corporation" should lead the medical system. The story reported that the working group was created due to "the request of" the hospital board and it also repeated the unproven presupposition that the current board should give up control "as a way of gaining the trust of banks, the state and other funding sources..." (article 38). The story also appeared to blame City Hospital's leaders, as it reported that two commissioners "who voted against immediate funding, argued that the money needs to be tied to performance" (article 38), which implied the hospital has not been performing adequately.

Just two days later, another news story appeared to pressure the hospital authority to give up control. The story's lead reported that less than a month after the state's lieutenant governor "warned" the hospital board that the state would step in to force a change "a state senator" offered the same "warning." That article again explained that the change to a private board was the chief recommendation of a working group of the area Chamber of Commerce, and it again said the change was needed "to gain the trust of banks, foundations and state officials who could infuse new money into the hospital" (article 39). The reference to the Chamber of Commerce gives the recommendation additional force.

Less than a week later, a news story bluntly criticized the board. The newspaper offered a quote from a county commissioner, who said that the hospital authority had a "proven track

record of fiduciary irresponsibility," (article 20) while not offering any examples of this. The story also created further pressure on the hospital authority to follow the working group report when it also reported that the local county commission chairman thought the City Hospital board "must follow" the working group's recommendation. Continuing the SCR trend of support for the working group recommendation, a story lead four weeks later reported that the city's mayor supported creation of a nonprofit corporation to govern City Hospital (article 40).

Two months later and just two months before the vote to change boards, an editorial blamed City Hospital and the board for the institution's crisis, while offering no specific examples of this while noting City Hospital's "long-term problems with management [and] political cronyism…" (article 41). In addition, while the editorial referenced "reduced government funds" for care that City Hospital provided to the indigent, which might seem to mitigate board responsibility for the financial crisis, the editorial went on to argue that the board "must decide whether to turn over management" and "restore public confidence" in the institution (article 41).

Two weeks later, the SCR reported that City Hospital projected a record deficit. The news article focused on who was to blame for the problem, with most criticism directed at the institution's leaders. The article ended with a comment from a member of a new coalition, named the New City Hospital Coalition, who said, "The deficit won't be stopped until they clean out the management and the board. It's something to be expected when you have mismanagement" (article 42). Again, the story offered no examples of the mismanagement that it cited, although the implication was that mismanagement caused the financial crisis.

Finally, after the board voted itself out of power, a feature story several months later named a local foundation as the previously anonymous donor that had pledged $200 million to

City Hospital.  The article noted that past potential donors refrained from giving because the "hospital looked like a bottomless pit, racked by financial turmoil, political wrangling and management turnover" (article 43). The story provided no supporting information to support these claims.

In the same story, the SCR reported that the foundation decided to give City Hospital $200 million on the condition that the health care system created a private board of directors. The story also reported that a leader of the working group initiated the request for the financial gift. Also of note, while the SCR referenced the possible gift in many earlier stories, this story reported that foundation leaders didn't want the charity associated with the promised money *while* the decision about a change of boards remained unsettled because the foundation didn't want to seem involved in the "political infighting." The news story overlooked the "political infighting" inherent in the charity offering to give $200 million only if the hospital created a private board.

Thus, SCR representations of the crisis predominantly portrayed it as financial in nature while ignoring patients' needs. In addition, SCR representations indicated that: (1) blame for the crisis lay with the hospital board, which had a history of mismanaging the facility; (2) the hospital board requested creation of the working group, implying that they should or would accept the working group recommendation; (3) the "political" hospital board couldn't obtain needed funding from "banks, the state and others" but a private, nonprofit, nonpolitical, corporate board could do so and that was the only way to save City Hospital; and (4) such a board would bring needed, business-related efficiency and skills to City Hospital. SCR coverage also downplayed or failed to mention very real reasons for City Hospital's crisis, such as flat funding at a time when the number of uninsured increased.

This study will now provide an in-depth look at how the SCR represented City Hospital's mission. As will be seen, very few stories emphasized the importance of City Hospital's historic mission of serving the indigent until after the perceived resolution of the crisis.

*Representations of City Hospital's Mission*

The majority of SCR stories implied that City Hospital's mission involved its function as a teaching hospital for one quarter of the state's physicians as well as its operation of a life-saving trauma center that served those from all socioeconomic classes. However, the first story analyzed did indirectly reference City Hospital's historic mission as the SCR reported that the health care system received "more than 900,000 visits a year from patients, many of whom lack insurance…" (article 44). The story also characterized City Hospital as a "very large, complex safety net hospital that is also a primary teaching venue for two medical schools" (article 44), which implied this was part of City Hospital's mission.

An editorial appearing soon after implied that City Hospital's mission involved operation of a teaching hospital as well as a trauma center. The editorial included the argument that the state could not afford to let City Hospital "die" because the health system trained so many of the state's doctors. It next argued that the state would "lose the only Level 1 trauma center" (article 45) in the region, and that the center treated car crash victims, those hurt in catastrophic accidents and those suffering from an epidemic.

An article that appeared two days later announced in its lead that the consultants hired to come up with a City Hospital turnaround plan noted "the hospital's troubles" had the potential to hurt patients due to long waits for surgeries and other procedures, as well as communication problems that led to patients remaining in the hospital longer than needed. However, the story

did not mention that those patients were primarily indigent, nor did it mention the institution's mission. Instead, it emphasized how to stem the health system's financial losses.

A news story several days later, and five months before the vote to change boards, emphasized City Hospital's trauma center while discounting City Hospital's mission of serving the indigent. As it focused on the concern of a state legislator that City Hospital remain open, one of the story's opening sentences noted the institution's trauma center treated the representative after a car accident. The SCR later offered a comment from the representative, who said that others would be taken to the hospital if they also had been in a "car crash." In addition, the story quoted a hospital board member who seemed to discount indigent patients as he urged public officials to realize that City Hospital "serves a vital role in the state and that it does not only serve the poor" (article 34). As evidence of this vital role, the article reported that City Hospital had the state's only poison center, the largest burn center, and "the regional coordinating institution for disaster planning" (article 34). The story also noted that patients flew in by helicopter from around the state for the "acute care" the medical system offered. The SCR also included the state legislator's comment that the majority of the state's "medical residents train" at City Hospital. The story argued that it would be hard to sell an increase in City Hospital funding to state legislators from outside the area unless emphasizing the trauma center's needs.

An editorial appearing soon after implied that City Hospital's mission included serving as a trauma center as well as caring for the indigent. The editorial first mentioned that coping with trauma cases had been part of the hospital's daily routine since its opening. A few paragraphs later, the editorial writer noted the hospital's vision when it opened included serving everyone "regardless of race," social status, or income. The writer next stated that City Hospital provided "the highest level of care" (article 33) and that half of its patients were indigent. The editorial

argued that it would be unfortunate if the hospital closed since it provided the only Level 1

trauma center in the metropolitan area, as well as the state's only poison center and its largest

burn unit. The editorial ended as it argued that the hospital could continue to provide high quality

care to all of its patients while still running "more efficiently."

Of interest, the SCR reported in a story soon after that City Hospital opened to provide

"care to the poor" (article 36). This narrative differed slightly from that found in the editorial that

noted that the hospital opened to serve *all* people, *including the indigent*. It's possible that the

SCR sought to illustrate to readers that City Hospital's problem affected everyone and should not

be overlooked because the hospital primarily served the indigent.

Among the stories that ignored City Hospital's historic mission was an article that

focused on the importance of City Hospital improving its financial picture and reducing its debt

to the two medical schools. That article, appearing four months before the vote to change boards,

noted the need to provide good services to patients, and it reported the concern of the medical

schools' leaders that if the hospital didn't change to a private board, then it might "collapse,"

which would "threaten the health care of many citizens" (article 35). However, the story didn't

reference which "citizens" City Hospital served, and its emphasis remained on the level of City

Hospital's debt, as well as the valuable service the two medical schools offered by furnishing

City Hospital's physicians and residents.

After the hospital board voted to create a private corporate board to run the institution

while retaining ownership of the buildings and leasing them to the new board, SCR coverage

more explicitly represented City Hospital's mission of serving the indigent, while sometimes

emphasizing the importance of this mission. For instance, one story carried a headline that

reported that the hospital would still take care of the "poor" (article 46). The lead also explicitly

referenced City Hospital's "historic mission to care for the poor." The story reported that the lease, as proposed, required the new board to "unconditionally provide indigent care.'" In addition, the SCR quoted a patient advocacy leader who applauded the lease's attention to "indigent care" and added that it had always been paramount that City Hospital maintain its "mission."  This emphasis on the mission to provide indigent care stands in contrast to earlier coverage in which few stories had explicitly mentioned the mission of serving the indigent.

After the board voted to dissolve itself, another story appeared later that referenced City Hospital's mission as the SCR reported about the campaign to save Southland's "largest charity care hospital" and its only Level 1 trauma center. The story also mentioned the "Indigent Care Plan," which specified the kinds of services the hospital agreed to provide to patients unable to pay, while reporting that the private board no longer had to obtain prior approval to change the plan from the former, public board that still owned the buildings and leased them to the private board.

Again, a few weeks later, the SCR clearly acknowledged City Hospital's historic mission. In this story, as opposed to many earlier ones, it quoted a county commissioner who spoke of the importance of the institution's "mission" of serving "the least among us" (article 48). Strikingly, the story only emphasized this mission: it did not mention City Hospital's function as a teaching hospital, nor its trauma center, burn unit or poison center.

An editorial following soon after also broke with earlier coverage in emphasizing patient care and services to the indigent. The editorial explicitly referenced the two counties "long-standing contract" to help City Hospital function as "a charity facility." The editorial also pointed out that patient care had started to "be compromised" and that inspectors "found deficiencies." In addition, a story in the beginning of 2008 referenced "the state's largest public

charity hospital" (article 48), and a story several days later also spoke of the importance of saving the regional facility and "safety net" for Southland's "poor." The story's next sentence referred to City Hospital's "historic mission," and a story appearing two weeks later explicitly noted City Hospital's "safety-net mission to serve the poor" (article 49) and referenced "the historic public hospital" (article 49). Another news article, two weeks later, also wrote of "the state's largest public hospital," and the need to protect City Hospital's "historic mission as a safety-net hospital for this region" (article 50). That story also noted that City Hospital provided "indigent care," and it spoke of the institution's "heavy load of uninsured patients" that "outweigh its public funding," with this last point having received little attention throughout the struggle over changing the board, suggesting that the SCR realized the strategic importance of downplaying the historic mission before the hospital had been rescued from closure, because such a mission might not be a popular cause.

A week later, another news article also reported on anticipated new funding that would breathe new life into the "major trauma center and safety-net hospital" (article 51). In the same vein, the article later noted that City Hospital's "patient population is largely indigent or uninsured." The story emphasized the institution's mission as it reported that City Hospital served a "vital role as the hospital of last resort for the poor, as the region's major trauma center and a prime teaching hospital." An article a month later called City Hospital "the medical center of last resort for the poor and uninsured" (article 52). Finally, the last story analyzed also wrote about City Hospital as Southland's "premiere trauma and indigent care provider" (article 53). The use of the word "premiere" elevated City Hospital's dual missions.

In summary, until the hospital board voted itself out of power, the SCR provided little coverage of City Hospital's historic mission as stories primarily implied that City Hospital's

primary missions included operation of a region-wide trauma center and a teaching hospital for physicians. After the vote to change the form of governance to a private, "nonpolitical," nonprofit board of directors, the newspaper more frequently wrote about City Hospital's historic mission. This suggests that the newspaper assumed that privileging the historic mission earlier would have hurt efforts to save the health care system. Alternately, the newspaper may have assumed that a more successful strategy for saving the hospital would be to emphasize its training of physicians as well as its trauma center, which served not just the poor but the middle and upper classes. In addition, by emphasizing the historic mission at this point, it's possible that the SCR sought to placate the Black community and those who argued the change in boards represented a take-over by White business leaders from the Chamber of Commerce.

This study will now report the results of an analysis of how the SCR portrayed the intersection of race, class and gender in relation to patients' needs and other stakeholders' views about City Hospital's crisis. As will be shown, an analysis of news articles found that representations frequently portrayed indigent, African American patients in a stereotypical manner while portraying middle- and upper-class patients in a privileged manner. In addition, class, race, and gender intersected in terms of who the SCR utilized as spokespeople in stories, who the newspaper most prominently portrayed, and who the newspaper chose to represent the dominant view versus the oppositional one.

### Representations of Race, Class and Gender

The first story that announced the working group recommendation to change boards portrayed City Hospital's indigent patients in stereotypical language that emphasized their gender and class position. First, the story headline noted in part that if City Hospital closed, it would flood other hospitals with patients. This represented patients as a problematic group, but

also affirmed the need for City Hospital to remain open so as to avoid this influx of patients elsewhere. The story's lead similarly reported the working group warning that if City Hospital closed, other area hospitals would face a patient flood of "the indigent." A few paragraphs later, the SCR emphasized what it saw as the magnitude of the problem when it quoted a working group leader who said the consequences of the hospital's failure "would be dire" because it would force "profitable hospitals" in the metro area to "start losing money as they absorbed the thousands of patients --- many of them uninsured" (article 11) who counted on City Hospital. While this acknowledged that City Hospital's patients needed health care, it also represented these patients as a problem that other hospitals should not have to shoulder. Since City Hospital's indigent patients had been portrayed in other stories as African American men and women, the story worked intertextually to imply that poor African Americans were the problem.

The SCR also seemed to support this view toward the end of that story when it provided a comment from another working group leader who said he supported a "paradigm" shift that would keep City Hospital open by replacing the public board with a private one. The newspaper also presented comments from the chairman of the local county commission who suggested it might be important to consider the working group recommendation. By providing comments from two working group leaders and one community leader, the SCR portrayed the view they presented as the dominant view. On the other hand, the story also quoted the male, African American chairman of the neighboring county commission who contested the dominant view, stating his concern about the hospital converting to a private, not-for-profit facility. "You can study, you can structure, you can change the board…but until the money is there, nothing's going to change" (article 11).

Race, class and gender intersected in terms of who the SCR used as news sources. In the story mentioned above, the newspaper quoted a White, male business leader most frequently and prominently. The SCR also provided comments supportive of the dominant race and class view from two Black men – one a working group leader and the other a political leader – so that the idea of establishing a new board appears to have racial consensus. While the SCR quoted the White male leader many times, it only quoted the Black leaders once in this story, thus privileging the White man's views. The only person supporting the oppositional view was a Black man who was a county commission chairman. Thus, even though the SCR quoted more than one person with class power, it most prominently quoted a White man. In addition, the SCR did not quote any women in this particular story, making them invisible as community leaders.

In stories that followed, the SCR used similar blaming language to represent City Hospital patients. An editorial that appeared a few days later initially seemed to imply concern for City Hospital's patients when it portrayed them as "black and poor" and a "constituency" that "suburban taxpayers" wouldn't care about. However, the editorial quickly undercut this idea by next arguing that the state's leaders should make rescuing the hospital a top priority because the institution trained one quarter of the state's doctors and had "the only Level 1 trauma center" (article 45) in the region. The editorial then portrayed the health system's clients as a potential problem as it argued that closure of City Hospital would require area hospitals to care for those "uninsured patients," and lead to those hospitals also becoming "financially overwhelmed." Given that the editorial had explicitly described City Hospital's clients as "black and poor," these comments made it very clear that the "black and poor" represented the problematic flood of patients. In addition, the editorial writer was a locally well-known African American woman, so

her comments about the primarily Black flood of patients served to legitimize a line of thinking that in reality offered race- and class-based criticism of indigent, Black patients.

Days later, another story seemed to portray City Hospital's indigent, African American patients as objects when the SCR quoted a state legislative leader who said that if the institution closed, then "the surrounding hospitals are going to have to pick up the pieces" (article 12). That same story repeated the working group's finding that unless new funding sources appeared, City Hospital would fail, "flooding" other area hospitals with "indigent patients." The story also quoted from the working group report that "other profitable hospitals" in the area would "start losing money as they absorbed the thousands of patients --- many of them uninsured" (article 11). Soon after, another story repeated the comment that if City Hospital closed, then other area hospitals would experience a flood of "indigent patients."

The first article that focused on the needs of City Hospital's indigent patients appeared a couple months after the working group recommendation, and it described the importance of the institution's nursing home for its residents. The story began by portraying one female resident, "Miss Jones," in terms of her size and disability, describing her as a "rotund woman" who must be "hoisted" into a wheelchair daily. Soon after describing her, the story depicted City Hospital's nursing home as a "safety net" for the state's "indigent seniors and disabled adults" (article 54). It also reported that African Americans made up 95 percent of the nursing home's residents and "[a]ll are poor." Later descriptions of "Miss Jones" referred to her "large brown eyes and round face" (article 54) and "childlike smile." The story reported that in trying to get other residents' attention, "Miss Jones" "boomed into the microphone" and she "can be loud" – a characterization that can invoke the stereotype of the poor, loud Black woman. The story also featured dialogue between residents at a meeting in which they voted on a meal choice, with

pork ribs "winning out over oxtail neckbones" (article 54). These food choices could remind readers, perhaps unintentionally, of the residents' race. On the other hand, the article also noted that like the rest of City Hospital, if the state's largest and the city's oldest nursing home closed, most of its patients would have nowhere else to go. It also mentioned that "Miss Jones" felt respected in the nursing home.

By contrast, some stories seemed to privilege the needs of City Hospital's middle- and upper-class patients while discounting or silencing the medical system's indigent, African American patients – and women, in particular. For instance, a story that focused on how closure of City Hospital might impact patients opened with a headline that noted that the health system was "crucial for many." The story's opening paragraphs offered hypothetical examples of how middle- and upper-class patients would suffer if City Hospital closed. The first example pitted women of different classes against each other as it reported that a "well insured woman's long-awaited hip replacement is postponed. Her bed has been taken by a homeless woman in need of emergency surgery for a broken hip" (article 55). The next example referenced a locally-known, affluent neighborhood that housed the state's governor's mansion, while noting that if a house in that suburb "bursts into flames," people suffering burns would have to be airlifted to a distant burn center. In privileging the needs of the middle class patients, the reporter seems to be trying to make the case that the hospital is not just for the indigent, who are primarily Black, which may be an attempt to elicit support for the hospital from the paper's middle-class, predominantly White readers. However, this nonetheless privileges middle-class White patients over those who constitute 75 percent of the patient load.

Ironically, the same story explicitly emphasized the goal of saving a public, safety-net hospital for its minority of middle- and upper- class patients when the next paragraph reported

that the above "images" led to "a historic effort" by "business leaders, elected officials, doctors and clergy" to work together in an attempt "to save the state's largest public hospital" (article 55). By reporting on the concerns of middle-class "leaders, elected officials, doctors and clergy" but not patients, the SCR portrayed "leaders" as the dominant spokespeople, thus rendering the opinion of patients less important.

On the other hand, SCR coverage privileged African American medical students and indigent minority patients when another article highlighted the fact that if City Hospital closed, then the medical school that opened to train African Americans as physicians might also close because its residents only trained at City Hospital. The story said this would mean a shortage of black doctors to serve "the health care needs of minority and poor communities" (article 56) and that City Hospital's patients, who used that health system "almost exclusively" would be without services. The SCR quoted one of the working group's co-chairs, who noted that closure of that medical school would be "huge" because the school "is one of the premiere African-American schools of medicine in this nation" (article 56). Of note, while the SCR frequently sought comment from the White working group co-chairman, this time the newspaper sought comment from the Black working group co-chairman on this issue of special interest to the African American community.

This strategy appeared reminiscent of an editorial that had appeared several weeks earlier, in which the writer endorsed the working group recommendation to change boards while noting that "the politics of change will be contentious, overlaid with racial paranoia" (article 45). Because the writer carried the legitimacy of a Black editorial-board member, use of the term "racial paranoia" served to discount any possible charges of racism involved in the working group's recommendation to change boards. The editorial went one step further in writing that

"…any proposed change in governance will be doomed" (article 45) if seen as a "white takeover." An opinion piece written by a self-identified "white, male, conservative… Republican" argued that saving City Hospital would "require working across racial and party lines" (article 57). At the same time, the opinion piece supported the recent introduction of a bill that would "force City Hospital" to operate under a nonprofit corporation, thus effectively countering the idea of "working across" race and party lines. The writer also criticized "an immediate state bailout" (article 57) of City Hospital and argued for state funding for a trauma network only. Such funding would not address City Hospital's general cash-shortage but only meet the needs of its Level 1 trauma center, which many stories had emphasized served the middle- and upper-classes.

An article that explicitly discussed the question of a "white takeover" of City Hospital emphasized the race as well as class status of the spokespeople it quoted. Its lead reported that an "African American community activist" (article 36) opposed the proposal of "business leaders" to create a new governing board, saying "It's about race." The story went on to report that the activist voiced "publicly a suspicion usually acknowledged in hints and whispers --- that race and class, power and politics motivate those" who say they have the hospitals' "best interests at heart" (article 36). The SCR made it clear that the hospital board and the bodies that appointed it were majority Black, while the working group recommending removing power from the board "is majority white." In response to the community activist's comments, the SCR quoted the "black CEO" of a local company, noting he also served as co-chairman of the chamber working group. He said, "The race issue is going to be there" (article 36) but that he hoped the public would understand the working group's goal was to assist City Hospital in being financially stable over time. By explicitly pointing out that both the community activist and working group co-

chair were African American, the story diminished concerns of racism from the Black community.

The story also quoted other Black as well as White leaders supportive of the working group recommendation, which served to neutralize the idea of a "white take-over" of City Hospital. This trend continued throughout the story, which provided comment from many Black leaders on both sides of the issue. For example, after quoting the Black co-chairman of the working group, the SCR quoted its White co-chairman, who said, "Race is clearly 'an unfortunate undercurrent…" (article 36).  This co-chairman also was described as the "white chairman emeritus" of a large, multinational corporation headquartered in Southland, further legitimizing his position by noting his authority in the business world. The story also included his comment that denied race as an issue: "This is about green --- not black or white…It's about money. We simply have got to quit talking about political power and talk about how we're going to pay for care for people of this community…I don't give a damn who's in charge" (article 36). This last sentence begged the question of why the co-chairman frequently had pushed to remove the public board from power, when quoted by the SCR in other news stories. Finally, in quoting two business leaders who were also co-chairmen of the working group – one Black and one White – in response to the opening statement by the Black community activist, the SCR undercut the activists' concerns while granting more credibility and prominence to the comments by the working group co-chairmen.

As the article continued, the newspaper wrote that "[a]lthough seven prominent African Americans…were among the 17 working group members," (article 36) the community activist "sees the effort as a white 'power grab.' The SCR's language seemed to deny that an issue was a "white power grab" by the working group, even though the body had a White majority.

In a comment in the same story that highlighted how class played a role in the struggle over City Hospital's future, the newspaper reported that a Black community activist said "he doesn't doubt that white leaders want to keep [the hospital] open. They're not going to move all those black people" (article 36) to other area hospitals. "It's the poor ones. They can tolerate black people if they have money" (article 36). In other words, city leaders wanted City Hospital to remain open so that the other hospitals that catered to more middle-class patients wouldn't have to deal with the health needs of poor Blacks.

Providing another perspective in the story, the SCR also quoted a prominent civil rights leader who articulated the sentiments expressed by some other black leaders, including some City Hospital board members: "I don't think the problem…is management," he said. "It's resources. [The hospital] deserves statewide support" (article 36).

However, the SCR discounted the civil rights leader's comments by quoting a greater number of Black community leaders who supported the dominant view, including "a black… political science professor… and some top black political leaders," including a working group member who was "the black president" of the medical school that exclusively trained residents at City Hospital. Like others, the medical school president noted it was "unfortunate that racial politics has to come into play" (article 36). His position with the working group, like that of the co-chairmen, was represented as unbiased and credible. By quoting one African American leader after another who denied a "white takeover," the SCR created the impression that "racial politics" was a byproduct of the struggle over City Hospital's management rather than one of the reasons that it had occurred. It also supported hooks (1994) argument that some African Americans are co-opted by the dominant culture.

Toward the end of the article, the SCR reported that a minister who is a leader in a Black minister's organization predicted a new board would be "controlled by whites." With this minster's prediction about to come true, the SCR wrote another story whose headline and lead overlooked the "takeover" that seemed to have occurred. The headline began with the words, "Biz, civic leaders" on the hospital's list of potential members. The story's lead continued in the same vein as it portrayed those on the board list as "heavy–hitting civic and business leaders" (article 58). It also noted that several of them included those who had proposed the "management change," yet the SCR did not note the inherent conflict of interest. Instead, it portrayed the situation in a positive manner as it reported that the list included some of the metro area's "most powerful leaders in business and health." The SCR also quoted the working group's White co-chairman stating that a "blue-ribbon panel" from the community was "ready to serve," although he did not note that the list included his name. Illogically, while the SCR had frequently quoted spokespeople who described the hospital board as "political" because of its appointment by county commissioners, the SCR did not appear to consider it "political" when "the business community, the governor, lieutenant governor and speaker of the House" drew up a list of possible members of the new board. The SCR also reported that the White working group co-chairman said "he would consider becoming chairman" of the board, "an idea that has proved controversial among some black leaders who say the power shift is a white takeover of the black-run hospital" (article 58). The SCR discounted this last point by immediately following it with a quote from the working group's White co-chairman, who "said that he and the business community are interested in saving…a health center of regional importance and a safety net for [the city's] poor."

A later story that introduced the new members of the board also seemed to overlook the race- and class-based issues that led to the outcome of City Hospital's crisis. Its headline read, "The new faces of City Hospital; Blue-ribbon board" (article 30). The wording of the headline also seemed to imply that the former board was less than "blue-ribbon." The story adopted the language that the working group's White co-chairman had used in an earlier story to describe the nominees to the new board. The story lauded the area Chamber of Commerce, "which had been the inspiration and the champion of management change since a chamber" working group "proposed it last July," noting that the business group "got 10 of the 11 appointments to the board it requested" (article 30). In essence, the story reported what in reality was a "takeover" but did not portray this as problematic. The SCR continued in the same vein as it called the naming of the board "a monumental step" and noted that the change in boards brought with it "the promise of hundreds of millions of dollars." The SCR reported that board appointees said "they have promises of $200 million in private funds for capital improvements at [the] hospital," with this information suggesting behind the scenes deal-making. The SCR portrayed the monetary donation as a positive development, which ignored the fact that the donor could have provided that money to the hospital's majority-Black board to resolve the crisis.

The SCR then reported that City Hospital's "heavy load of uninsured patients outweighs its public funding" and that the working group recommended the "management change as a way to build trust in the health system's management" (article 30). Thus, while the SCR acknowledged the problem was caused by the lack of sufficient funding, it simultaneously undercut the significance of the public funding shortage in creating the institution's crisis by implying the problem was one of "trust."

The news story also briefly mentioned that "[s]hortly after the appointments were announced, about 20 members" of the coalition "that has opposed the management change, began to yell from the audience, "We vote no" (article 30) and that the board meeting then "adjourned abruptly." Thus, the story provided very little coverage that contested the dominant view and it did not explain why the coalition opposed the change.

The newspaper also provided biographical information on each of the 17 appointees to the new board (article 30). It reported that two female and two male members of the old board would continue to serve on that board while also joining the new board. A total of three women received appointments to the new 17-member board. The SCR did not discuss this gender disparity among board appointees, nor did it spell out which racial group board members represented. In this way, the story did not address whether White leaders controlled the board, which did occur, as the African American minister had predicted in an earlier news article.

In general, news stories enhanced the credibility of sources that supported the creation of a new board, while simultaneously undercutting the credibility of sources that supported the old hospital board. The SCR accomplished this through implying the working group's news sources' class status and power and assumed greater credibility in the metropolitan area, while not doing the same for members of the oppositional coalition or the public hospital board. For instance, in one news story, the SCR quoted the "treasurer of the board" while providing no further information about his credentials. On the other hand, the SCR described the leader of a group critical of City Hospital leadership as the "chairman" of a "group of activists, patients and doctors dedicated to helping the hospital" (article 42), which served to heighten the credibility of his comments.

In summary, representations of race, class and gender discounted the needs of indigent, African American, male and female patients. At the same time, the SCR privileged the needs of male and female, middle- and upper-class patients, including, for example, a state legislator and a well-insured woman. In addition, the SCR privileged the comments and perspective of both the Black and White co-chairmen of the Chamber of Commerce working group. The SCR also privileged state and local leaders who supported the working group recommendation. However, the newspaper sometimes pitted Black leaders against each other when a Black community leader opposed the working group's plans.

This study will now discuss the ideology underlying SCR representations and its implications. It will also offer comments on future directions and provide information about developments at City Hospital since creation of a private nonprofit board of directors.

# 5    CONCLUSIONS AND IMPLICATIONS

Study results found that SCR news coverage emphasized the need for City Hospital to remain open to: 1) serve trauma patients, represented by the newspaper as primarily middle- and upper-class, insured, and White, and 2) continue to train one-quarter of the state's physicians. In addition, the study found that SCR coverage downplayed the need for City Hospital to remain open to meet City Hospital's historic mission of serving the indigent, particularly before the public board vote to change management. In doing so, the SCR reflected the dominant view that valued a White, neoliberal model of presumed efficiency as it sacrificed the medical institution's historic mission to care for those most in need. This coverage was in keeping with van Dijk's finding that the views of the majority-White population received more prominent coverage while those of the Black minority received less prominent coverage. Of interest, once the City Hospital Board of Directors voted to replace itself with a private, corporate board, the SCR emphasized the medical institution's mission of serving the indigent, in keeping with Hall (1977) and Hartley's (1982) argument that the mass media offers alternatives to the dominant view while ultimately containing them.

In addition, the SCR primarily portrayed the City Hospital Board of Directors appointed by the two county commissions as "incompetent," which supported the take-over by a majority-White board. In portraying the majority-Black board as "incompetent" the SCR reinforced stereotypes of African Americans as inferior to Whites. The newspaper also emphasized the need for the predominantly African American board of directors to replace itself with a private, "nonpolitical" board of directors recommended by the Chamber of Commerce's majority-White, City Hospital Working Group. In assuming that a "private" board would be "nonpolitical," the SCR advanced the neoliberal view that denies actions in the private sector serve a political

purpose because those actions are outside the government sector, when in fact those actions serve to maintain state and corporate power, which is always already political in nature. The SCR also implied that the majority African American county commissions did not have the ability to make choices in the best interest of the public. Instead, the newspaper implied that the county commissioners took advantage of their appointing power to reap personal benefits while assuming that the Chamber of Commerce would not make appointment recommendations that served their own interests.

This study also found that White and Black community leaders who supported the change of boards received more frequent and more favorable coverage than African American leaders who supported keeping the public board of directors in place.

The SCR also represented the crisis as financial in nature rather than as a health care crisis, as the newspaper downplayed how closure of City Hospital would affect its majority indigent, African American patients. More specifically, analysis found that the newspaper repeatedly reported statements from business, political and community leaders that emphasized how closure would hurt other profitable area hospitals as well as institutions that did not primarily serve the indigent. Again, the SCR supported a neoliberal view that values profits over human needs and values the dominant hegemony that privileges the elite Whites while downplaying the needs of the indigent and African Americans.

For the most part, stories blamed the institutions' leaders and its primarily African American board of directors, the City Hospital Board of Directors, for the financial crisis. At the same time, the newspaper either discounted or rendered invisible other reasons for the crisis, such as the decrease in government support for the public hospital at a time when the number of uninsured patients increased. SCR news coverage privileged a stereotypical view of African

Americans by downplaying the fact that the board was not given the necessary finances to run the hospital and then blaming them for an inability to solve this problem. It is worth noting, as well, that while the SCR implicated the hospital board in causing the financial crisis, it did not note the irony in stating that the "flood" of indigent patients who would need services from other hospitals if City Hospital closed would result in financial problems for those hospitals – which would undermine the argument that the board caused the crisis and not the lack of public funding for indigent health care.

In addition, SCR coverage presupposed that City Hospital needed to shift from its public nonprofit board of directors to a private, nonprofit corporate board to obtain needed financial support. Over and over, news stories stated that banks and other institutions would not give to the hospital board because of its political nature and history of mismanagement. This coverage, not backed by evidence in news stories, led to the conclusion that the SCR presented unfounded assumptions or presuppositions as fact. In addition, the newspaper reported that the public board hired a consulting group at a cost of $300,000 per month to make recommendations on how to improve the hospital's financial picture, yet the newspaper failed to point to this as one example of mismanagement, which would have been an easy conclusion to draw – again leading to the conclusion that the SCR wrote from within a dominant perspective influenced by ideology.

In contrast to SCR reporting about the public board of directors, stories presupposed that a private, nonprofit corporate board recommended by the Chamber of Commerce working group would be apolitical and therefore able to obtain needed funding. In writing from within this perspective, the SCR championed a view that overlooks how privatization of government sectors occurs because the elite wield power or "political" influence over the public sector. Similarly, SCR reporting about the decision by City Hospital's board of directors to turn control of the

institution over to a private, nonprofit corporate board appeared to support the change of boards. For instance, the newspaper primarily utilized noncritical or supportive discourse as it reported that the Chamber of Commerce recommended 10 of the 17 individuals who became members of the new board and that many of those recommended by the chamber had served on the working group.

The analysis also found that until the hospital board voted to create a private, corporate board of directors, most news stories vaguely referenced, downplayed, or neglected City Hospital's historic mission. Coverage implied that the institution's missions involved training one-quarter of the state's physicians as well as operating a Level 1 trauma center for the benefit of middle- and upper-class residents and visitors to the metropolitan area. Some stories simply noted that City Hospital needed to remain open to meet the needs of its patients, without specifying who those patients were. Once the hospital authority voted itself out of power and the SCR portrayed City Hospital's crisis as resolved, news coverage much more consistently spoke about the importance of the institution's historic mission of serving the indigent – quite possibly as a way to assuage concerns about the White take-over – or because the newspaper thought that a strategy of emphasizing the hospital's historic mission would have hurt efforts to save the institution. The newspaper itself reported in one story about the crisis that it would be easier to sell keeping the hospital open by emphasizing the need to save the trauma center, which served more than just indigent, predominantly African American patients who are less likely to vote and provide campaign contributions than the newspaper's White, middle-class target audience.

In addition, with few exceptions, the newspaper rendered female patients invisible. Women were only represented in two stories: once as an elderly, obese, loud, African American nursing home resident, and another time as a fictional homeless woman who needed emergency

surgery for a broken hip and who took the bed of an insured woman who awaited hip replacement surgery. Both examples reinforced paternalistic racism in that they portrayed women as poor, Black and in need of help from a White public, in the latter example at the expense of a middle-class White woman. This last example also privileged the middle-class White woman over the homeless Black woman. At the same time, news coverage frequently wrote of City Hospital's predominantly Black patients as a problematic "flood" of "indigent" patients that would overwhelm area hospitals if the institution closed. Further emphasizing this view of the indigent, the SCR provided a comment from an African American community leader who noted that hospitals serving the middle class didn't mind treating middle-class Blacks but wanted to avoid mingling with poor ones.

While patients of all socioeconomic classes received services at City Hospital's trauma center and other specialty clinics, news stories emphasized the importance of saving these clinics because individuals such as a state legislator, convention visitors and other middle- and upper-middle class individuals received treatment there. Black patients, particularly the woman in the nursing home and the homeless women in need of emergency surgery were the only patients highlighted.

The SCR positively represented the needs of students from the "premiere African-American" medical school who received training at City Hospital. The SCR reported that closure of City Hospital could lead to the school's closure, which ultimately would hurt minority and indigent patients. So while the SCR did note the needs of the indigent, it downplayed these needs as it more highly valued the needs of African Americans from the professional (medical student) class.

The SCR provided prominent coverage of community leaders' views of the crisis while not providing comment from patients. Those leaders who supported the dominant view – that City Hospital's board should replace itself with a private board – received more credible and more prominent representation than the civil rights leader who supported the oppositional view that the current board could succeed if given the needed financial support. In addition, compared to Black leaders who supported the dominant view, White leaders who did so frequently received more prominent representation. The SCR seemed to neutralize the oppositional view when it identified Black community leaders by race in a story in which some African Americans supported the shift to a private board while others opposed it.

In sum, the SCR discounted the predominantly African American board of directors while privileging the view of White and Black leaders in the business community who voiced a neoliberal approach to health care. In supporting a view that African American leaders could not successfully operate a facility that primarily served African Americans, the SCR supported a form of paternalistic racism that argues that Blacks don't know what's in their best interest and dominant Whites can make better decisions on their behalf.

Finally, while this study concluded that the SCR privileged the dominant view which supported the African American board replacing itself with a private, neoliberal board, while also downplaying the needs of indigent African American patients, future studies might explore whether indigent patients receive the same level of care at hospitals that have converted from public to private, especially since this has become a nationwide trend.

In terms of changes that have occurred at City Hospital since the creation of a private board of directors, SCR news coverage has not reported extensive service cuts since the conversion. However, SCR stories have followed the debate over whether one of City Hospital's

neighborhood clinics would close. Ultimately, that clinic closed and its patients travel further to receive services at another, renovated neighborhood center that provides more extensive services (article 59). In addition, while the SCR reported that the hospital raised co-pays prior to changing boards (article 60), news reports have not indicated this has occurred since creation of the new board.

By 2012, Grady had reduced the number of unpaid patients from 42% to 30% of patients due to "efforts to help eligible patients apply for the [insurance] benefits to which they are entitled – Medicaid coverage that both empowers the patient and dramatically improves our revenue performance, according to the hospital's 2012 annual report (article 61). The report also noted that the hospital had "taken steps to improve our billing and collections processes to recover revenue, but did not clarify how this affected uninsured and indigent patients, who may lack the resources to pay for health care.

Additionally, while the working group had indicated that the new board would attempt to raise over $100 million for City Hospital after creation of the new board, over $125 million in private and philanthropic donations have poured into City Hospital in response to the working group's efforts (article 62), in addition to the $200 million given by one local foundation.

The $200 million gift, earmarked for capital improvements, paid for new equipment including beds, and X-Ray and CT scanners (article 63). The hospital purchased the beds from a multi-national corporation (article 64). Whether the hospital used any portion of the $200 million gift to purchase equipment from minority-owned businesses is unclear at this point; as is the question of how the change in leadership affected who received purchasing and other contracts.

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**FOOTNOTES**

[1] The names of the city, the newspaper, the hospital and other identifying names have been changed in this thesis to guarantee the anonymity of those involved.

[2] Hospitals receive the designation of a safety net hospital if: "(1) By legal mandate or explicitly adopted mission, they maintain an 'open door,' offering patients access to services regardless of their ability to pay; and (2) A substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients" (Lewin & Altman, 2000). While most hospitals' patients include some who are unable to pay, a hospital must provide a 'substantial share' of uncompensated care to be designated a safety net hospital. The average hospital provides 5.5 percent uncompensated care while for urban government hospitals that number amounts to 15.7 percent, for public and private teaching hospitals that number amounts to 10 percent, and for National Association of Public Hospitals and Health Systems (NAPH), that number amounts to 21 percent (National Association, 2008). The population served includes a disproportionate share of ethnic minorities and those who are the most ill, even though like other hospitals, safety net hospitals provide a full range of services, including primary care (Meyer, 2004). Many safety net hospitals are members of the NAPH, which includes 120 hospitals and their more than 700 clinics (Regenstein & Huang, 2005; Meyer). According to Meyer, there are hundreds of safety net hospitals in the United States. Safety net hospitals are designated as such based on Short Hospital Stay Rules, which require two of the following: being a teaching or children's hospital; a Department of Human Resources designated Trauma Center; having admissions greater than 20 percent Medicaid or subsidized health care for children; uncompensated indigent care greater than six percent; and uncompensated indigent charity care greater than 10 percent.

[3] The U.S. media are not alone in presenting a neoliberal discourse concerning health care.  For example, the Belgium press represented a disease outbreak from within dominant, Western ideology (Joye, 2010). Belgian television coverage of the SARS outbreak portrayed 'us' and 'them' cultural differences that reinforced the dominant Euro-American ideology.