



WILEY

Congressional Leadership of Public Opinion

Author(s): Lawrence R. Jacobs, Eric D. Lawrence, Robert Y. Shapiro and Steven S. Smith

Source: *Political Science Quarterly*, Vol. 113, No. 1 (Spring, 1998), pp. 21-41

Published by: [Academy of Political Science](#)

Stable URL: <http://www.jstor.org/stable/2657649>

Accessed: 11-02-2016 22:16 UTC

REFERENCES

Linked references are available on JSTOR for this article:

http://www.jstor.org/stable/2657649?seq=1&cid=pdf-reference#references_tab_contents

You may need to log in to JSTOR to access the linked references.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <http://www.jstor.org/page/info/about/policies/terms.jsp>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.



Academy of Political Science and Wiley are collaborating with JSTOR to digitize, preserve and extend access to *Political Science Quarterly*.

<http://www.jstor.org>

Congressional Leadership of Public Opinion

LAWRENCE R. JACOBS
ERIC D. LAWRENCE
ROBERT Y. SHAPIRO
STEVEN S. SMITH

Research on Congress and public opinion poses a puzzle: public opinion appears to shape the collective behavior of Congress, while its influence on the substantive policy decisions of individual members is quite modest. We use the debate over health-care reform in 1993 and 1994 to suggest that the discrepancy can be explained in major part by the distinctive goals and strategies of congressional leaders. Responding to and shaping public opinion is more central to leaders' decision-making calculus than to rank-and-file members; the pursuit by leaders of collective goals—such as a strong party reputation and majority party status—requires attention to public opinion.

The failure to enact health-care reform offers a telling illustration of the disjuncture in collective responsiveness to public opinion and individual legislator responsiveness. The high salience of health-care reform and the widespread media discussion of public opinion created conditions seemingly conducive to responsiveness. Indeed, by the fall of 1994, the defeat of Bill Clinton's proposed reform corresponded with polling data that indicated a clear plurality of Americans opposed the president's proposal. Bob Dole greeted the collapse of health reform as evidence that Congress responded to the public and "that's how democracy works."¹ Yet, in interviews that we conducted with congressional participants in the 1993–1994 debate, we found very little evidence that public

¹ Haynes Johnson and David Broder, *The System: The American Way of Politics at the Breaking Point* (Boston: Little, Brown, 1996), 528.

LAWRENCE R. JACOBS and STEVEN S. SMITH are, respectively, associate professor and professor of political science at the University of Minnesota. ERIC D. LAWRENCE is a graduate student at the University of Minnesota. ROBERT Y. SHAPIRO is professor of political science at Columbia University.

opinion exerted a direct influence on the positions taken by individual legislators. To the contrary, members were suspicious of opinion polls, and most claimed not to be greatly influenced by public opinion. Squaring these two patterns in the health reform debate generates insights into the disjuncture in current research between collective responsiveness and individual members' tendency to discount public opinion.

We begin by reviewing existing theories concerning public opinion and congressional policy making in order to account for this disjuncture. We then review the evidence regarding the two seemingly contradictory views of the role of public opinion in the battle over health-care reform during 1993 and 1994. We discuss our survey of congressional participants and track the behavior of congressional leaders. Finally, we use the case of health-care reform to develop a theoretical framework for incorporating leadership into the study of Congress's relationship with public opinion.

PUBLIC OPINION AND CONGRESSIONAL POLICY MAKING

There is a gap between theory and empirical findings about the influence of public opinion on Congress. The most viable theories of congressional decision making posit one of two goals—reelection or achieving policy objectives. When reelection is the dominant goal, then constituency opinion warrants explicit and substantial weight in explaining the voting decisions of individual members and the collective policy choices of Congress. When policy is posited as the proximate goal of congressional voting, policy preferences are usually said to be induced by a variety of factors, including legislators' personal views and public opinion.

Theories grounded in the electoral connection are of special interest because of their implications for the influence of public opinion on members' decisions and collective outcomes.² R. Douglas Arnold argues that "legislators choose among policy proposals by estimating the likelihood that citizens might incorporate these policy preferences into their choices among candidates in subsequent congressional elections."³ In turn, congressional leaders seeking the votes of their colleagues "adopt strategies for enacting their policy proposals by anticipating legislators' electoral calculations, which requires that they estimate both citizens' potential policy preferences and the likelihood that citizens might incorporate these policy preferences into their choices among congressional candidates."⁴ Thus, legislators and their leaders concern themselves with the substance of policy, because it may influence the public's evaluations at election time.

² David Mayhew, *Congress: The Electoral Connection* (New Haven: Yale University Press, 1974).

³ R. Douglas Arnold, *The Logic of Congressional Action* (New Haven: Yale University Press, 1990), 14-5.

⁴ *Ibid.*, 15.

Yet, at the level of individual members and their constituencies, empirical research supports the following propositions: first, constituency opinion about public policy has a measurable but small effect on congressional election outcomes; and second, constituency opinion about public policy is a highly conditioned influence on members' voting decisions.

The effect of constituency opinion on election outcomes is small, because voters give substantial weight to other considerations such as personal characteristics and party in their voting decisions and because voters know little about, and often do not act upon, members' policy positions or records.⁵ Nevertheless, the effect is measurable and gives members reason to worry about constituency opinion especially under the following conditions: electoral marginality, high issue salience, clarity in the causal connection between policy choices and policy outcomes, large and immediate costs and benefits, and a traceable link between the member and the policy choice or outcome.⁶

Qualifying all empirical studies of the member-constituency connection is Richard Fenno's emphasis on the complexity and richness of the relationship between a member and his or her home constituents.⁷ This relationship includes, but goes well beyond, the representative's explanatory style and established credibility and trust. The bottom line is that the policy-based connection between members and their constituents is likely to be quite loose.

By contrast, aggregate or macrolevel studies have found a strong relationship among public opinion, congressional elections, and congressional policy making. James Stimson et al. demonstrated that the public opinion, measured over many national polls on a liberal-conservative dimension, is strongly related to changes in congressional behavior, aggregated over a very large number of votes and issues.⁸ David Mayhew found that Congress conducts major investigations and passes major legislation under both divided and united party

⁵ Bruce Cain, John Ferejohn, and Morris Fiorina, *The Personal Vote: Constituency Service and Electoral Independence* (Cambridge, MA: Harvard University Press, 1987); Robert Bernstein, *Elections, Representation, and Congressional Voting Behavior* (Washington, DC: Congressional Quarterly Press, 1989).

⁶ See Arnold, *Logic of Congressional Action*; William Bianco, *Trust: Representatives and Constituents* (Ann Arbor: University of Michigan Press, 1994); John Kingdon, *Congressmen's Voting Decisions* (New York: Harper and Row, 1973); Warren Miller and Donald Stokes, "Constituency Influence in Congress," *American Political Science Review* 57 (March 1963): 45-56; Aage Clausen, *How Congressmen Decide: A Policy Focus* (New York: St. Martin's Press, 1973); Robert S. Erikson, "Constituency Opinion and Congressional Behavior: A Reexamination of the Miller-Stokes Data," *American Journal of Political Science* 22 (August 1978): 511-35; Barbara Sinclair, *Congressional Realignment, 1925-1978* (Austin: University of Texas Press, 1982); Benjamin Page, Robert Shapiro, Paul W. Gronke, and Robert M. Rosenberg, "Constituency, Party, and Representation in Congress," *Public Opinion Quarterly* 48 (Winter 1984): 741-56.

⁷ Richard Fenno, "U.S. House Members in Their Constituencies," *American Political Science Review* 71 (September 1977): 883-917; Richard Fenno, *Home Style: House Members in Their Districts* (Boston: Little, Brown, 1978).

⁸ James Stimson, Michael MacKuen, and Robert Erikson, "Dynamic Representation," *American Political Science Review* 89 (September 1995): 543-65.

control of Congress and the White House.⁹ He explains this somewhat surprising pattern by, among other things, politicians' need to appeal to the public in their competition for electoral credit.¹⁰ Both Stimson et al. and Mayhew attribute public opinion's influence to the efforts of individual politicians to maintain and enhance their electoral support.¹¹

We are faced, then, with two competing accounts. The strong influence argument treats reelection as the dominant goal and posits a causal chain that is traced backward from collective congressional policy choices to coalition leaders down to individual members and their need to behave in a manner generally consistent with majority preferences of their home constituencies. Both the individual behavior of legislators and the collective policy choices of Congress are explained by this electoral-policy connection. On the other hand, the weak influence argument emphasizes the obstacles in establishing agreement between legislators and their constituencies on policy issues: alternative bases for evaluating incumbents and candidates for office; and multiple goals of legislators. Both accounts have reasonably strong theoretical and empirical underpinnings.

Reconciling these competing perspectives requires greater attention than has been devoted thus far to leadership of public opinion at both the micro and macrolevels in Congress. Mayhew¹² and Arnold¹³ have not ignored altogether the role of leaders, but their accounts remain incomplete. Greater emphasis, we would argue, needs to be given to the distinctive collective goals of presidents and party leaders and the incentives of these special elites to respond to and direct public opinion. The health-care debates of 1993 and 1994 provide an opportunity to examine the way top leaders and public opinion interact to influence policy choices.

INDIVIDUAL MEMBERS AND PUBLIC OPINION

We explored the role of public opinion in individual legislators' decision-making processes by focusing on the nature and use of legislators' information about public opinion in thirty-nine interviews with top staff from House and Senate offices during the summer of 1994.¹⁴

⁹ David Mayhew, *Divided We Govern: Party Control, Law Making, and Investigations, 1946–1990* (New Haven: Yale University Press, 1991).

¹⁰ Ibid., 100–35.

¹¹ Stimson et al., "Dynamic Representation"; Mayhew, *Divided We Govern*.

¹² Mayhew, *Divided We Govern*, 105–7.

¹³ Arnold, *Logic of Congressional Action*, 88–118.

¹⁴ The interviews were mostly conducted with administrative assistants or chiefs of staff; we also interviewed several legislative assistants, legislative directors, and committee staff members, depending upon who appeared to be best informed about a members' thoughts about health-care reform. Most of the interviews were conducted by telephone; a few were done in person. The interviews ranged from fifteen minutes to ninety minutes, depending on the time constraints of the respondent, and were based on a common set of structured questions. The number of interviews reported is at times less than thirty-nine, because time constraints prevented some staff from finishing the interview.

The interviews focused on public opinion's general role in policy making, with special attention to its role in the health-care debate. We expected that health-care reform, more than most legislative issues in 1994, would stimulate legislators' attentiveness to public opinion. It was a highly salient issue—regularly ranked by the public as one of the country's three most important problems—and it had large and immediate costs and benefits.¹⁵

At first glance, the influence of public opinion on members' policy positions seemed unmistakable. Our congressional respondents fully expected the 1994 congressional elections to be influenced by voters' preferences toward health-care reform. In fact, 75 percent of the staffers with members running for reelection believed that health reform would be a central issue in the next campaign and agreed that a member's position would need to coincide with constituent opinion in order to gain reelection. And 88 percent believed that their bosses' positions on health-care reform would coincide with public opinion.

Our interviews also suggested, however, that it would be a serious mistake to assume that members' perceptions of constituent preferences significantly influenced their policy positions. Even though conditions were conducive to public opinion strongly affecting legislators, members actually resisted following polls and public opinion. The muted impact of public opinion on legislators appeared to be due to two factors: members' perception of public opinion surveys as unreliable, and their insistence on following their own convictions and values rather than public opinion. Both factors warrant further discussion.

For the most part, participants viewed the nearly endless stream of public opinion polls from the media, party organizations, and lobbyists as unreliable. They believed that polls are compromised by technical limitations. Changing question wordings and biasing sampling can, as one staff member put it, "move a survey from an 80-20 split to a 20-80 split." Moreover, they believed that polls are too crude to tap public sentiment about complex policy issues. For instance, several respondents complained that majority support for universal coverage was misleading because of the public's apprehension regarding the means for achieving universal coverage—through higher taxes, for example.

Members discounted the reliability of polls not only for technical reasons but also for political ones. Congressional staff believed that the supplier or source of the poll can dictate the results and that many polls are conducted by sources whose agendas differ from the legislator's. During the health-care debate, many respondents discounted or ignored polls from other congressional offices, party leaders, the White House, and other lobbyists because they did not share the source's ideology. For instance, several staffers observed that they did not trust the surveys conducted by Robert Blendon—a Harvard professor of Public Health and a commentator on public opinion toward health

¹⁵ For an historical treatment, see Lawrence Jacobs, *The Health of Nations: Public Opinion and the Making of American and British Health Policy* (Ithaca, NY: Cornell University Press, 1993); Lawrence Jacobs, "Institutions and Culture: Health Policy and Public Opinion in the U.S. and Britain," *World Politics* 44 (January 1992): 179-209.

care—because he worked with Ways and Means Health subcommittee members Pete Stark and Bill Thomas. (Stark and Thomas distributed Blendon's results through "Dear Member" letters.) When confronted with polls that conflict with their personal ideology or policy preferences, many legislators discard the polls rather than reconsider or modify their beliefs and preferences.

Instead of relying on polls, nearly three out of four staffers indicated that they used face-to-face meetings, letters, or phone calls to track constituents' opinions. Although they of course belittled "manufactured" or "artificial grass roots" campaigns run by interest groups, they valued a "heartfelt" or "thoughtful" letter, phone call, or personal contact, because it indicted strongly held and well thought out beliefs. Many respondents noted that their offices compiled daily or weekly reports on the number and subject of phone calls and letters. About one out of seven staffers said that "all sources are equally important," because it created a "total mosaic."

If legislators treated public opinion polls as objective, they might share a broad consensus regarding Americans' preferences. But our interviews suggest an opposite situation: members' skepticism regarding polls and their reliance on direct contacts with constituents encourage congressional offices to adopt divergent interpretations of public opinion. We asked staff members to characterize public opinion toward six aspects of the health reform debate — universalism, competition among health plans, cost control mechanisms, financing arrangements, desirable health care services, and the role of the states. Aside from universalism, which 86 percent of our respondents believed that their constituents' supported, there were large differences among congressional offices in their appraisal of their constituents' beliefs. The greatest divisions occurred on the issues of cost control and financing, with nearly equal groups expressing opposite estimates of their constituents. Staffers acknowledged genuine uncertainty about the public's preferences: many emphasized the complexity and fuzziness of public attitudes, and as many as a third of the respondents generally indicated that their constituents had no opinion on several of the policy issues. The subjective interpretation of the public's preferences invites confusion and conflict among individual congressional offices.

Legislative staff offered a second reason for refusing to "utilize polls as a finger in the wind": they questioned the wisdom and appropriateness of governing by polls. Table 1 indicates that only five of thirty-nine indicated that public opinion information should drive policy.¹⁶ Letting polls drive decisions was considered "goofy," inappropriate, and dangerous because of the volatile nature of surveys. Indeed, a few argued that Clinton's excessive reliance on polls had produced politically damaging vacillation.

¹⁶ The following question was asked: "Some people suggest that polls and other public opinion information are important for responding to public opinion; others suggest that this information is a tool to test and enhance the [MEMBER's] ability to lead or educate public opinion. What do you think is the primary purpose of gathering information on public opinion?"

TABLE 1
*Responses by Congressional Staff on Whether the Primary
 Purpose of Public Opinion Information Is to Respond
 or to Lead Citizens*

	<i>Answers By Congressional Staff</i>	
	<i>Frequency</i>	<i>Percent¹</i>
Responding to Americans is the primary purpose of public opinion information.	5	13
Leading Americans is the primary purpose of public opinion information.	14	36
Both responding and leading Americans is the primary purpose of public opinion information.	12	31
Other	5	13
Don't know/No answer	3	8
Total	39	

¹ Percentages do not add up to 100 percent due to rounding.

Instead of following public opinion, a plurality of respondents (36 percent) reported using public opinion information for the primary purpose of changing (and not responding to) public opinion. Staff members stoutly defended the use of public opinion information for leadership purposes. Some stressed pragmatism for opinion leadership; rallying public opinion was necessary today to “prove your own point” and win political support. Others argued that legislators had a responsibility or duty to “educate people regarding the negative unintended consequences” of policy choices.

Congressional leaders were singled out as especially effective in leading public opinion. About three of five staff looked to congressional leaders to direct public opinion. They expected party and committee leaders to take primary responsibility for influencing public opinion.

Legislative staff explained that polls provided strategically valuable information for three types of leadership activities. First, polls “enable members to find out what the public is thinking” in order to “build on areas of support” or challenge pockets of opposition. An aide to a legislator specializing in health care explained that polls showing a majority approved of the Clinton plan told his office that “we needed to educate the public regarding what we didn’t like about the plan.” Second, “polls help to focus and define messages.” For instance, two-thirds of our respondents used polls to identify the most effective language or words for framing their policy decisions. Third, polls provided symbolic or rhetorical ammunition for bolstering the legislator’s position. About two-thirds of the respondents indicated that polls were helpful in justifying a legislator’s public position.

In short, legislative staff tended to minimize the impact of polls and other information about public opinion on their decisions; they primarily used public

opinion information to craft their arguments, to justify their positions, and otherwise to shape public thinking. Public opinion on national health-care reform was not viewed by most staffers as an outside influence or an immutable constraint on their principals' behavior. Nevertheless, a third of the respondents reported that the purpose of polls varied according to the issue and the circumstances. For instance, an aide to a legislator specializing in health-care suggested, "If the issue is not in your committee and you don't know much about it, then respond. If you have a good grasp on the facts, you may try to educate." But on health-care reform in the 103rd Congress, such views represented a minority perspective.

To be sure, health-care reform was a complex issue; the public (as well as members of Congress) harbored multiple and competing considerations. Even with the issue's salience and high costs and benefits, members may have perceived substantial leeway to mold a position on the issue and craft an explanation that was acceptable to their constituents. It is possible, therefore, that our glimpse of members' reaction to information about public opinion is atypical of major issues. A major tax bill, for example, may generate closer adherence to perceived constituency views.

We do view health-care reform, however, to be reasonably typical of the class of major legislation that Mayhew identified.¹⁷ The public may have had an identifiable preference in favor of new legislation, but because of the policy's salience, its large but debatable costs and benefits, and the complex characteristics of such legislation, public opinion remained uncrystallized or ambiguous with respect to important features of the legislation. Legislators responded to the general interest in reform by moving toward legislation, but they perceived plenty of room for following their ideological beliefs and personal policy preferences. Legislators used information about public opinion as a basis for adjusting their explanations and political tactics more than as a means for establishing a policy position over the range of choices they confronted in Congress.

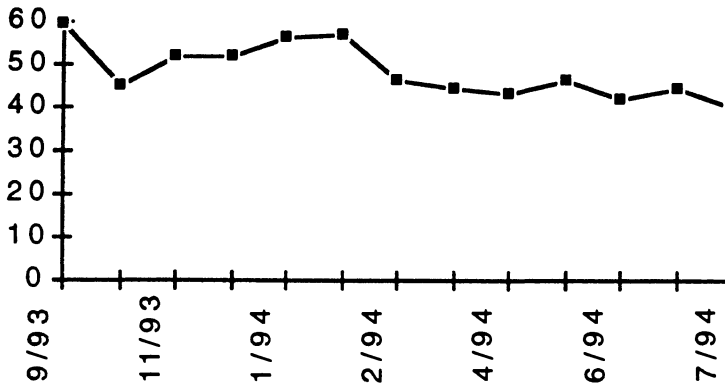
CONGRESSIONAL LEADERS AND PUBLIC OPINION

Although individual members discounted the importance of responding to public opinion, congressional leaders were quite concerned about the public's views. For two reasons we focus here on the behavior of the minority leaders in the House and Senate—Senate Minority Leader Robert Dole (R-KS), House Minority Leader Robert Michel (R-IL), and Minority Whip Newt Gingrich (R-GA). First, the Republican minority won the legislative battle over health care. Successful efforts to respond or manipulate public opinion should be most obvious for the Republican leaders. Second, the position of the Democratic majority was—compared to the Republican position—constrained (though not firmly) by the president. In other words, it lacked variation and reflected Clin-

¹⁷ Mayhew, *Divided We Govern*.

FIGURE 1
Public Support for Clinton Plan to Reform Health Care*

Percent favoring Clinton health plan



* The question wording is the following: "From everything you have heard or read about the plan so far, do you favor or oppose President Clinton's plan to reform health care?" (Gallup Organization)

ton's positioning as much as that of the majority leadership. Our primary sources of evidence on the behavior of Republican leaders during 1993 and 1994 were the *Washington Post*, *National Journal*, and *Congressional Quarterly Weekly Report*.¹⁸

Our working hypothesis was that the behavior of the Republican leaders during the health-care debate was motivated by their party's collective goals.¹⁹ The collective policy objective appears to have been to allow no more than very modest health-care reform to be enacted. Further, the party sought to gain advantage over the Democrats in their national party reputation to win the White House in the 1996 presidential election and to gain enough Republican seats to control a majority in both the House and Senate. These policy and electoral goals motivated central party leaders to design strategies for shaping public opinion that anticipated both the Democratic party's strategy and both parties' joint impact on public opinion. The leaders' ultimate purpose of molding public opinion, we expected, was to be positioned to claim public support for policies that had always been favored.

The most decisive changes in the behavior of Republicans preceded the period of critical change in public support for Clinton's health reform plan, which is displayed in Figure 1. Republicans at first were publicly most receptive to

¹⁸ We systematically searched these media sources for articles on the topic of health care that mentioned one or more of the minority leaders. Using the media to track Republican strategy runs the risk of some distortion; the stories may reflect not only the behavior of leaders but also journalistic norms and patterns of reporting.

¹⁹ On the goals of party leaders, see Gary Cox and Matthew McCubbins, *Legislative Leviathan: Party Government in the House of Representatives* (Berkeley: University of California Press, 1993);

health reform at the height of public support in September 1993; as their public opposition became more direct and intense in the fall and winter, public support began to fall in January 1994.

The battle in the Senate over health-care reform was especially important. Some substantial reform could pass the House, it appeared, so the question was whether a majority, or a supramajority required to overcome a filibuster, could be mustered in the Senate. Consequently, Dole and Senate Majority Leader George Mitchell (D-ME) were the center of attention. The Democratic leadership in the House preferred that the Senate move first on health care in order to avoid the precarious position of unnecessarily voting for controversial legislation, though the House Republican leaders remained vocal in their opposition to the Clinton plan.

The public debate over health care began in earnest with President Clinton's speech to Congress on 22 September 1993 that outlined his health plan. Prior to Clinton's speech, Dole and his chief aide, Sheila Burke, spoke in general and optimistic terms: health reform enjoyed the support of a "solid core of Republicans" and would win passage by the spring of 1994.²⁰ While outwardly projecting a supportive message, Dole deferred the job of designing a Republican health plan to Senator John Chafee (R-RI), who proposed to achieve universal health insurance coverage by requiring individuals to pay for insurance—the so called individual mandate. By September 1993, more than half of the Senate's forty-four Republicans backed the so-called Chafee-Dole plan and signed a statement of principles that promised universal coverage. In this upbeat period before Clinton's speech, Dole supported Chafee's negotiations with conservative House Democrats and signaled that he was ready to line up Republican support for key elements of the emerging Clinton proposal.²¹

Prior to Clinton's speech, the House Republicans also held out the possibility of incremental health-care reform. Newt Gingrich, who was the House minority whip, tried to avoid looking single-mindedly devoted to party politics by introducing an incremental bill in March of 1993, the "Action Now Health Care Reform Act."²² By introducing alternatives to the Democratic plans, the Republicans could credibly claim to be for some form of health reform, not just negative naysayers. As the debate began, prominent *Washington Post* columnist David Broder warned that "[Republicans] have to be perceived as supporting dramatic change in today's health care system."²³

Barbara Sinclair, *Legislators, Leaders, and Lawmaking: The U.S. House of Representatives in the Post-reform Era* (Baltimore: Johns Hopkins Press, 1995); Steven S. Smith, *Leading the Senate* (Washington, DC: Brookings Institution, forthcoming).

²⁰ "Dole Considering Run for Presidency," *Washington Post*, 23 August 1993; Dana Priest, "Health Care," *Washington Post*, 16 September 1993; Ruth Marcus, "Clinton Stamps 'Urgent Priority' on Health Plan," *Washington Post*, 23 September 1993.

²¹ David Broder and Spencer Rich, "Route Through Congress Is Strewn with Hazards," *Washington Post*, 19 September 1993.

²² Newt Gingrich, "Health Care: Time to Get Practical," *Washington Post*, 9 March 1993.

²³ David Broder, "GOP Health Care Strategy Emerging," *Washington Post*, 11 October 1993.

While publicly holding out the possibility of passing a bipartisan health reform bill, the Republican leaders worked to undermine the Clinton plan. Several Washington pollsters advised the Republicans on the weak spots of the Democratic proposals and provided general tactical advice. One such Republican adviser, William McInturff, outlined both short- and long-run strategies, asserting in October that “as an interim tactic, it probably is enough for us to say that when you hear about something that is too good to be true, you better read the fine print.” Frank Luntz also provided polls and advice to the House Republicans, but he recommended strong opposition by Republicans; “Bipartisanship allows the President and congressional Democrats to take sole credit for legislation WE support, leaving Republicans out in the cold.”²⁴ In fact, Gingrich later told *Washington Post* reporters that he had decided soon after the Clinton speech that the Clinton plan could be killed and that he would seek to kill it rather than work for a compromise bill.²⁵

Despite his ideological predisposition to oppose reform, Gingrich appreciated that public opinion could turn against the Republicans if they appeared too partisan or obstructionist. Gingrich and Michel bounced back and forth between issuing negative statements about the Clinton plan and pleading for bipartisanship. Gingrich’s actions and statements seemed to indicate that he was opposed to anything but incremental reform, but when evidence of his obstructionism came to light, he gave lip service to bipartisanship and accused the Democrats of being excessively partisan. Gingrich was quite willing to be very partisan, but when his most partisan actions came to light, such as the assertion by Republican Fred Grandy that Gingrich gave “marching orders” to Ways and Means Republicans to oppose reform, Gingrich felt compelled to put a more positive political spin on the process.²⁶ For Gingrich, public opinion could be molded over the next year but had to be survived in the short run. Minority Leader Michel seemed to share Gingrich’s perspective.²⁷

Senate Minority Leader Dole initially pursued a somewhat different strategy. In the months leading up to Clinton’s speech, he told Clinton that he expected that they would eventually be able to “work something out” and appeared to believe that a compromise plan would eventually be adopted.²⁸ Dole’s initial approach seemed to reflect both his view that health-care reform was popular and his concern for protecting his party from Democratic attacks. For example, after initially supporting a Republican plan that would require individuals to pay for insurance, Dole backed away from this stance, asserting “I can already see the 30-second television spots” which would say, “Well, the

²⁴ Michael Weisskopf, “Turning Pique into Power, Consultant Molds Voter Anger to Help GOP,” *Washington Post*, 27 October 1994.

²⁵ Johnson and Broder, *The System*, 187, 304.

²⁶ David Broder, “Democrats Close Ranks On Health: At Ways and Means, Party Unity Prevails,” *Washington Post*, 17 June 1994.

²⁷ Johnson and Broder, *The System*, 191–2.

²⁸ *Ibid.*, 35.

Republicans didn't want your boss to pay for it, they want you to pay for it."²⁹ Dole's presidential aspirations no doubt heightened his sensitivity to public opinion. But, many of Dole's Senate Republican colleagues did not share his view about the prospects nor the need to compromise; instead, they sided with Gingrich's view that eventually Clinton could be defeated outright.³⁰ Dole too would eventually appreciate the political opportunity to sink health reform.

In general, Republicans pursued a strategy of anticipating public opinion by appearing responsive to it while simultaneously shaping opinion. The underlying motivation of both the Senate and House Republican leaders was to balance their electoral and policy goals. In order to avoid appearing too negative or partisan, the minority leaders started out by endorsing more incremental reforms than the Clinton plan. This strategy was aimed at bolstering their reputation among the public; it also gave them policy options they preferred to the Clinton plan, if not to the status quo. By taking this line of attack, the Republican leaders acknowledged that health-care reform was both a policy issue and an issue that would influence the public's assessment of the political parties.

Senator Dole's goals were reflected in his many self-conscious comments made over the course of the 1993-1994 health-care debate. He repeatedly reminded his colleagues that to be "part of the action . . . we need somehow to bring 43 Republicans together and agree on a common plan."³¹ Dole's fear was that the Democrats would capitalize on natural divergences within the GOP to "pick off enough Republicans to get the [Clinton] bill to pass."³² Dole's efforts to reconcile the divergent pressures from conservative and moderate Senate Republicans produced a zigzagging quality in his behavior.

Dole and other Republicans appreciated the political dangers of outright opposition to health reform. As it was, polls regularly showed that Americans trusted the Democrats far more on this issue than Republicans. (By contrast, the public trusted the Republicans more than Democrats to cut taxes and fight crime.) Republican leaders agreed that explicitly setting out to "blow up the bridges and watch the trains wreck" would paint the party as obstructionist and cost it dearly in the 1994 and 1996 elections. "If you stand on the sideline and systemically shoot at everything that moves into your crosshairs," Representative Fred Grandy (R-IA) observed, "it's dangerous," because the party will become perceived as heartless and uncaring about an issue that touches voters very personally.³³ Dole concluded that the Republicans' public position must

²⁹ Dana Priest and Dan Balz, "Still Seeking an Alternative, GOP Launches Ads Against Clinton Health Plan," *Washington Post*, 21 May 1994.

³⁰ Johnson and Broder, *The System*, 304-5, 364-5.

³¹ Dan Balz and David Broder, "Budget Rift Aside, Future Clinton Successes Will Demand Coalition," *Washington Post*, 8 August 1993; Dan Balz, "Dole Urges GOP Unity on Health Plan," *Washington Post*, 23 January 1994.

³² Editorial, "A Risk for Republicans Too," *Washington Post*, 18 August 1993; Balz, "Dole Urges GOP Unity."

³³ Helen Dewar and Dana Priest, "Old Republican Fissures Feel Strain as Health Care Debate Grows," *Washington Post*, 20 February 1994.

emphasize their commitment to “responsible” health reform and their willingness to work with Democrats to control costs and expand access.

In short, the goals of Republican leaders and especially Dole were interrelated: unifying Republicans within Congress would provide the basis for appealing to the public and thereby build the party’s reputation and increase the likelihood of seizing majority status. But the two goals—the policy and political objectives—coexisted in an uneasy state of tension: projecting an appealing image of Dole’s party as committed even to moderate reform conflicted with the preferences of conservative Republicans who objected to any expansion of the government’s role in health care. But when Dole or other leaders played to the conservative wing of their party, they risked alienating moderate Republicans and appearing obstructionist to the public.

Dole and other Republican leaders relied on an arsenal of substantive strategies and tactical maneuvering to reconcile the twin goals of channeling Senate Republicans toward points of convergence and shaping the general public’s preferences and evaluations of the Republican party. The purpose of the leaders’ substantive strategies was to structure the choices over which both members and the general public formed opinions. Rather than simply taking members’ preferences as exogenous and mechanically summing them up, they specified alternatives in order to construct or give shape to preferences. In particular, the Republican leaders pursued two substantive strategies: they formulated or endorsed policies to provide a focal point for Republican preferences; and they attacked unsatisfactory proposals in order to discourage Republican members from considering them as viable options.

In the five weeks between Clinton’s speech and the first significant increase in public opposition, interest groups launched a well-funded public attack on the Clinton plan, epitomized by the infamous and mocking “Harry and Louise ad.” The minority leaders also began to intersperse their supportive statements regarding health reform with criticism of the administration proposal and its procedures. Dole’s soothing message for the public was that Republicans wanted to find “common ground” with Democrats in delivering universal coverage; he pressed his Senate colleagues that “we will have to come together on a plan or we won’t be players.”³⁴ By October, though, Dole criticized the Clinton plan as a sop to “big government, big business, and big labor,” even as he qualified his remarks by asserting that he did not want to be “Dr. Gridlock” on health care reform. Much of his criticism of the Clinton plan was less direct and focused on the process for handling health reform; he persistently charged that congressional Democrats had taken the “unprecedented” step of rushing to begin hearings before the administration had prepared a bill for submission to Congress.³⁵ During this same period, Gingrich and Michel also gave harsh as-

³⁴ Editorial, “Questions about the Clinton Health Plan,” *Washington Post*, 1 October 1993; David Broder, “On Divided Hill, Expectations of Action are High,” *Washington Post*, 28 October 1993.

³⁵ Broder, “GOP Health Care Strategy.”

assessments of the Clinton bill. On *Meet the Press*, Gingrich called the Clinton plan a “monstrosity,” a “disaster,” and “the most destructively big government approach ever proposed.” Michel offered equally apocalyptic forecasts, charging that the plan requires “upwards of 50,000 additional bureaucrats to meddle with our health care.”³⁶

After Clinton formally presented his plan to Congress in late October, the Republican criticism ran the gamut from mild to fierce. In responding to Clinton’s plan, Dole and Michel emphasized the possibility of Republican health-reform plans, but stressed the policy differences between the two parties. Michel articulated this position concisely: “There are substantive and profound policy differences between those who support the concepts at the heart of your bill and those of us, like myself, who see another possibly different road to health care reform.”³⁷ Gingrich was again more pessimistic, equating the Clinton bill to “socialism.”³⁸ In late November, the *Wall Street Journal* published an editorial article by Dick Armey, which portrayed the Clinton bill as a complex maze.³⁹ Armey further worked to shape public opinion on health by creating a “rapid response” system for delivering or faxing Republican leaders’ immediate responses to Democratic health-care announcements.⁴⁰ Armey’s complex depiction of the Clinton health plan was so popular among the rank and file that the Republican leadership printed duplicates of the charts for rank-and-file members to take to their districts.

After his actions in October, Dole refrained in November from making major new statements on health reform. Only in December, after the president’s and the public’s attention shifted to the North American Free Trade Agreement (NAFTA), events in Somalia, and public support for the Clinton plan began to slip, did Dole begin to stake out a “no health care crisis” stance advocated by former Minority Whip Richard Cheney and former Dan Quayle chief of staff, William Kristol.⁴¹ Kristol had argued in a memo circulated to congressional Republicans that a Clinton victory on health-care reform would be disastrous for Republicans in the 1994 elections. On the other hand, a Clinton defeat would increase public frustration with the incumbent president and redound to the Republicans’ favor at election time.

By early January, Whitewater stories came to dominate media coverage of the White House, distracted the public from the health care debate, and in-

³⁶ Ibid.

³⁷ “Clinton Delivers Health Bill, All 1,342 Pages of It,” *Congressional Quarterly Weekly Report*, 30 October 1993.

³⁸ David Broder, “Gingrich Takes ‘No-Compromise’ Stand on Health Care Plan,” *Washington Post*, 15 December 1993.

³⁹ Richard Cohen, “On the Edge,” *National Journal*, 4 December 1993, 2888.

⁴⁰ Kevin Merida, “GOP’s Fierce Armey Takes No Prisoners,” *Washington Post*, 21 February 1994.

⁴¹ Julie Kosterlitz, “Health Focus—No Room at the Inn for Reform?” *National Journal*, 15 January 1994, 144; James A. Barnes, “Selling Ideas,” *National Journal*, 13 August 1994, 1944; James A. Barnes, “What Health Care Crisis?” *National Journal*, 29 January 1994, 265.

creased public suspicion of the president and Hillary Rodham Clinton, who had led the reform effort. Gingrich and many other Republicans felt free to give up any pretense of willingness to compromise with the administration.⁴² By the spring, Dole escalated his criticism of Clinton's plan and took charge from Chafee in designing a Republican alternative.

While he sought to design a Republican plan, Dole worked vigorously to signal his displeasure with the Democratic alternatives. During his response to Clinton's State of the Union address in late January, he graphically portrayed the president's proposal by using Armey's chart, a Rube Goldberg scheme of staggering complexity and suffocating bureaucracy. Reflecting (and encouraging) the growing public opposition to the Clinton plan, Dole acknowledged that "there are more things [about Clinton's plan] that bother us now than bothered us six or eight months ago."⁴³ Moreover, Dole reversed his earlier receptiveness to compromising with conservative Democrats and attacked Representative Jim Cooper's (D-TN) alternative, which had begun to attract support from major business groups and some Republicans.⁴⁴ Finally, Dole attempted to seize control over how health care was defined as a problem; he adopted Kristol's slogan, "There is no health care crisis," as his own.

While feeding public doubts about Clinton's proposal and marshaling Senate Republicans against Democratic entreaties, Dole shielded his party's reputation from charges of obstructionism. He acknowledged that Republicans "don't want the public to think all we're doing back here is playing politics."⁴⁵ To project an image of cooperativeness, he abandoned his "no crisis" comment, listed areas of agreement with Democrats, called for bipartisanship, and gingerly offered that compromising with Clinton was still "worth exploring."⁴⁶ Even in early March, Dole appeared to believe that public support for reform was sufficiently strong that Republican senators should find a plan they all could support.⁴⁷ He convened a retreat of mostly Senate Republicans to weave together competing GOP proposals into an incremental package—just the kind of legislation that Clinton was committed to vetoing. Similarly, Gingrich claimed—misleadingly, it appears—that "We think there is a real opportunity to write a bipartisan bill."⁴⁸ Dennis Hastert, the head of the GOP task force on

⁴² Johnson and Broder, *The System*, 264–5, 275–6.

⁴³ Balz, "Dole Urges GOP Unity."

⁴⁴ Ann Devroy, "Clinton Asks Critics to Compare his Health Care Plan with Alternatives," *Washington Post*, 2 February 1994.

⁴⁵ Helen Dewar, "House Democrat Suggests Hearings to Clear Clintons," *Washington Post*, 16 March 1994.

⁴⁶ David Broder and William Claiborne, "Governors Call for Health Reform Bill," *Washington Post*, 1 February 1994; Ann Devroy, "Clinton Asks Critics to Compare his Health Care Plan with Alternatives," 2 February 1994; Dewar and Priest, "Old Republican Fissures"; Robert Novak, "GOP Losing the Health War," *Washington Post*, 24 March 1994.

⁴⁷ Johnson and Broder, *The System*, 363.

⁴⁸ Helen Dewar and Dana Priest, "GOP Leaders Remain at Odds Over Reform," *Washington Post*, 5 March 1994.

health, summarized Republican concerns about shielding their party's reputation: although there were "some people on our side who want to kill health reform, that is not the image we want to portray."⁴⁹

In the end game, reversing his earlier support for individual mandates and Chafee's moderate approach, Dole sharply criticized both a compromise plan being fashioned by a bipartisan group and the bill passed by the Senate Finance Committee in early July. He also explicitly raised the specter of a filibuster by threatening to block legislation that achieved universal coverage by using an employer mandate. Dole supplemented his substantive criticisms with attacks on the process: he charged that Democrats were "rushing" Congress into voting on legislation that "deserves a lot of deliberation." What was important, Dole asserted, was "getting it done right" instead of simply "getting it done fast."⁵⁰ In addition to fanning public doubts, Dole's insistence on "slowing down" as the session approached its adjournment served an important tactical function—it empowered the filibuster.

Dole formulated his own bare-bones package, which both crystallized the preferences of Senate Republicans and signaled the public that Republicans were not obstructing all reform. Dole's proposal, which won nearly united support from Senate Republicans, relied primarily on changes in insurance rules and rejected most of the key elements of the plans proposed by Clinton and Chafee. (By early September, he backed away from even this conservative proposal.)

Dole continued to temper his strident criticism of Clinton and moderate alternatives by contending that he supported both universal coverage as a "goal" (rather than a principle to be enshrined in legislation) and bipartisan compromise, albeit in far more minimalist terms than he had originally endorsed. Dole's presidential aspirations motivated him to express interest in some kind of reform well after most Republicans had swung behind defeating all reform. Between mid-July, at the peak of public opposition to the Clinton plan, and Majority Leader Mitchell's abdication on health reform in late September, Dole continued his dual-track approach of criticizing nearly all proposals while insisting that he remained open to bipartisan compromise on a minimal package. Health reform was put to a final and quiet rest when Gingrich and Dole announced that Democratic insistence on a definitive vote on health care would ensure that the General Agreement of Tariffs and Trade (GATT) would be "killed." In the end, the Republicans had—according to Senator Bob Packwood—"killed health care reform. Now we've got to make sure our fingerprints are not on it."⁵¹

Having actively worked to influence public opinion, Republican leaders used the public opinion they helped to shape as a rationale for what they

⁴⁹ Spencer Rich, "Doctors Who Own Equipment Order More Tests, Study Finds," *Washington Post*, 15 April 1994.

⁵⁰ Ann Devroy, "President Signals Health Flexibility," *Washington Post*, 20 July 1994.

⁵¹ Richard E. Cohen, "Now It's Time to Play the Blame Game," *National Journal*, 8 October 1994, 2357.

wanted to do in the first place. In June 1994, Gingrich discussed public opinion as if it were an exogenous force, saying, "We should not get between the president and the voters when support for his health bill is collapsing."⁵² Of course, the Republican leadership were not neutral bystanders during the "collapse" of support for the Clinton plan. Gingrich also argued that the unpopularity of the Clinton plan was attributable to the way in which the Democrats drafted their plan, claiming that the White House's "secret meetings" undermined confidence in the process.⁵³ Again, however, the Republicans did much to build the resentment against the process by speaking out often against the administration's task force led by Hillary Rodham Clinton and Ira Magaziner.

INTEGRATING LEADERSHIP INTO A THEORY OF PUBLIC OPINION AND POLICY MAKING

As we've seen, congressional debate over health reform was characterized by two seemingly irreconcilable developments: individual rank-and-file legislators heavily discounted public opinion, and yet public attitudes closely corresponded with collective action by Congress. The discrepancy between the behavior of individual legislators and the collective action of Congress is explained by the strategic adjustments of congressional leaders. Republican leaders pursued a strategy of shaping future public opinion. In particular, Dole's efforts to provoke public opposition were carefully calibrated to coincide broadly with public preferences: he endorsed Chafee during the zenith of the Clinton plan's popularity and dropped both Chafee and his own bare-bones package during its nadir.

The commitment of congressional leaders to directing public opinion is consistent with research on both public opinion and Congress, which has clearly shown that public opinion is not an exogenous force in policy making but rather is a product of elite behavior, communicated through the media.⁵⁴ On most policy questions, individuals wrestle with multiple, competing considerations when they articulate preferences.⁵⁵ Political elites such as presidential candidates have strong incentives to alter the public's judgments and preferences by priming or highlighting the standards or considerations that individuals use in reach-

⁵² Broder, "Democrats Close Ranks."

⁵³ Helen Dewar, "Tables Turning on Health Care as an Election Issue," *Washington Post*, 5 July 1994.

⁵⁴ Benjamin I. Page and Robert Y. Shapiro, *The Rational Public: Fifty Years of Trends in Americans' Policy Preferences* (Chicago: University of Chicago Press, 1992); John Zaller, *The Nature and Origins of Mass Opinion* (New York: Cambridge University Press, 1992); Lawrence Jacobs and Robert Shapiro, "Studying Substantive Democracy." *PS: Political Science and Politics* 27 (March 1994): 9–17; James Kuklinski and Gary Segura, "Endogeneity, Exogeneity, Time, and Space in Political Representation," *Legislative Studies Quarterly* 20 (February 1995): 3–21.

⁵⁵ John Zaller and Stanley Feldman, "A Simple Theory of the Survey Response: Answering Questions Versus Revealing Preferences," *American Journal of Political Science* 36 (August 1992): 579–616.

ing their evaluations.⁵⁶ The implication is that congressional leaders can influence public sentiment by using information about public opinion to select popular policies and then to emphasize the public's deep-seated fears and ambivalence to affect its evaluations of proposed policies. As one congressional staffer put it, "[it is possible to] play one component of public opinion against another; for example, price controls versus dread of government."

While research indicates that public opinion can be influenced by elites, the behavior of key elites—congressional leaders, in this case — also needs to be explained. Barbara Sinclair⁵⁷ and Steven S. Smith⁵⁸ provide somewhat different lists of leaders' goals, but both lists include goals that constitute public goods or common-pool resources that require collective action to acquire and maintain. Collectivities, such as congressional parties, tend to face collective action problems because they underprovide public goods and common-pool resources. Collectivities employ a variety of strategies, including the creation of leadership and organization, to overcome collective action problems. If public opinion has a marked impact on the achievement of collective goals, even if it has only a marginal influence on most rank-and-file members, then leaders would be motivated to develop strategies to influence and account for it.

Smith argues that three collective goals capture the party responsibilities of congressional leaders: enhancing party reputation, gaining or maintaining majority party status, and passing or blocking legislation.⁵⁹ Because goals are interrelated, party leaders have an incentive to pursue them jointly. The party's national reputation affects the prospects of gaining or losing majority party status, majority party status affects the achievement of legislative goals, and action on legislative goals affects party reputation. A leader, then, who is expected to pursue any one of the goals would have cause to pursue them all.

The connection between public opinion and collective goals has been drawn by Gary Cox and Matthew McCubbins to establish the existence of a collective party interest in developing and preserving a favorable party record and, therefore, maintaining party control over committees whose jurisdiction was likely to influence the party record.⁶⁰ Like others who have found the influence of public opinion to be contingent on the nature of the issues, Cox and McCubbins argue that party leaders' interest in standing committees varies with the jurisdiction of the committees. For our purposes, the important point is that leaders have strong incentives to bolster the party record: party trends

⁵⁶ Lawrence Jacobs and Robert Shapiro, "Issues, Candidate Image, and Priming: The Use of Private Polls in Kennedy's 1960 Presidential Campaign," *American Political Science Review* 88 (September 1994): 527-40.

⁵⁷ Barbara Sinclair, *Majority Leadership in the U.S. House* (Baltimore: Johns Hopkins University Press, 1983); Sinclair, *Legislators, Leaders and Lawmaking*.

⁵⁸ Steven S. Smith, "Forces of Change in Senate Party Leadership and Organization" in Lawrence C. Dodd and Bruce I. Oppenheimer, eds., *Congress Reconsidered*, 5th ed. (Washington, DC: Congressional Quarterly, 1993); Smith, *Leading the Senate*.

⁵⁹ Smith, *Leading the Senate*.

⁶⁰ Cox and McCubbins, *Legislative Leviathan*.

clearly influence the outcomes in congressional elections and thereby the aggregate balance between the parties in Congress. While we do not accept the entirely electoral underpinning of the Cox-McCubbins argument, their empirical analysis provides a strong basis for expecting leaders to concern themselves with party reputation, majority party status, and legislative record.

Whether motivated by short-term legislative concerns or collective goals, leaders' efforts to influence public opinion is facilitated and encouraged by both the resources at their disposal and the expectations of their membership. Party leaders have accumulated, been granted, or simply benefit from resources that make it possible to influence public opinion.⁶¹ Leaders have ready access to the leading pollsters associated with their party. Moreover, they use media specialists and party resources to dominate media coverage of Congress and thereby influence the public's perceptions of issues and politics.⁶²

Leaders' use of these resources to manage public opinion is encouraged by the expectations of their congressional party membership: legislators expect their top officials to orchestrate media coverage, because it is the principal means by which the public receives political information. Previous research indicates that rank-and-file members consider the development of media strategies as a critical element in party leaders' job descriptions and have increasingly taken this into account in selecting leaders.⁶³ Indeed, in our survey, most congressional staff indicated that legislators looked to leaders to direct public opinion and considered the media's coverage of health reform as nearly determinative of public attitudes toward competing proposals.

Leaders' motivations and resources to influence public opinion have produced three sets of enduring activities. First, leaders interpret and evaluate public opinion polls. Like modern presidents,⁶⁴ congressional leaders have come to use information about public opinion as a tool to influence the policy choices of marginal legislators. Much like presidents, recent leaders now commission private polls and focus groups through their parties and use them to devise and defend strategies.

Second, leaders work to define the congressional agenda and structure the choices over which both legislators and the general public form opinions. Agenda setting goes beyond the careful referral of complex legislation to committees, shaping House special rules, and formulating Senate unanimous consent requests. It involves setting a pace for annual sessions, ordering the consid-

⁶¹ Sinclair, *Legislators, Leaders, and Lawmaking*; Smith, "Forces of Change."

⁶² Stephen Hess, *The Ultimate Insiders: U.S. Senators in the National Media* (Washington, DC: Brookings Institution, 1986).

⁶³ Sinclair, *Legislators, Leaders, and Lawmaking*.

⁶⁴ Lawrence Jacobs, "The Recoil Effect: Public Opinion and Policy Making in the United States and Britain," *Comparative Politics* 24 (January 1992): 199–217; Lawrence Jacobs and Robert Shapiro, "The Public Presidency, Private Polls, and Policymaking: Lyndon Johnson" (paper presented at the 1993 Annual Meeting of the American Political Science Association, Washington, DC, 2–5 September 1993).

eration of major measures, and advising the president and others on legislative priorities. Such activities often involve leaders' judgments about public opinion and efforts to shape public opinion. During the health-reform debate, for instance, Dole and other congressional leaders simultaneously voiced support for the popular idea of reform and introduced complicating, crosscutting issues such as abortion and competing "causal chains" regarding the effects of comprehensive reform (for example, Clinton's plan would produce a Rube Goldberg scheme of lower quality and choice).

Third, leaders develop and articulate explanations of congressional politics that condition the ability of individual legislators to explain their positions at home. The public hears national leaders' explanations of developments in Washington sooner and more frequently in the national media than they hear the explanations offered by their own individual senators and representatives.⁶⁵ Explanations by leaders influence the public's evaluations of the two parties and their members, which in turn shape the context in which each rank-and-file member must explain his or her own positions and behavior. Leaders are expected to take into account this general explanatory context, which includes but clearly extends beyond individual issues.

Motivated by collective party goals and taking advantage of the resources associated with their positions, party leaders have become instrumental to the process by which Congress responds to and directs public opinion on major issues. Even when public opinion is but a marginal concern of most rank-and-file members, leaders' pursuit of party goals can under particular circumstances sway the public to adopt their preferred policies. Leaders' attention to shaping opinion may explain public opinion's correspondence with congressional decisions, even if its effect on most members is hardly detectable.

CONCLUSION

Congressional leaders' leadership of public opinion explains the apparent disjunction between Americans' marginal impact on individual members of Congress and their more significant effect on Congress as a whole. We believe that our argument has implications both for the role of leaders' goals in shaping the collective behavior of Congress and for reintegrating Washington politics into the study of congressional responsiveness to public opinion.

First, our argument that leaders' sensitivity to public opinion is driven by collective goals contributes in variety of ways to the study of Congress and public opinion. Party leaders' special responsibilities to overcome collective-action problems highlight the importance of making distinctive references to the needs and strategies of the Democrats versus the Republicans.

⁶⁵ On signaling by congressional leaders, see Edward Carmines and James Kuklinski, "Incentives, Opportunities, and the Logic of Public Opinion in American Political Representation" in John Ferejohn and James Kuklinski, eds., *Information and Democratic Processes* (Urbana: University of Illinois Press, 1990).

Moreover, our study suggests that public opinion's impact on policy making is not limited to individual members' specific votes. Arnold's analysis of public opinion's impact is limited to single legislative battles: leaders design strategies for specific bills based on their estimates of the potential effects of public opinion on the electoral prospects of members.⁶⁶ Leaders' concerns with collective goals and strategies suggest, however, that public opinion has a pervasive and widespread impact on the congressional policy-making process—one that extends beyond its influence on rank-and-file members and fights over any single issue.

Finally, our approach avoids the false dichotomy of choosing between an explanation of policy decisions based on public opinion and an explanation of policies based on members' policy preferences. David Brady and Kara Buckley, for example, argue that members' basic policy preferences—rather than shifting public opinion, strategic errors by President Clinton, or other factors—doomed health care reform in the 103rd Congress.⁶⁷ The problem with this formulation, however, is that public opinion can have a more direct influence on the strategies of leaders than might be predicted on the basis of what we know about its influence on individual members. Leaders define the broad decision-making context by calibrating the timing of their actions and by specifying the alternatives over which both the public and rank-and-file members develop preferences.

The second broad implication of this article is that it reintegrates Washington leadership into the study of congressional responsiveness to public opinion. Stimson et al. found strong congressional responsiveness based on a significant study of highly aggregated patterns of public opinion and congressional behavior.⁶⁸ Neglected is the possibility that responsiveness at the aggregate level may be an artifact of leaders' success in influencing public opinion to adopt their desired policies: successive short-term leadership efforts may create the illusion of responsiveness at the aggregate level. In our study of the health-reform debate, leaders' public pronouncements, trial balloons, and other tactics were political strategies used to shape the debate, define the issues, alter the size and composition of the audience, and otherwise mold the preferences of the general public and rank-and-file legislators. The shaping of public opinion by leaders may offer the key to solving the puzzle of public opinion's muted impact on individual legislators, but its significant influence on the collective behavior of Congress is that leaders have the capacity under particular circumstances to bring the public around to adopting their preferred policies.*

⁶⁶ Arnold, *Logic of Congressional Action*.

⁶⁷ David Brady and Kara Buckley, "Health Care Reform in the 103rd Congress: A Predictable Failure," *Journal of Health Politics, Policy, and Law* 20 (Summer 1995): 447–445.

⁶⁸ Stimson et al., "Dynamic Representation."

* We thank Eric Ostermeir for his assistance. The research was supported by an Investigator Award from the Robert Wood Johnson Foundation to Jacobs and Shapiro. We alone remain responsible for the views expressed here.