Determining the Effect of the Political Opportunity Structure on Collective Action:
Grassroots mobilization during the 2009-2010 health care debate
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Introduction

During the 2008 presidential campaign, candidate Barack Obama, an experienced community organizer, generated a grassroots large grassroots movement supporting his campaign. Obama promoted the efficacy of public action with campaign slogans like: "I'm asking you to believe. Not just in my ability to bring about real change in Washington. I'm asking you to believe in yours" and "change in America doesn't start from the top down. It starts from the bottom up." His presidential campaign successfully mobilized thousands of supporters to canvass all across the country, creating what some have called Obama's "grassroots army" (Cooper 2009). Since his inauguration, Obama has continued to stress the importance of grassroots efforts and his reliance on active public support in order to transform his campaign promises into actual policies. Progressive reforms need strong public support in order to overcome powerful lobbyists and advance in Washington. This is why Obama continues to urge his supporters to pressure members of Congress. During the 2009-2010 health care debate, Obama worked closely with different health care movement organizations to push forth his health care proposal.

Social movements play an essential role in the balance of power within democracies. McAdam writes: "social movements are, and always have been an important impetus to sociopolitical change" (18). Mobilizing outside of institutional politics allows citizens to make collective demands and influence the decisions of the government. Once a movement is formed, activists use a variety of tactics, both conventional and non-conventional to advance their demands. Most tactics require the participation of large numbers of people in order to convince those in power that the
movement is a reflection of public opinion. A social movement “must motivate and mobilize a significant segment of society under a common cause or identity” (Trivedi 3). Due to the importance of social movements many scholars have questioned when and why people choose to become politically involved outside of institutional politics and participate in social movements.

Classical theories on the emergence of social movements analyze social movements as a psychological phenomenon. Doug McAdam, one of the most recognized scholars on social movement theory, provides an overview and critique of several variations of the classical model: mass society, collective behavior, status inconsistency, rising expectations, relative deprivation and Davies’ J-curve theory of revolution. According to McAdam all of these variations rely on the same causal sequence. They all specify an underlying structural weakness in society, a “structural strain” and the disruptive psychological effect it has on society, which leads to collective protest. While the type of structural strain and psychological effect varies, the general concept remains the same for each variation (6-7). McAdam and other critics of classical theory find this casual sequence between structural strain and collective protest problematic because social movements only rise occasionally. The model presumes that the social system is normally free of strain, which is generally not the case. Not all groups experiencing grievances form or participate in social movements. McAdam finds that “at best, system strain is a necessary, but insufficient, cause of social movements” (11).

The resource mobilization model provides a more complete framework for understanding the emergence of social movements by emphasizing societal support and constraint of social movements. McCarthy and Zald, two leading scholars of resource
mobilization theory, believe the study of the aggregation of resources is crucial to an understanding of social movement activity. They argue that social movements rely on resources from supporters who are not necessarily committed to the values underlying the movement (McCarthy and Zald p 1213; 1216).

Although the resource mobilization model has benefited social movement theory, many scholars still find it to be an incomplete model. In fact even McCarthy and Zald agree that is only a “partial theory.” McAdam recognizes that it is an improvement from classical models because “[it takes] account of the effect of external groups on the development of the movement,” but critiques the model for overlooking collective action and disruptive tactics as a means for acquiring resources (23; 30-31).

According to McAdam, “neither ‘strain’ nor some propitious combination of underlying grievances and newly mobilized resources creates a social movement. People do, on the basis of some optimistic assessment of the prospects for successful insurgency weighed against the risks involved in each action” (34). Many leading social movement theorists believe that the political system also has a significant effect on the development of social movements (McAdam 1982, Jenkins and Kandermans 1995, Eisinger 1973, Kitschelt 1986, Kriesi 1995, Meyer 2004, Tilly and Tarrow 2006). The political environment determines perceptions of the risks a movement will encounter and whether or not a movement will be successful. Following Craig Jenkins and Bert Klendermans, “the nature and development of social movements cannot be understood without reference to the central role of the state” (Jenkins and Klandermans 3). Scholars who studied the close relationship between a state and social movement began to analyze social movements in relation to the state by using the political opportunity structure
(POS) model. By using variations of this model, scholars examine the impact of political circumstances on social movements, finding that political opportunities have an indirect effect on mobilization by increasing the incentives for an individual to participate in social movement activity. The POS is determined by changes in the political environment; these changes raise a movement's chances of success, either objectively or subjectively. In my thesis I will use a version of the POS model to analyze grassroots mobilization, during the 2009-2010 health care debate. The ultimate goal of my thesis is to answer the question: how do political opportunities influence levels of grassroots mobilization?

I hope to contribute to POS theory by focusing on a particular aspect of the POS, political elites. In the first part of my thesis I will examine the many ways scholars have conceptualized the POS, focusing on what scholars believe facilitate mobilization. I will then discuss the research design for my thesis, by first introducing my model, which tests the causal relationship between leadership changes in elite political institutions, the collective sense of urgency of a particular aggrieved group and grassroots mobilization. I will then discuss how I have conducted my research on movements for and against health care reform and how each variable in my model is tested. The following section provides a brief overlook of the US health care system and past grassroots efforts for and against reform. Finally, I will introduce my comparative case study and conclude with how my research relates to the works of other POS theorists.
Literature Review

Open vs. Closed Opportunity Structures

Peter K. Eisinger was the first to conceptualize the POS. Eisinger recognized the important role resources play in social movement activity; he believes, however, that “the manner in which individuals and groups in the political system behave... is not simply a function of the resources they command but of openings, weak spots, barriers and resources of the political system itself” (12). In his case study of protest behavior in American cities, he looked at the accessibility of local governmental institutions to citizen participation, focusing on the nature of the chief executive, the mode of aldermanic elections, the distribution of social skills and status, and the degree of social disintegration. All of these factors determine the “structure of political opportunities,” which can either obstruct or facilitate collective action. An open structure of opportunities allows diverse groups to influence the government by influencing their representatives, whereas in a closed opportunity structure, power is centralized and the government is not responsive to public demands (11-12).

Eisinger proposed two hypotheses to explain the relationship between the political environment and political behavior of citizens within a community. The first is a linear model in which the frequency of protests has an inverse relationship with the openness of a political system. The less access a group has to institutional politics, the more frustrated they will be, leading them to take to the streets in an attempt to have their demands met. The second is a curvilinear model in which protest occurs as the political system opens and then dies out as the political system becomes “extremely open.”
According to this model protests occur most frequently in a POS that has a mix of open and closed variables (11-15).

Eisinger's data disproved his first hypothesis by displaying a higher occurrence of protests in cities with open systems than in cities with closed systems. For example, black protest increased along with the degree to which blacks were represented in the city's government and protest occurred more frequently in mayor council governments, in which the mayor is elected than in manager governments, in which the manager is hired by the city council (20). Eisinger's data did, however, agree with his second hypothesis. In an exceptionally open opportunity structure, non-conventional forms of collective action appear unnecessary because the government responds to and even anticipates the aggrieved group's needs, therefore protest is less likely. Protest is also unlikely in an extremely closed structure of opportunity because risks associated with protesting are too high and it is well known that protest will not lead to positive responses (28). Eisinger's theory has influenced subsequent scholars. Referring to the antinuclear movement and the civil rights movement, Meyer states, "In both cases, political circumstances had to be sufficiently open to allow safe organizing and mobilizing, but not so open and inclusive as to undermine the perceived necessity of protest. Routine access to institutional polities that seems meaningful reduces the urgency for a political movement and undermines the prospects of mobilization" (Meyer "The Politics" 32).

Eisinger's emphasis on the receptiveness of a political system influenced McAdam's concern with assessing the risks and the possible gains of protest activity. This concept is crucial to McAdam's political process model. However, for McAdam political opportunities are more directly linked to a rise in collective action. He is
concerned with factors both internal and external to the movement. Eisinger’s concept of political opportunities is an important element of his political process model. Based on McAdam’s model, indigenous organizational strength, collective assessment of the prospects for successful insurgency, and political opportunities are crucial variables that influence the generation of social insurgency. He argues that the “force of the political environment” acts to constrain collective action by an organized excluded group but also that the “force” is not static (39-40; 59).

**Shifting Opportunities**

McAdam argues that many excluded groups have that capacity to exert significant political influence at any time; however, the political environment inhibits collective action. Broad social processes can undermine the norms of a political establishment and provide political opportunities that will increase the group’s prospects for collective action. McAdam cites wars, industrialization, international political realignments, prolonged unemployment, and widespread demographic changes as examples. By either weakening the established political powers or by strengthening the political position of the insurgent group these broad social processes increase a group’s ability to confront the political establishment. Collective action becomes more feasible because the group’s acquired political power diminishes many of the risks involved with movement participation (39-43).

McAdam studied the rise and decline of black insurgency between 1930 and 1970 and found that the peak of the movement occurred during a favorable POS from 1961 to 1965. The expansion of political opportunities leading up to this time, starting with the
1954 Supreme Court decision in Brown v. Board of Education, was the result of social processes that occurred over decades including migration patterns, the growing black electorate and the increasing significance of the black vote as political parties became increasingly competitive. There was also growing public support and international pressure concerning civil rights- polls taken from 1961 to 1965 demonstrated that the public identified civil rights as the most important problem facing the country. This political environment contributed to the insurgency’s feelings of optimism and political efficacy and allowed them to maintain confrontation with the state through collective action (156-159; 180).

McAdam then discusses the decline of black insurgency, beginning in the late 1960s, which he considers to be the result of both internal and external factors. External factors leading to the decline of black insurgency included the mobilization of a strong conservative response and the declining significance of the black vote both of which contributed to an unfavorable POS and “decreased the overall political leverage exercised by insurgents and therefore the prospects for organized insurgency” (228).

Political Opportunities and Contentious Politics

Sidney Tarrow, an influential scholar in POS theory, believes that contentious politics is the foundation of social movements. Contentious politics is defined as “interactions in which actors make claims bearing on someone else’s interests, leading to coordinated efforts on behalf of shared interests or programs, in which governments are involved as targets, initiators of claims or third parties” (“Power” 4). These interactions lead to confrontations with elites, authorities, and opponents. Contention only leads to a
social movement, a “sustained campaign of claim making,” when there are social networks to tap, collective action frames and supportive identities that are able to sustain contention (148).

Tarrow provides five key dimensions of political opportunity: Increasing access, shifting alignments, divided elites, influential allies, and repression. Any changes in these five dimensions shift the POS. The first dimension is measured by an insurgent group’s access to formal political institutions. Divided elites, influential allies, shifting alignments are volatile factors that can change over short periods of time. Shifting alignments may create uncertainties among supporters, encourage challengers to try to exercise marginal power, and cause elites to become more dependent on the support from outside the polity. These outcomes may encourage collective action. Tarrow uses the civil rights movement to explain how shifting alignments and divided elites can result in increased mobilization. During the 1950s many southern white voters ended their party allegiance with the Democratic Party and aligned themselves with the Republican Party. The decline of the southern white vote along with the migration of African Americans to the north increased the Democratic Party’s incentive to seek black votes. The Democratic Party was only interested in the black vote because of its reliance on those votes to defeat the Republican Party. In order to win black votes the Democratic Party took on the initiative for civil rights. This decision increased incentives for collective action by increasing potential participant’s expectations for success (77-80).

From American Cities to Nations: Determining Stable POS of a Nation
Eisinger conducted his research on levels of protests that vary across American cities due to the differing political opportunities presented in each city. In a similarly cross-sectional study, Herbert P. Kitschelt and Hanspeter Kriesi have chosen to analyze political opportunities across various nations. Kriesi approaches the POS at a national level because he finds it to be the most simplistic and relevant level of analysis; he recognizes, however, that the POS should not be limited to the national level because there are also significant changes in opportunities at the local level and the international level.

In their comparative approaches, Kitschelt and Kriesi explain variations in movement activity by looking at relatively stable institutional factors. Kitschelt looks at the political systems of four different nations, France, Sweden, The United States and West Germany in order to understand why the anti-nuclear movement that spread through America and Europe in the 1970s was powerful in some nations and barely existent in others. According to Kitschelt the POS of a nation is determined by specific configurations of resources, institutional arrangements and past reactions to social movements. Based on these configurations, a nation’s political system either facilitates or constrains the development of a social movement. Kitschelt expanded the POS model to analyze the “output side,” or the impact of the movement. He refers to the movement’s mobilization as the “input side” (61-64).

Kitschelt applies Eisinger’s curvilinear model displaying the relationship between the openness of a political system and movement mobilization at the national level. The openness of a state depends on a variety of factors including, the number of competing representatives in electoral politics, the power of the legislature to implement policies
independently of the executive and links between interest groups and the executive branch (57-58). Since Kitschelt is also concerned with “output side” he considers state-capacity, which is the capacity of the political system to implement new policies, to be an important variable. Determining factors for state capacity are centralization of the government, governmental control over economic resources and the independence of the judiciary (63).

Kriesi’s approach differs slightly from Kitschelt’s model. Using the POS framework to analyze the emergence of all social movements is a very difficult task. Therefore, Kriesi decides to focus on a specific class of social movements, “new” social movements in four developed nations in Western Europe: Germany, the Netherlands, France and Switzerland. Kriesi also simplifies Kitschelt’s conceptualization of the POS by focusing on the formal institutional structure of a state, ignoring the configuration of power within the political system. The configuration of power within the system is reflected in authority’s strategies for dealing with the actions of challengers. By limiting his concept of political opportunity to the formal institutional structure of a state, which for Western democracies is well-established and stable, he finds that relatively open states have a weak capacity to act and relatively closed states have a strong capacity to act. The same factors that determine the formal openness of the state on the input side determine its strength on the output side (Kriesi 168-172).

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1 Kriesi’s decision to further specify the class of social movement brings attention to the difficulty of using the political opportunity model for analyzing a variety of cases and reflects David Meyer’s critique of the model. Meyer believes that the development of a theory of political opportunity that can be used for a variety of empirical cases rather than just particular cases is important to furthering our understanding of social movements; however such a model does not exist (“Protest and Political Opportunities” 131).
In Kriesi’s model, higher levels of decentralization, the division of power, inefficiency, and the institutionalization of direct democracy characterize an open state with a weak capacity to act. A decentralized state provides many channels of access on the input side but on the output side has a harder time providing a movement with significant concessions (172). This static conceptualization is useful for a cross-national analysis of social movements, but it does have its limits: Rits K. Noonan finds this POS to be inadequate for analyzing social movements outside Western democracies where she believes there are different kinds of social movements (Noonan 82-85).

The United States: An Opportunistic Setting?

Kitschelt, Kriesi, Meyer and Nathanson all agree that The United States is an open state with a weak capacity to act:

The framers of the United States Constitution were conscious and candid about their efforts to fashion political institutions that could insulate the policy-making process from popular pressures, yet allow sufficient access to preempt the development of powerful and possibly destabilizing extrastitutional dissent (Meyer “Institutionalizing Dissent” 162).

By dividing the national government into three branches and separating power between the national government and states, the framers of the constitution provided citizens with many points of access to the political system. Addressing the question of when and under what circumstances movements to effect health care reform will appear, Nathanson concludes- that the wrong question is being asked. He claims that due to the openness of our political system, at least one national movement and several state-level movements already exist. In his opinion, it is more important to determine whether and under what circumstances these movements can be successful (465). This point of view is in line
with Tarrow, Kitschelt and Kriesi who also believe that increasing access to political institutions give aggrieved groups higher expectations for success, makes collective action appear more effective and therefore leads to a rise collective action (Tarrow 1998, Kitchelt 1986 and Kriesi 1995).

According to Nathanson, the success of a movement not only depends on open spaces in the political system but whether the goals of the movement can be achieved. The decentralization of power in the American system presents a big challenge for many movements. The division of power has created a system in which there are many competing interests. Movements can enter political debates but will be forced to compromise with many competing interests. Decisions are made slowly and only moderate reforms have a chance of making it through Congress. Therefore, according to Nathanson, fragmentation of political power and access to decision makers foster the emergence of grassroots advocacy groups but also “blunt their power to effect change”(447).

Meyer disagrees with the conclusion Nathanson draws and claims that increasing access to institutional channels makes it harder for activists to mobilize supporters, decreasing the amount of grassroots mobilization. A state with many points of access gives off the impression that the government is responsive to public demands, making grassroots mobilization a difficult task. He finds that, “in order to encourage dissident mobilization, activists must heighten the urgency of a perceived problem, practicing a politics of polemic to inspire even the most mundane participation” (“Protest” 163).

Like Kriesi, Nathanson claims that different classes of movements will have unique reactions to a POS: “old” social movements are concerned with issues of
economic wellbeing and advocate for policies that involve the redistribution of economic wealth, whereas “new” social movements are more concerned with less materialistic qualities of life and are less likely to pose threats to the economic interests of elites. Examples of “new” movements are the feminist movement, the pro-choice movement, and the gay rights movement. “Old” social movements are likely to experience less political opportunities than “new” social movements due to elite opposition (476). Special interests have a lot of political weight in Washington, creating a big challenge for “old” social movements. Strong reactions by elites shift the structure of political opportunity in an unfavorable direction by decreasing the movement’s chance of influencing the political process. A political system may open up for moderate demands while remaining closed for more radical demands. (Meyer and Minkoff 1460-1463).²

The Role of the Political Elites

The fragmented political structure of the U.S is relatively stable, which limits its power as a variable in the analysis of social movements in a single state rather than a cross-national study. Despite its relatively static political structure, Nathanson believes that there is “considerable play in the US system, both over time and among states” created by “shifts over time in the alignment of political and economic elites” (447). Political and economic elite can have great influence over the political process. Therefore, they can provide a significant amount of political leverage for a movement (Contentious Politics 49-55).

² For example, the decline of black insurgency in the late 1960s reflects a shifting POS. As the goals and tactics of the movement began to change, the movement generated a strong response from established interests (McAdam 231).
Influential Allies

Political elites that embrace the aims of activists represent an important dimension of POS theory, which is the presence of influential allies. Scholars have varying opinions of how influential allies influence mobilization. The variation stems from an underlying division of POS theory. The POS can be analyzed objectively or subjectively. For a subjective approach, perceived changes in the political environment are highly relevant, whereas for an objective approach only actual changes in the political environment are considered relevant (Opp 167-170). The presence of influential allies is an actual characteristic of the POS; however, scholars who take a subjective approach are concerned with the misperceptions the public might have about having an ally in power.

McAdam and Eisinger conceptualize the POS objectively. In Eisinger's case study, black protest was higher in cities with more blacks in government; Eisinger would attribute this to greater expectations for possible gains (20). Following McAdam's political process model, mobilization would be likely to increase when a movement gains political influential allies because those allies can strengthen the bargaining position of an insurgent group. During the early 1960s the civil rights movement benefited from the sympathetic political leaders. Kennedy and Johnson publicly declared their support of the civil rights movement. This increased the legitimacy and bargaining position of the movement, which in effect increased collective action. After 1965; however, the federal government's relationship with the movement changed. Political leaders condemned urban riots and increased repression tactics. The shift in the position of the federal government decreased the insurgent group's ability to maintain its bargaining position and therefore decreased the movement's political opportunity for collective action. It
also decreased the insurgent group's feelings of optimism and political efficacy (170; 216; 228-229). In contrast, Meyer believes that the decline of protest during the civil rights movement was an outcome of increasing access to institutional politics as more African Americans acquired positions in government rather than direct repression ("Politics" 33).

Hern found that political allies played an important role in the activities of MoSP by providing support, resources and an entry point into the political system. When lobbying was MoSP's preferred tactic, state legislatures were their most important allies. They increased the bargaining position held by MoSP by introducing and demonstrating support for MoSP's bill in Congress. When the POS shifted and lobbying became significantly less effective political allies that remained supportive continued to play a crucial role in the movement. Interactions and alliances with politicians inspired and encouraged members by giving them hope that the movement still had a chance for success. Hern argues, "if there was no one in the legislature to support or promote the bill, then the goals of MoSP would seem unattainable and MoSP related activity would decrease." He believes that allies are needed to legitimize a movement (30; 85-90; qt on 87).

Political parties are important allies for challengers. In order for a movement to move its agenda to Washington they have little choice but to negotiate and form an alliance with either the Democratic or Republican Party. Agreeing with Eisinger, McAdam and Kitschelt, Tarrow finds that influential allies can increase mobilization because they are responsive to a movement's efforts. In *Power in Movement*, Tarrow provides the case of contentious politics within the former Soviet Union to prove this
point. Influential allies within the Communist Party elite encouraged challengers to take collective action by protecting them against repression and negotiating on their behalf, leading to an increase in collective action (79). In addition, he considers the instability of influential allies to be an important factor because the more unstable they are the more they will rely on public support. He cites the Democratic Party’s alliance with the civil rights movement as an example of a relationship between a movement and an unstable ally that increased incentives for collective action. As noted earlier, the Democratic Party was most responsive and sympathetic to the movement’s agenda when it depended on black votes. This relationship had a significant role in the rise of mobilization during the height of the movement (“Contentious” 49-55).

As a result of excluding the configuration of power, from his analysis, Kreisi places a great emphasis on the static characteristics of political systems and ignores many of the volatile elements that other scholars are concerned with. Kriesi states- “the political opportunity structure refers to the aspects of the political system that are relatively stable over time.” These aspects determine the accessibility of formal well-established institutions (173). He argues that the stable structure of opportunities has the most significant impact on whether or not people will try to influence a state outside of institutional politics and that transforming the POS of a state is “quite impossible in the short run” (196; 169-173). He pays little attention to the power relations of political parties or interest associations. Based on his static model, a progressive president who is sympathetic to a movement’s agenda will have little effect on the POS. Despite this, Kriesi recognizes that a leftist government might have a slightly demobilizing effect because many aggrieved people will assume that there will be reforms in their favor
whether they demand them or not (183). Tarrow and Kriesi take both an objective and subjective approach to determining the political opportunities influential allies create for a movement.

Meyer places a lot of attention on power within political institutions, claiming: “how necessary or potentially effective social activism appears is partly a function of which people are in political power, their political positions and their vigor in pursuing them” (“Politics” 33). This statement makes it clear that Meyer has taken a more subjective approach to the POS and considers the general public’s perception of the POS as a determinant of whether or not activists will be able to mobilize a significant number of supporters. Meyer believes that powerful political allies give people the perception that their needs are being addressed. On the other hand less powerful allies such as “disgruntled” elected officials, cultural figures and experts can encourage mobilization by bringing credibility to a movement without decreasing the perceived necessity for collective action (34).

The most obvious example of a powerful ally is the president. The president is the most visible political actor and therefore the public is most likely to base their perceptions and assumptions of the government on his actions and discourse. If the president is sympathetic to the public’s demands, the majority will trust that the government will implement policies with or without the mobilization of the public. Meyer asserts: “[when] a president visibly and vocally embraces the aims of activists and “activists are welcomed into the White House...visible activism is least likely” (“Politics” 33; qtd. “Protest” 137). This is extremely frustrating for social movement leaders and organizers that recognize how necessary mobilizing the public is in order to
take advantage of the political opportunity. It is clear that not all political opportunities that increase a movement's chance of influencing public policy increase a movement's mobilization potential.

*Political Opportunity vs. Movement Opportunity*

Lindy Starr Frazee Hem chooses to analyze the relationship between social movements and political opportunity at the micro level by specifically focusing on the tactics and mobilization of a particular coalition organization. Before embarking on his analysis of the effects of certain political opportunities on the Movement for Single Payer Health Care in Missouri (MoSP), Hem makes the distinction between political opportunity and movement opportunity. Movement opportunity is reflective of "the ability of a particular organization to make progress toward the achievement of its goals through the active participation of its members and the active interest of non members" (48). High levels of interest and participation of people in the goals and activities of the organization indicate a positive movement opportunity. Hem gauges levels of interest and participation by looking at meeting attendances, memberships and enthusiasm of participants. In the presence of a positive movement opportunity, the preferred tactic is grassroots mobilization because it is possible to get lot of people involved. According to Hern, grassroots activities can be anything from giving educational programs to awareness raising activities such as street theatres or standing on the side of a road with signs (5-48; 62-63).
"Missed Opportunities"

Hern's narrow approach to political opportunity gave him a valuable insight into the relationship between political opportunities and grassroots mobilization. In support of other scholars' claims, his study has determined that political opportunities do not always increase movement opportunity; in face at times there is an inverse relationship between the two elements. Such was the case for the relationship between MoSP and the POS during the 2004 election. The political opportunity presented to MoSP can be considered a "missed opportunity" which Meyer defines as a political opportunity that would facilitate social movement activity that activists do not or cannot, use to their advantage (Meyer and Sawyers 189).

Hern recognizes that presidential elections result in changes in political opportunity structures depending on who is elected. He asserts: "depending on the results of the election, the political opportunity structure could become more open to progressive social reform or more closed" (10). The election itself presented a political opportunity for MoSP by bringing the debate over healthcare back into the spotlight. It also gave supporters of healthcare reform a chance to elect a more progressive president that would be more sympathetic to their concerns than George W. Bush. But this political opportunity was not translated into movement activity because of obstacles at the organization level: during this period, there was a lack of interest and participation in the movement. Since MoSP is a coalition organization, many of its key members were involved in advocating for other goals, making it harder for MoSP to mobilize people on the issue of healthcare. The decline in movement opportunity affected the tactics chosen by organizers, who considered arranging grassroots activities to be working harder
without being more effective at producing results. It became smarter to concentrate on lobbying and improving their bill (70).

In the case of health care reform, during Bill Clinton’s presidency, shifts in the alignment of political and economic elites created a “window of [political] opportunity” for health care reform activists. Clinton himself proposed a plan to achieve universal health coverage and many Democrats, who at the time held the majority, had declared their support for expanding coverage. The election of a sympathetic president, and the support of many Representatives increased the ability of advocates for health care reform to access the polity. Despite this political opportunity, there was a lack of grassroots activism due to logistical problems, poor leadership and alienation of unwavering single payer activists. Groups that were most likely to be mobilized on behalf of health care reform including unions, senior citizens, nursing associations, religious associations, organizations representing women, children and minorities remained relatively inactive in comparison to the highly effective countermovement. Nathanson considers Bill Clinton health care proposal to be a missed opportunity for health care activists (458-460).

Changing Climates and Threats

Following the 2004 elections, the POS shifted back into a conservative POS that was unfavorable for MoSP. Bush remained in office and Republicans controlled Congress. The re-established conservative POS was not expected to be open to socially progressive reforms. President Bush was known for his goals of privatizing social services and was by no means sympathetic to the movement for single payer. Disheartened by the results of the elections, many of the organizers for MoSP believed
that the increasingly negative POS would result in even less movement opportunity but to their surprise, there was an increase in meeting attendance and enthusiasm about the movement (Hem 45-60). It was obvious that neither Bush's administration nor any of the Republicans in Congress would introduce any progressive legislation; therefore, collective action outside the realm of conventional politics appeared more necessary. MoSP was able to reach out to and engage many people who were frustrated by the state of the POS. Long-term members also became more active. Gene Schwartz, a member of MoSP that Hem interviewed in 2005, explained: "when it seems that the Bush administration is not going to do anything, it makes me work harder, and I think that's a very common reaction" (41). MoSP seized this opportunity by focusing on grassroots mobilization rather than other tactics such as lobbying, which would be less effective in a conservative POS (40-65).

Goldstone and Tilly define "threat" as the costs that a social group will incur from protest, or that it expects to encounter if it does not take action. The latter is more relevant for social movement activity in the US. They believe that the threat posed by inaction may have a larger impact on levels of mobilization than political opportunities. Threats, which can also be considered closing political opportunities, lead to a higher sense of urgency for threatened groups. If the costs of not acting are high a group may decide to risk protest, even if significant opportunities seem absent (183). "The existence of sympathetic majorities in power makes it less attractive for people to take to the streets, unless it is to generate state action against other threats" (33-34).

In Nathanson's study of health care reform it is apparent that the threat of inaction was a strong mobilizing force for the opposition. The typical opposition to healthcare
reform consists of social conservatives, insurance companies and pharmaceuticals. They lobbied and provoked grassroots mobilization, successfully mobilizing people against Clinton's plan by framing their counter movement around threats. They worked through local networks to spread the notion that Clinton's plan was a threat to collective social, political and economic interests and constructed threats such as "you will lose your existing insurance coverage, your private doctor and so on" in order to make people think that they have something to lose if they don't act (459). These threats were an impetus for people that were happy with their existing insurance and health care to participate in the anti-health care reform movement. On the other hand, those in favor of reform had nothing to lose and were therefore not as driven to act (459).

Research Design

Much of the literature on POS theory is vague and complex. Meyer and Minkoff argue that analysts use political opportunities to explain different dependent variables (1461). Levels of mobilization and a movements' chance of success are two dependent variables that respond differently to political opportunities. A direct line cannot always be drawn from political opportunities that increase a movement's chance of success and a movement's ability to mobilize supporters. For this reason, Hern distinguished between political opportunity and movement opportunity and came to the conclusion that not all political opportunities increase a movement's ability to mobilize supporters. Hern's study of the single-payer movement demonstrated the difficulty of determining the effect of the POS on mobilization (2005). My focus will be on the effect
of specific changes of POS on mobilization, which does not necessarily coincide with a movement’s actual chance for success.

According to Meyer, there is a lack of empirical evidence for many versions of the political opportunity model (Meyer “Protest” 132-133). This can be attributed to the fact that the POS is a concept that is hard to measure. Opp believes that it is difficult to measure the POS objectively because there are many factors that determine whether or not a movement will be successful (169-170). When Tarrow discusses how divided elites and the emergence of influential allies can increase contention he refers to the POS objectively. He believes that challengers will actually be able to further advance their claims when elites are more dependent on public support because they will be more responsive to contention (“Power” 71). According to Opp, it is easier to measure and analyze the POS subjectively than objectively because a movement’s actual chance for success cannot be measured, whereas a movement’s perceived chance of success can be measured through surveys and opinion polls (170).

Whether or not increased access to the state encourages or discourages mobilizations is a key question that comes up in POS theory and is a question directly related to my research question. Eisinger, the first scholar to introduce the concept of political opportunity, placed a big emphasis on access to political systems. Eisinger’s findings suggest that protests are most likely to emerge in political systems that have a mix of open and closed elements.

Influential allies can influence the openness of a political system to a certain group. They can make mobilizing appear more effective but also decrease the perceived necessity for mobilization. Many scholars have used influential allies as a variable in
their conceptualization of POS. Tarrow is one of the few scholars who have discussed influential allies as a political opportunity that increases social movement activity. He believes that influential allies are important because they help a movement get their issues on Washington’s agenda. During the civil rights movement activists had influential allies in the Democratic Party that helped increase the political saliency of the movement. In his perception, political elites would increase activists’ ability to mobilize supporters. On the contrary, Kriesi and Meyer find that the left has a demobilizing effect because aggrieved groups assume reforms will be enacted in their favor whether they demand them or not (Kriesi 183). Just as a president that “visibly and vocally embraces the aims of activists” is likely to decrease mobilization, an unsympathetic president may lead to a rise in mobilization (Meyer “Protest” 137). For example, mobilization for single-payer health care, which was absent during the Clinton Administration, increased during Bush’s presidency. Although the movement faced a conservative POS in which Republicans held the majority of power in Washington, the single payer movement experienced a rise in movement opportunity, which increased its leaders’ ability to mobilize large groups. However, Hern suggests that high levels of mobilization would not have been possible if the movement did not have political allies in Congress supporting their bill (47-90).

Hern analyzed the phenomenon of the movement for health care reform at the micro level by relating the POS to activities of grassroots organizations (5). The purpose of my research is to narrow in on Hern’s study by focusing on the impact of political elites within the POS. Hern believes that election periods may open the POS for a certain social movement because it gives them a chance to introduce their issue into
public debate (52). My research will be focused on how the result of a major election, which either presents or removes political opportunities for a movement, influences grassroots mobilization. The rise of mobilization following the elections despite President Bush’s goal to privatize the public sector may be associated with the public’s perception that acting outside of conventional politics became necessary (61). My goal is to determine how political elites fit into people’s perceptions of the necessity of grassroots activities. I have chosen to analyze the effect of Obama’s presidency on incentives for people to mobilize both against and for health care reform.

Hypothesis

The purpose of this study is to explore the relationship between leadership changes within elite political institutions, the sense of urgency experienced by potential participants and levels of mobilization. My hypothesis contends that the election of an influential ally decreases the sense of urgency among potential participants and raises the sense of urgency for the opposition. The sense of urgency declines as the aggrieved becomes hopeful that the newly elected official will represent them. At this time grassroots activities appear unnecessary. Urgency not only determines how many people organizers can potentially engage but also greatly motivates social movement leaders to focus their time and resources on grassroots mobilization. I would expect to find a decline in mobilization for a movement that considers the newly elected official an ally and a rise in grassroots activities for the opposition.
The key to this model is urgency, which is the intervening variable that determines levels of mobilization. The sense of urgency is the perceived necessity to participate in collective action outside of institutional politics. As argued by McAdam, aggrieved groups must feel that protest is necessary before deciding to participate in social movement activity (1982). The level or perceived urgency depends on changes in the leadership of elite political institutions. Grievances, existing networks and resources are all antecedent variables that I have chosen to hold constant. POS theory emphasizes the relationship between the state and social movements but does not discount the importance of grievances, existing networks and resources. All three must be present and held relatively constant for the given relationship between leadership, urgency and mobilization to be analyzed effectively. This model is meant to explain social movement activity within the United States so static elements of the POS (i.e. the distribution of power among three branches of government) can also be considered constant. The US has an open-closed system that invites both conventional and nonconventional tactics.
Definition of Concepts

Grievances arise as members of society experience deprivation from the existing social structure. Aggrieved members of society and their allies form social movements in order to confront the state. They choose from a wide variety of tactics in order to advance their claims. Existing Networks both “both facilitate collective action and discourage inaction” (Nathanson 449). They can be social networks within a community such as churches and school groups or established profession organizations such as Americans for Prosperity and the American Cancer Society. Resources are the money and labor necessary to sustain a movement. Social movement organizations need money to buy office and meeting spaces, purchase supplies, communicate with participants, and to accumulate and distribute information. They also need people that are able and willing to dedicate a bulk of their time into sustaining the organization. Grassroots Mobilization is one form of contention in which social movement organizations activate and demonstrate public awareness and support of the movement’s agenda. Supporters are encouraged to participate in a wide variety of activities outside of conventional politics including rallies, phone bankings, emails and meetings. During periods of successful grassroots mobilization, supporters whom are not normally politically active join activists due to the movement’s appeal (Sawyers and Meyer 196). Lobbying in Washington is another useful tactic that social movements use but it is not the type of social movement activity that this model attempts to explain since this model attempts to address why the average citizen chooses to participate in social movements.

Sense of urgency refers to the collective assessment by an aggrieved group that grassroots activity outside the realm of conventional politics is necessary. Meyer states
that, "for large social movements to emerge, people need to believe that participation in a protest is needed to get some part of what they want and that the movement might be effective, in other words that protest is necessary and potentially effective" (pg 23 Politics of Protest. Meyer). An organization's ability to mobilize people in support of its goal increases with the level of urgency. *Leadership of elite political institutions* refers to the visible power holders in the legislative and executive branches. Meyer believes that "how necessary or potentially effective social activism appears is partly a function of which people are in political power, their political positions and their vigor in pursuing them" (Meyer "Politics of Protest" 33). These elite political institutions are visible potential allies whose support is necessary in order for a social movement to influence public policy.

**Measurement of Variables**

My research is focused on the social movement activity of movements for healthcare reform and of conservative movements against Obama's health care plan. In order to gain a greater understanding of grassroots efforts for and against health care reform I have immersed myself in the movement on both sides by attending and observing rallies and meetings, participating in conference calls, and conducting in-depth personal interviews with activists. My research includes organizations at the local, state and national level that emphasize grassroots mobilization. Organizations that mobilize at the national level include Americans for Prosperity, the National Tea Party, Health Care for America NOW! and Healthcare-NOW. The first two organize against health care reform and the latter two organize for health care reform. At a more local level Health
Care for All Pennsylvania, the Philadelphia Unemployment Project and separate tea party groups, have all been active for and against health care reform.

I first measure the antecedent variables, grievances, existing networks and resources to confirm that they are all present and more or less constant in both of my cases. I determine which existing networks and resources were available to each of the movement's by analyzing organizations that were involved. Grievances are measured through the analysis of the current state of our health care system and through public attitudes of health care reform and the Obama administration. On the left I am most interested in evidence that demonstrates dissatisfaction with our health care system, whereas on the right I most interested in evidence that demonstrates dissatisfaction with the Obama administration and fear of big government.

As for my intervening variable, *urgency*, I rely on public opinion polls and the opinions of organizers. Polls asserting the amount of confidence that participants have in the Obama administration demonstrate the sense of urgency on the left. Polls that demonstrate discontent with Obama demonstrate the sense of urgency on the right. I have decided to interview organizers because they are most likely to have been involved for many years and have been exposed to the effects of changes within the POS on mobilization. They are dedicated to mobilizing people surrounding a specific cause and are therefore likely to understand when and why people are most likely to engage in social movement activity. Accordingly, I have asked them why they believe most people decide to get involved in advocacy for/against health care reform. I have also asked organizers how Obama’s election in 2008 has affected grassroots mobilization regarding health care reform and whether it has helped or hurt efforts to mobilize activism. I
measure my dependent variable, grassroots mobilization, by using media outlets and interviews with organization leaders. I also take note of attendances at meetings, rallies and other events. For questions I have asked organizers see Appendix A.

Background Information

The US Health Care System

The United States is the only industrialized nation without universal coverage. The predominant form of coverage in the US is employer-provided health insurance, which is purchased by the employer from the private insurance market containing over a thousand plans. In 2005, employer-provided health insurance provided coverage for 62% of Americans. The US also has three government sponsored health insurance program: Medicare provides coverage for people over sixty-five, Medicaid provides coverage for certain low-income groups including people with disabilities who cannot work and the Children’s Health Insurance Program (CHIP) provides coverage for low-income children. There are also some individuals that purchase private insurance directly. This mixture of private and public programs fails to cover over 40 million Americans (Kriss and Collins vi; US Department of Health and Human Services).

Employers also cover a large portion of the Japanese population as well and there are also over a thousand private plans for employers to choose from; however Japan has universal coverage since 1961. About a quarter of the population are covered by employer-based plans that are fully purchased by the employers and employees, 30% are covered by employer-based plans that are partially subsidized by the government and the remainder of the population is covered by one plan that is operated and subsidized by the
government. The premium for the government-operated plan is determined by family income (Budrys 154).

Since 1971 Canada has had a national health insurance program called Medicare that provides coverage for all Canadian citizens. It is a single-payer plan, with the government acting as the single payer. The majority of hospitals are privately owned and operated. Patients can choose any doctor they want and doctors can choose to be paid on a salary basis or a fee-for-service basis. Health care fees are reimbursed directly by the government. One other distinction between the US and the Canadian health care system is that in Canada it is considered inefficient to buy too much technology. The reasoning behind this is that it is better to make use of technology that is already owned because operators will be more experienced, the tools will be more effective, and costs will be lower. In contrast, in the United States, “the best” technology is valued even if it is underused (Budrys 148-149).

In England the government is in charge of more than just health insurance. Everyone has full access to health care services through the National Health Service (NHS) established in 1948. The government owns all NHS hospitals and pays all NHS health care workers. Everyone pays for and has access to the NHS but they are also given the choice of purchasing private insurance (Budrys 144).

*National Efforts to Expand Coverage*

During the 20th century there have been many initiatives to reform the US health care system and achieve universal coverage. None of them have been successful. The US health care system developed during a surge of capitalism. In the late 1800s and
early 1900s profit driven institutions replaced domestic health care (Weiss 2-3). Blue Cross, the first health insurance company, was established during the Great Depression, a time when many people had no way to pay for medical care. It set up affordable pre-payment plans that helped people afford hospital visits. The success of Blue Cross led to the founding of many other insurance companies in the 1930s. The private insurance industry grew very quickly. The percentage of Americans covered by private insurance rose from 9% to 50% from 1940 to 1950 (Budrys p 100-102).

Despite expansion in coverage provided by the private health insurance industry, President Harry Truman recognized that many Americans still did not have access to health care. He decided to make national health insurance a key domestic issue of his Fair Deal legislation, which he introduced on September 6th 1945 (Quidagno 7). Truman faced strong opposition from stakeholders who believed their interests were threatened. The AMA and other health care providers and the Republican Party joined forces to alert the public of the expansion of big government and the spread of communist ideals and principles. They set up a massive campaign of negative publicity and grassroots pressure against the Fair Deal health initiative. The AMA began the National Education Campaign to spread the message that national insurance was part of a communist plot to destroy freedom.

The opposition successfully shifted public opinion and convinced many that the US medical system was not in need of reform. In 1945 75% of Americans supported national health insurance and by 1949 support dropped to 21% (Quidagno 27). Attention was quickly drawn away from the fact that tens of millions of American could not afford insurance or pay for medical care (Derickson 109-110). The defeat of the Fair Deal
initiative was not the AMA’s first victory against national health insurance. The AMA had also managed a successful campaign preventing national insurance from being included in the Social Security Act of 1935 (Quidagno 7). Throughout the 20th century, the AMA and other health care-related interest groups have continuously fought against national health reform initiatives in order to protect their own interests (Weiss 36-37). Since Truman’s failed attempt almost every president has attempted to expand health coverage, including Nixon who introduced the National Health Insurance Partnership, Kennedy who introduced Health Care for All Americans Act and Clinton who introduced the Health Security Plan. Each major health care initiative has generated a strong grassroots movement in opposition to health care reform. The only initiative backed by a strong grassroots movement in support of health care reform was Kennedy’s Health Care for All Americans Act which resulted in the passing of Medicare and Medicaid (Quidagno 201; Derickson 93).

An Unexpected Victory Highlights the Demand for National Insurance

“If criminals have the right to a lawyer, I think working Americans should have the right to a doctor”-Harris Wofford (Derikson 161).

The national insurance issue gained political momentum in the 1990s as a result of an unexpected victory in Pennsylvania. The 1991 Pennsylvanian senatorial election placed a former president of Bryn Mawr College head to head with a well-established Republican. Harris Wofford, the Democratic candidate, was unmistakably the underdog. He had never run for elected office and was for the most part, unheard of. His opponent, Richard Thornburgh, was a distinguished politician in both Pennsylvania and Washington who had served as governor of Pennsylvania for two terms and as the attorney general for
the Reagan and Bush administrations. Early polls showed Wofford trailing over 40
points behind Thornburgh. Surprisingly, as the campaign progressed and Wofford began
stressing his support for national health insurance, polls unexpectedly shifted in his favor.
In the end, Wofford managed to win 56% of the votes, earning him a seat in the Senate.
His unanticipated victory demonstrated a great deal of public support for national health
insurance. In fact polling data shows that national health insurance was the most
important issue for voters during the election (Laham 43; Derickson 157-158).

A considerable amount of public support for national health insurance
demonstrated by this election increased the political salience of the issue. Bill Clinton
decided to make his support for expanding health coverage a centerpiece of his campaign
during the 1992 presidential election (Laham 44). After taking office, President Clinton
remained very dedicated to health reform calling it Congress's "most urgent priority"
(qtd. xi). He delivered speeches at meetings and rallies across the country in order to
generate public interest and media coverage. Health care became the most important
domestic issue (Weissert and Weissert 106; Laham 141-142). On October 27th 1993 he
introduced the Health Security Act, which guaranteed universal coverage by building on
the employment-based health insurance system. Despite the popularity of national
insurance demonstrated by Wofford's election Clinton was not in favor of national health
insurance. Instead, his bill called for a federal mandate on all employers, requiring them
to provide their working families private insurance. The federal government would be
required to provide subsidies for low-income families and place them in a regional health
alliance. Health alliances were an important element of his plan. All small businesses in
an area would be insured through a single health alliance, making health insurance more
affordable. Many aspects of the bill were aimed at regulating health care costs and health insurance premium rates. It would prohibit insurance companies from refusing coverage or terminating benefits due to pre-existing conditions. Therefore, if passed the Health Security Act would reduce the profits made by insurance companies and health care providers. The hospital, pharmaceutical and insurance industries quickly responded to the threat by launching a public relations campaign in order to turn public opinion against Clinton’s health reform plan (Laham 29-40; 46;40, Quadagno 189).

The power of the public relations campaign set forth to destroy Clinton’s plan is undeniable. Before Clinton took office, the Health Insurance Association responded to Clinton’s dedication to achieving national health reform by hiring two Republicans from the House Ways and Means Committee, one of the committees that hold significant authority in Congress when it comes to health reform. They hired Bill Gradison (R-OH) as president and chief lobbyist and Charles Kahn, the leading health policy counsel on the Committee, as executive president. Together, Gradison and Kahn started a $3 million advertising campaign featuring Harry and Louise, a couple sitting at a table worrying about how Clinton’s plan would affect their health coverage. The Republican National Committee also released advertisements about the dangers of the Health Security Act, representing it as a costly and bureaucratic nightmare (Quadagno 189; 192-193). When Clinton’s plan was first introduced, 67% of the public approved of the plan. About eight months later the percent of public approval had decreased to 44% (194). The Republican Party and the health industry had convinced the public that Clinton’s plan would deprive people of their choice of doctors, diminish their access to high quality medical technology and would raise health care costs (Laham 9-10). At that time, the success of
other developed nations that have achieved universal health care was well known so the 
ability of their public relations campaign to turn so many people against the idea of 
universal health care is very impressive (Derickson 157-158).

As the public relations campaign successfully altered public opinion, the health 
industry also exercised the power of its wealth by directly influencing members of 
Congress through campaign contributions. Despite the alliance between the Republican 
Party and the health industry, the majority of campaign contributions from the health care 
industry in the early 1990s went to the Democrats in Congress who at the time held the 
majority. Due to its popularity at the time, many congressmen declared their support for 
health care reform; however, that did not prevent them from accepting campaign 
contributions. Clinton failed to address this problem and did not call attention to the 
financial ties between private industry and Congress; doing so would have politically 
damaged the Democratic Party (Laham 6).

Opponents of national health reform clearly have the resources to influence the 
outcome of health care debates. The number of interest groups in Washington has been 
on a rise since the 1980s. Over 1,100 interest groups held a stake in the debate over 
Clinton’s health plan (Weissert and Weissert 111-112). Campaign contributions by 
Medical PACs increased from $11.6 million from 1989-1990 to $23.2 million from 1991-
1992. The private insurance industry, the highest stake holder, increased its contributions 
from $900,000 during 1989-1990 to $9.4 million during 1991-1992. In total, the health 
industry spent $60 million for lobbying, advertising, and grassroots organizing; and $40 
million on campaign contributions (Laham 46; 62).
The majority of campaign contributions went to members of the four committees that have the most influence over health care reform. The House Energy and Commerce and Ways and Means Committees; and the Senate Finance and Labor and Human Resources Committees all have a critical role in the process because bills cannot reach the House or Senate without first being approved by them (50). John D. Rockefeller (D-WV) of the Finance Committee; and Tom Harkin (D-IA) and Christopher J. Dodd (D-CT) of the Labor Committee all received over $250,000 in campaign contributions during 1989-1992 (50;55). This is interesting considering the fact that these were some of the biggest supporters of health reform during the most recent health care debate.

Campaign contributions, lobbying, and diminishing public support stalled the political process. The Senate Finance committee didn’t approve Clinton’s bill until July 2nd 1994, giving the senate only two months to pass the bill. Its version of the bill did not have a federal employer mandate and failed to guarantee universal coverage. Instead it would provide federal subsidies to help low-income families purchase private insurance. The bill failed to guarantee universal coverage (Laham 168). The final debate in August, ended without a vote and health care reform was taken off the table (53; 181). In the 1994 midterm elections the Republicans took control of Congress and took the incremental approach to health care reform (Skocpol and Keenan).

The overall failure of Clinton’s health campaign was not a failure for all individual Democratic incumbents. The conclusion of the debate saved them from having to vote for the controversial bill, which could have jeopardized either their public support or access to campaign contributions. The opposition’s successful public relations campaign demonstrated the importance of a strong grassroots movement for health care
reform to keep public opinion in favor of health care reform. If public support for reform remained as high as it was in the beginning of the debate, the Committees and the rest of Congress would have felt more pressure to ensure that a meaningful bill was passed. In order to vote for major policy initiatives, representatives must have mass public opinion on their side (Derickson 163). The importance of grassroots activism was one of the major lessons learned from the failure of Clinton’s health campaign. The Universal Health Care Action Network (UHCAN) was created in the aftermath of the Clinton health debate. Their mission is to help build, strengthen and connect organizations and coalitions at both the state and national level that can effectively engage the public, policymakers and key constituencies to achieve universal health care (UHCAN website).

The failure of many national health reform initiatives can be further explored using social movement theory and in particular, the political opportunity structure. The decentralized political system of the US associated with the three branches of national government and the states provides opponents with multiple access points to block policy initiatives. Canada, on the other hand, has a more centralized system and was able to achieve national health insurance (Quadagno 14-15). This relates to Kriesi and Kitschelt’s idea of state-capacity. Both scholars believe that decentralization lowers a state’s capacity to implement new policies because it limits the political and economic autonomy of decision. Kriesi believes that the US is a weak state, which limits political opportunities for movements addressing national problems (Kriesi 171; Kitshcelt 63-64).
Why Medicare Passed

"Nearly every president from Harry Truman to Clinton tried to push health care reform through Congress. Only Lyndon Johnson succeeded" (Laham 41)

In 1965 the Medicare bill passed under President Lyndon B Johnson (Weissert and Weissert 111). Medicare, which is essentially national insurance for the elderly, arose out of the political struggle for national health insurance. From 1963 to 1964, as Johnson continued Kennedy’s efforts of achieving national health insurance, private insurance rates increased by 43%, a factor contributing to popular support for national health reform. As usual, special interests lobbied legislators, gave out more than generous campaign contributions and organized grassroots protests. Setting this health care debate apart from others was the high demand for health reform generated by civil rights activists, trade unions and senior citizens. Together, they achieved unprecedented support for national health insurance (Quidagno 6; 70; 202; Weiss 153). It should also be noted that the opposition was not as strong during the Kennedy/Johnson era as it was during Clinton’s administration because the AMA was the only health care industry with a strong PAC. When the AMA established AMPAC in 1961 non-labor PACs were very rare (Weissert and Weissert 111). By the Clinton era almost every major health care interest groups had established at least one PAC (Laham 42).

The civil rights movement had legitimized federal intervention and mobilized many against the racism and discrimination present in medical facilities. One of the leading organizations involved in the movement- the National Medical Association

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3 Some scholars believe that the passage of Medicare and Medicaid brought the US further away from achieving national insurance by providing coverage for costly groups and removing the elderly and very poor from political debates over national health insurance (Quidagno 76; Derickson 155)
established itself as a lobbying organization for civil rights and progressive health care reform (Quidagno 202; Weiss 20; 22). The overwhelming public support created by activists in favor of national health insurance forced special interests to compromise. Medicare, a public plan for senior citizens, was the result of that compromise. Medicare legislation allowed insurance companies to administer Medicare by acting as fiscal intermediaries between the government, Medicare recipients and health care providers (Weiss 153-154; Quidagno 74; Budrys 48).

*Health Social Movements*

Along with the rise in interests groups representing health care providers, there has also been a noticeable rise in interest groups representing health care consumers. This has enhanced the ability of groups to push health-related issues onto Washington’s agenda. In addition to increasing access to the political system, the spread of the Internet has strengthened the power of health-related movements by increasing the public’s ability to access medical databases, research studies and the media. Organizations can access and share scientific information with large groups of people (Brown and Zavestoski 5).

Brown and Zavestoski provide three possible categories of Health Social Movements (HSMs): health access movements, embodied health movements and constituency-based health movements. Health access movements address access to, or provision of, health care services; embodied health movements organize to achieve medical recognition, treatment and or research; and constituency-based health movements address health inequality and health inequity based on race, ethnicity, gender, class and or sexuality differences (7). It is important to note that there is some overlap
between the three types of movements. Separate constituency-based and embodied HSMs have their own agendas but many are part of the larger movement for universal coverage.

i. The Single Payer Movement

The single payer movement is a faction of the movement for universal coverage, which advocates for a single payer solution that would achieve universal coverage. Single payer legislation would replace the private insurance market with national health insurance. The single payer movement has been around for decades. During the 1980s and 1990s hundreds of grassroots organizations, some important professional physicians' associations, several major unions, and important leaders of major corporations joined forces to advocate for the single payer solution. Clinton did not consider the single payer solution because it was adamantly opposed by the private health industry. In 1994, after Clinton's plan had failed about one hundred congressional representatives cosponsored a single payer bill (Weiss 199; Laham 12-13).

ii. Women's Health Movements

In 1990 the National Breast Cancer Coalition formed as an umbrella organization for hundreds of breast cancer organizations and began lobbing for breast cancer policies as activists shared their stories with politicians and the general public (Kolker140-141). Thanks to their efforts federal funding for breast cancer research increased by $350 million from 1991 to 1993 (Hoffman 7). Women's health movements are constituency-based HSMs that have also been involved in the push for the expansion of health care
coverage. They have had a lot of influence over national campaigns for health care. During the Clinton era, the Women’s League organized a Campaign for Women’s Health. They demanded that primary, preventive and long term care and coverage for mental health, HIV testing and counseling, domestic violence screening and full reproductive health care and family planning be incorporated into the Health and Security Bill. Representatives were receptive to many of their demands and added them to the bill (Hoffman 7).

**iii. AIDS Activism**

The AIDS movement generated in the 1980s and early 1990s can be considered one of the most successful grassroots movements for health care reform. Its successes include speeded-up drug trials, pharmaceutical price reductions, and large increases in AIDS research and funding. The most prominent organization involved with AIDS activism, ACT UP, was founded in 1987. It was concerned with the existence of HIV exclusions in private health insurance policies and the high premiums, which prevented many people with AIDS and HIV from having health insurance. ACT UP formed the Insurance and Access Committee to specialize in the battle against insurance companies. One of its main slogans was “lack of insurance kills people with AIDS: Lack of insurance means lack of health care, and lack of health care means death.” Its concern for expanding coverage to people with AIDS led to its involvement in the single payer movement. In 1992 ACT UP activists joined Health Care for All in Pennsylvania in a march to demand national health insurance. Soon after ACT UP and other AIDS organizations became involved in the single payer movement at the state and national
level. In 1992 and 1993 they organized marches on Washington demanding national health insurance (Hoffman 7;8).

The Current Health Care Crisis

Rising health care costs and premiums have weakened the ability of many employers to offer comprehensive coverage. This places a lot of strain on the US health care system, which is predominantly covered by employer-based insurance (Kriss and Collins vi). The US spends more than any other country on health care but is unable to expand health services to all of its citizens. In 2007, the US spent $2.2 trillion on health care (16.2% of the nation’s total economy), yet according to the National Center for Health Statistics; during that same year there were 43.4 million uninsured Americans, representing 16.6% of the population (Kaiser Foundation; National Center for Health Statistics). The number of uninsured Americans rose to 46 million in 2009 and as estimated by the Institute of Medicine 18,314 Americans between ages 25 and 64 die each year because they do not have health insurance (Wilper, Woolhandler, Lasser, McCormick, Bor, Himmelstein 2009 p1). According to the National Center for Health Statistics, people without insurance or with insufficient insurance that seek health care may face bills in the tens of thousands leading many into bankruptcy (National Center for Health Statistics). According to a poll conducted by ABC News and the Washington Post, in 2007 25% of Americans were somewhat dissatisfied and 45% were very dissatisfied with the overall states of the health care system (ABC News/Washington Post Poll, Sep, 2007).

There are currently over 1,500 private plans in the US. Each one has a
bureaucracy set up to process medical claims and reimburse health providers. Each company uses a large amount of money for administration and paperwork. High competition forces insurance companies into spending a lot of money on advertising. They must also have a multitude of techniques to maximize profit. Insurance companies use underwriting to exclude coverage of high-risk unhealthy populations and keep healthy low-risk populations who need minimal of health care (Laham 25; Weiss 25).

A Comparative Case Study: Movements for and Against Health Care Reform

The Shift of the POS and the Start of the Health Care Debate

Obama’s overwhelming victory shifted the POS providing significant political opportunities for the movement for universal health coverage. Once again, health care activists had a president who was dedicated to the battle for comprehensive health care reform. During the 2008 elections, healthcare was one of the top domestic issues addressed by the candidates. Republicans and Democrats responded to the increasing public concern surrounding the issue and proposed reforms that they contended would improve the health care system by expanding coverage and reducing costs. McCain and Obama, the two final candidates, held very different opinions on what health care reform should look like. Obama proposed a plan for universal coverage based on mixed private-public group insurance. He believed that providing people with the choice of private and public groups plans would reduce health disparities by making adequate insurance accessible to all. He also proposed to increase insurance regulations and expand Medicare and the State Children’s Health Insurance Program (SCHIP). McCain, on the other hand, was not concerned with achieving universal health insurance. Instead, he
proposed a plan that would increase coverage through the individual insurance market by providing new tax incentives and deregulating state markets, thus allowing employers and individuals to purchase any insurance across state lines (Collins and Kriss 4;12-13).

After Obama’s victory, the United States had a relatively progressive president in the White House, a sixty-vote Democrat majority in the Senate and a significant Democrat majority in the House. With these new developments, the POS shifted greatly in favor of activists fighting for universal coverage. Faced with one of the toughest political challenges seen by any president in the 20th century, Obama was determined to achieve universal health coverage. This gave the movement a considerable amount of political leverage, increasing the movement’s chance for success.

The Movement for Universal Coverage: Networks, Resources and Grievances

The movement for comprehensive health care reform had a dual set of resources and networks to utilize following the 2008 elections. It was able to tap into networks established during Obama’s campaign and well-established health care networks. There was also no shortage of potential participants that have had negative experiences with the health care system. Athena Ford, a health care organizer, asserts, “everyone knows someone who is losing their job or has a pre-existing condition” (Ford 2010).

Throughout his first year in office, Obama consistently stressed the importance of grassroots activism in support of health care reform and other issues. Organizing for America (OFA), an organization that played an important role in organizing millions of Americans during Obama’s electoral campaign, was also involved in Obama’s health care campaign. OFA worked to keep the millions of Americans that had been involved
with Obama’s presidential campaign politically active and also reached out to new participants. On the front page of the organization’s website is a quote by Obama that reads: “I’m asking you to believe. Not just in my ability to bring about real change in Washington... I’m asking you to believe in yours.” The organization urges people to stay involved by joining local OFA campaigns, attending town hall meetings, calling representatives and signing online petitions (OFA website).

An account by Athena Ford, an organizer for HCAN and Philadelphia Unemployment Project, demonstrates the value of the existing network established during Obama’s campaign:

Obama didn’t invent this model of house parties and meet-ups but he popularized it to the point where now if I go up to a random person and say, can you hold a house party for health care reform, they understand what the concept is that I’m talking about. So there’s that whole model of grassroots organizing that really just exploded throughout that campaign and we’ve been able to piggy back on a lot of it which has been great (Ford 2010).

This grassroots model helped Ford and other HCAN organizers connect with people that were involved in Obama’s presidential campaign as well as people who had never before worked on political issues. HCAN frequently used OFA’s website, BarackObama.com, to post meet-ups and to communicate with likely supporters. The database, which reaches over 10 million Obama supporters, has information on how voters stand on

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5 Athena Ford is one of the two full time health organizers for the Philadelphia Unemployment Project, one of the leading partners of HCAN and the Philadelphia Access Network. She is contracted out of Health Care for America NOW! (HCAN) and the Philadelphia Access Network. The Philadelphia Access Network is a state-wide coalition, which got its start working on state-based reforms. Once national reform became such a hot issue, the Pennsylvania Health Access Network decided that the best way to help Pennsylvania was to get national health reform legislation passed quickly. According to Athena, the Philadelphia Unemployment Project “is a real leader in Philadelphia and across the state for organizing around progressive issues, especially those that affect the unemployed and low income and health care is obviously a big one right now.” Through her work with the Philadelphia Unemployment Project Athena has also partnered with Move-on and Organizing for America.
particular issues, what motivated them to participate, and their main concerns. This information is highly valuable for organizers because it allows them to target the people that are likely to contribute time and money to the cause (Cooper 2008).

In addition to the networks created during Obama’s presidential campaign to win votes, Obama’s health care campaign could tap into. Each network has its own database and email list that could make use of preexisting health care networks. Health Care for America NOW! (HCAN)\(^6\) was created specifically as a coalition network for the many individuals, community organizations, unions, faith-based organizations and other organizations advocating for health care reform. On July 8\(^{th}\), 2008 HCAN launched its campaign with over 100 national and state-based groups. By raising $500,000 from thirteen of its key members and by accepting charitable donations including a $10 million grant from Atlantic Philanthropies, a private foundation, HCAN became a multi-million dollar campaign capable of uniting hundreds of existing networks and mobilizing them in support of Obama’s health care campaign. At the start of the campaign, HCAN announced that it would be spending $25 million in purchasing media and planned to set up 100 organizers in 45 states (HCAN website).

*Advocating for the Single Payer Solution*

HCAN coordinated the grassroots efforts of individuals and established organizations that supported Obama’s proposal for universal coverage. However not all organizations that have been fighting for universal coverage agreed with Obama’s proposed plan during the 2008 elections. Some organizations remained dedicated to

\(^6\) HCAN became a coalition of over 1,000 organizations (HCAN website)
achieving universal coverage by replacing the private insurance market with a national health insurance plan. During the 2008 election their closest ally was Dennis Kucinich, the only candidate to propose a national health insurance plan (Collins and Kriss 10).

According to Chuck Pennaccio, the executive director of Health Care For All Pennsylvania, “Folks have been working at [the single payer solution] for decades and decades.” The single payer movement has a constant flow of resources from membership fees and donations, and has a large network of organizations at the local, state and national level including influential physicians’ associations (Weiss 199).

Following the 2008 elections Healthcare-NOW! - the established single payer national coalition from which HCAN derived its name - was ready to strongly advocate for the single payer solution. According to their national director, Katie Robbins, Health Care NOW! did not join HCAN because in order to have any influence over HCAN’s strategies an organization has to be on the steering community of HCAN, which requires $500,000 to join. Nonetheless, single payer organizers were adamant about making the voices of single payer advocates heard during the debate. It helped that although Obama did not propose a single payer solution during the 2008 election he was more sympathetic toward the notion than George W. Bush had been.

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7 Chuck Pennacchio has been the executive director of Health Care For All Pennsylvania since the Fall of 2006. He ran a seat in the Senate in 2006 on single payer. He has organized for electoral politics as well as issue based politics at the state and national level.

8 Healthcare-NOW! was formed in 2004 to address the health insurance crisis in the U.S by advocating for the passage of national, single-payer healthcare legislation. It is a decentralized organization with hundreds of active members in all 50 states. It supports leaders at the grassroots level who are dedicated to supporting a single payer bill, HR 676. Healthcare-NOW! has developed into the broadest coalition in support of single-payer healthcare (Health Care NOW! website).

9 Katie Robbins has been the national organizer of Health Care NOW! since 2008.

10 In fact, in 2003, Obama declared that he was a “proponent of single payer” while delivering a speech to members of the AFL-CIO (see http://www.realclearpolitics.com/video/2009/08/04/obama_2003_i_want_a_single_payer_health_care_plan.html for video)
It is also important to note that there has been some overlap between HCAN and the single payer movement, despite their differing ideals. According to Pennacchio, “its not a coincidence that there’s an organization called Health Care for America, NOW! [HCAN].” He believes that “in many ways [HCAN] has stolen the thunder and the organizational fire power of Healthcare-NOW.” He has little respect for HCAN and argues that it is an extension of the big labor-financed Democratic Party campaign to achieve a victory for the Democratic Party. Jeffrey Muckenstrum, an organizer for Health Care-NOW, also believed that HCAN stole some organizational power from the single payer movement. He was frustrated that HCAN used a lot of Healthcare-NOW’s language to make the bill sound more progressive, enabling HCAN to take supporters away from many single payer groups.

The Tea Party Movement: Existing Networks and Hidden Resources

The Tea Party Movement, the most visible opposition to health care reform over the past year, also had many pre-existing networks and resources to utilize, and had an aggrieved group to target for mobilization. The Tea Party Movement quickly gained momentum, drew in tens of thousands of dedicated participants, and generated a great deal of media attention. Tea Party activists attribute the sudden emergence and rise of the Tea Party Movement to Rick Santelli’s reaction to the housing bailout on CNBC, which took place about a month after Obama took office:

This is America! (he turns to the traders nearby). How many people want to pay for your neighbor’s mortgages that have an extra bathroom and can’t pay their bills? Raise their hand! President Obama, are you listening? You know Cuba used to have mansions and a relatively decent economy.
They moved from the individual to the collective. Now they're driving '54 Chevys. It's time for another tea party. What we are doing in this country will make Thomas Jefferson and Benjamin Franklin roll over in their graves. (CNBC)\textsuperscript{11}

His rant represents some of the values intrinsic to the Tea Party Movement: anti-big government, anti-redistributive social policies and clearly anti-Obama.

The Tea Party Movement consists of many autonomous Tea Party groups, but most of these local groups are affiliated with a national Tea Party Organization and receive strategies and information from national lobbying organizations. Karin Stocking,\textsuperscript{12} an organizer for a local group affiliated with the Tea Party Movement called We the People of Pennsylvania, receives communications from FreedomWorks,\textsuperscript{13} Resistnet and Americans for Prosperity. These three organizations reach out to tea party groups all across the country. Stocking is well aware of the direct connection between local tea party groups and these national organizations. "It's funny, there is one lady that is in FreedomWorks who is also a Tea Party Organizer who tries to take the FreedomWorks ideas and bring them into the Tea Party Patriots" she said. Stocking believes that since there are so many communications coming from a variety of sources

\textsuperscript{12}Karin Stocking is an organizer for We the People of Pennsylvania. They study the constitution so that they can go out and talk to people about it. According to Stocking they "believe there is a deficiency in knowing what the constitutional rights are, knowing what the constitution said and understanding what the founding fathers meant for our nation." Her organization has collaborated with local groups including As a Mom, an organization established by mothers who are worried about their children's futures and the Valley Forge Patriots. They have also worked with national organizations including ResistNet, Freedom Works and American's for Prosperity.

Stocking has been involved with politics since she was a child, but says she did not get involved with activism in respect to health care reform "until it came out that we were going to try to go to a socialized system of health care under the Obama administration." She got involved with grassroots activism against health care reform by planning bus trips to Washington DC for rallies.

\textsuperscript{13}Freedom Works is a national organization based in Washington DC. Since, 1984, FreedomWorks has assisted organizations all across the country fight for lower taxes and less government. Like Organizing for America, FreedomWorks has a map on its Web site that allows members to post events held in their communities.
she and other organizers are able to choose what to communicate back to their network. Stocking's group also coordinates with local groups including the Valley Forge Patriots and As a Mom. According to Stocking, "there is a whole mish-mosh of groups getting together, coalescing." Despite its direct connection to organizations like FreedomWorks that have plentiful resources, Stocking claims that her group lacks financial resources so participants spend their own money to attend events.\(^\text{14}\) She finds this frustrating because groups like Health Care For America NOW! have the resources to organize free bus trips for their supporters to protest in DC. Despite this sentiment, which she shares with other tea party activists, the Tea Party Movement is actually resource-rich due to its ties to well-established and resource-rich organizations (Stocking 2010).

Louis Flanagan,\(^\text{15}\) a member of the Valley Forge Patriots does not get any of his information from organizations like FreedomWorks. Rather, he gathers information from a variety of sources including BBC News, The American Spectator, The Wall Street Journal, The Guardian and the New York Times. He then takes the information that he has gathered and sends out 2-4 emails each day to numerous tea party groups. Most of the emails are accounts from doctors and patients in Canada, the UK, Massachusetts and Cuba complaining about medical rationing, longer waiting lines and sub-standard care. Flanagan started gathering and distributing information to other tea party activists in 2009; he also organized rallies against health care reform that took place every Saturday at the King of Prussia Mall, in King of Prussia, Pennsylvania. He regularly mobilized 10-

\(^{14}\) People pay $30-35 to go on the bus trips to Washington DC that Stocking organizes (Stocking).

\(^{15}\) Louis Flanagan, a member of the Valley Forge Patriots is new to politics he has a lot of knowledge on the US health care system and the health care systems of other countries. He graduated Villanova as a history major and now owns his own business called Planagan advertising.
15 people to stand on the side of the highway with anti-health care reform on these occasions.

Local Tea Party groups are autonomous and do have members like Flanagan who represent the more genuine grassroots side of the movement. However, there is no denying that the Tea Party Movement is directly linked to the Republican Party, the conservative media and lobbying organizations. The Republican National Committee is also constantly sharing information/resources with the movement. Flanagan’s Tea Party group, the Valley Forge Patriots, also received several emails by the Republican National Committee and Americans for Prosperity packed with information on the health care debate and on rallies. There were several lists called Code Red sent out by the Republican National Committee that contained the names and numbers of the representatives who were expected to vote yes on health care reform and urged people to call them.\textsuperscript{16}

Many Republicans have directly encouraged Tea Party groups by giving speeches at rallies and by appearing on conservative talk shows or talk radio. On the Sean Hannity show, Michelle Bachman\textsuperscript{17} called viewers to action, saying: "Right now it’s imperative that all of your listeners go to their local member of Congress's office. You don’t need to bother to go to the Republicans, they are all committed to vote no… but go to the Democratic congressmen’s offices. Hold demonstrations, come by the car load…” (Sean Hannity Show). Some members of the Valley Forge Patriots took Bachman’s advice very seriously. An email sent to the Valley Forge Patriot listserv by one of the organizers read: “Michelle Bachman was just on with Sean Hannity and is calling


\textsuperscript{17} Michele Bachman, a Representative of Minnesota, has been an influential player in the Tea Party movement. (Write more about her role)
everyone to go to Washington this Saturday. She says we can definitely win if we do not give up. This is the last chance we will have to kill the bill and Saturday is crucial" ("The Sean Hannity Show").

The Republican National Committee, Americans For Prosperity, Reisistnet, FreedomWorks and other well-established conservative organizations provided the Tea Party Movement with organizational capacity. Local Tea Party groups may lack resources, but on the larger scope there are millions of dollars being pumped into the movement (Barstow 2010). National organizations put a lot of effort into making sure that all of the autonomous Tea Party groups have similar agendas. According to Katie Engdahl, the Director of Programs Americans for Prosperity (AFP), AFP works with numerous Tea Party groups, as well as state policy think tanks throughout the country, to ensure that groups are all communicating and working on similar agendas (Engdahl).

*Initial Reactions to the Shifted POS: Measuring Urgency*

As Obama took office, established conservative organizations and the Republican Party sought to promote grassroots mobilization. Having lost a significant amount of political power in Washington, the Republican Party used grassroots mobilization to attempt to block another Democratic victory. They also sought to generate popular support for the 2010 congressional elections. There is no doubt that many influential

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18 Katie Engdahl is the Director of Programs for Americans for Prosperity (AFP) a conservative organization based in Washington DC. According to their website, AFP is committed to educating citizens about economic policy and mobilizing citizen activists. AFP and the Americans for Prosperity Foundation have more than 1,000,000 members in all 50 states. AFP helps their "grassroots" leaders organize events and petition their lawmakers. AFP created a project called Patients First, specifically to mobilize people against health care reform.
individuals and organizations that had a heightened sense of urgency to call for grassroots mobilization fueled the Tea Party movement. But why were so many people so receptive to their call for grassroots activism?

Tea Party organizers believe Obama’s victory and progressive agenda facilitated their mobilization. Katie Engdahl believes that one of the factors contributing to the high levels of grassroots activism on the right is that “people felt defeated after the 2008 elections.” In Ford’s words: “people are pissed off that they lost the election.” Louis Flanagan claims that he first became involved in politics by deciding to phone bank for McCain after hearing Obama speak. When Obama took office, Flanagan thought that, “like most other presidents,” Obama would “be forced to govern from the center.” Flanagan believes that did not happen. Instead Obama “showed every sign of a very extreme leftist position.” Flannagan referred to the bailout and Obama’s determination to “socialize the health care system,” his perception that government was rapidly expanding under the Obama Administration increased Flannagan’s sense of urgency. Similarly, Karin Stocking, believes that under the Obama Administration, the US is heading towards a socialist society. After the 2008, she says she was driven to political protesting in order to protect her and her children’s future.

A Harris Poll was conducted in October, 2009, to assess the public opinion on the president’s health care proposals. The results demonstrated that an overwhelming number believed the criticisms of Obama’s plan to be true. 45% of participants strongly agreed and 22% somewhat agreed that reforms would result in higher taxes; 42% strongly agreed and 23% somewhat agreed that the proposed reforms would result in a government-run health care system; and 21% strongly agreed and 16% somewhat agreed
that the proposed reforms would create panels that would decide who should live and who should die (2009). A similar poll conducted by The Economist and YouGov found that 60% believed that if Congress passed the health reform bill, health care would be rationed (2009). These polls reveal the success of the movement against health care reform. Jaime Torres, the president of Latinos for National Health Insurance attributes the success of the opposition at mobilizing people against health care reform to a "fear of losing power, fear of the government and the fear of Obama."

In stark contrast to the right's reaction to the 2008 elections, those on the left, generally celebrated Obama's victory and had high hopes that Obama would be able to turn his campaign promises into reality. In November, 2008, 72% of Democrats believed that Obama would be able to provide health coverage for most uninsured Americans (Quinnipiac University Poll). Once elected, many people remained optimistic that Obama would be able to follow through with his campaign promises. In March, 2009, when Obama promised that he would obtain major health reform within a year, hopes were raised even higher. 77% of Democrats polled believed that Obama would be able to keep his promise (Quinnipiac University Poll 2009). All of the health care activists interviewed agreed that the 2008 election created a lot of hope that health care reform would happen.

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19 Jaime Torres is the president of Latinos for a National Health Insurance. Established in 2005 (double check on website) "Many of us got together and created an organization called Latinos for a National Health Insurance because we felt that as the movement for health care reform was increasing there were not many Latinos talking about health care reform. So basically we reached out to our network and that's how Latino's for a National Health Insurance came to be." "This organization in is not in itself a grassroots organization. We don't have the time nor personnel, the time or the money to do that but our main focus is to educate those community-based organizations that have to do with Latino services that may not be fully informed about health care reform We want to tell them what is out there and how it will effect the Latino community in a good way or not... Our audience is the people running grassroots organizations"
According to Muckenstrum, “if you have a Democrat in office it is way more difficult to get people out to your event because they think that the president especially being Barack Obama has your best interest at heart and that he will get something passed that will support what we will believe in.” Muckenstrum believes this is why there were not any huge demonstrations for the public option despite its popularity. A Marist Poll conducted in December 2009 showed that 58% of Americans wanted the public option included in the bill. There were, however, a lot of demonstrations against what Obama proposed. Muckenstrum explains that, it is a lot easier to get people to go to an event in against a particular solution, then it is to get people to go to an event in favor of a solution because getting people to all agree upon a solution and organize around it is a difficult task.

Responding to the POS: The Rise of the Tea Party Movement

The Tea Party movement emerged and grew at a remarkable rate and was highly successful at rallying people against health care reform. During the summer of 2009, as Congress returned to their hometowns for their summer recess, protests against health care reform emerged at town hall meetings across the country. The media covered outbreaks at many town hall meetings and depicted people shouting out over Congressmen in order to voice their concerns. Democrats argued that conservative lobbying groups were responsible for the protesters, while Republicans argued that the protests were a genuine response to the Obama administration’s actions (Urbina 2009). A strategy memo circulated by a Tea Party Patriots website told readers to “pack the hall. Yell out and challenge the Rep’s statements early... Get him off his prepared script and
agenda, stand up and shout and sit right back down” (Urbina 2009). The Tea Party protests proved to be very successful in getting their message out. Supporters of health care reform, on the other hand, were unable to generate anywhere near as much media attention as protesters against health care reform, even though they attended the same town hall meetings. A poll conducted by National Public Radio, the Kaiser Foundation and the Harvard School of Public Health found that 24% of their sample thought groups opposed to the plans being discussed in Congress were very successful in getting their messages heard at town hall meetings. Only 10% of those polled thought that groups supporting the plans being discussed in Congress were very successful and only 5% believed that groups in favor of a single-payer health system were very successful (National Public Radio/ Kaiser Family Foundation/ Harvard School of Public Health 2009).

Ford finds it frustrating that so many “are ignorant of the fact that these people [anti health care reform protestors] didn’t just show up to these events,” meaning that they were organized by special interests. She informed me that a former insurance CEO runs Hands Off My Health Care, an organization that supported the grassroots movement against health care reform. She went on to say, “the money is coming from insurance lobbyists and the strategy of the ‘grassroots’ effort is coming from insurance companies and right-wing lobby organizations as well.” The results of a National Public Radio/ Kaiser Family Foundation/ Harvard School of Public Health poll demonstrated the public’s attitude toward the protests: results showed that 61% of participants thought that the protests at the town hall meetings were mainly the result of individual citizens coming
together to express their views, whereas only 28% thought they were mainly the result of coordination by health care interest groups (2009).

On September 12th 2009, following a summer of tea party protests at town hall meetings, tens of thousands of people rallied in Washington D.C. to display their discontent with Obama’s health care proposal and the expansion of government. Comparing pictures from this rally to picture’s from HCAN’s lobby and rally day on June 25th demonstrates how small HCAN’s rally was in comparison to the Tea Party rally.20

At the September 12th Tea Party rally, Dick Armey (R-TX), the former U.S. House Majority leader, was there to deliver speech and energize the crowd (Zeleny2009). He believes that the Tea Party movement is a reaction to bad public policies that permit government expansion including government takeover of health care (Armey).21

Struggling to Mobilize the Left

On March 7th, 2009, Obama invited all groups that he believed were stakeholders to join him in a health care summit. He extended invitations to lawmakers, doctors, interest groups, members of Congress, and members of his cabinet. Nobody representing the single payer movement was invited; in response, HealthCare-Now and affiliates launched a successful pressure campaign. Organizers recognized the political opportunity presented by the 2008 election for the single payer movement to get its agenda discussed in Washington and were determined to take advantage of this

20 See Appendix III for pictures.
21 As the chairman of FreedomWorks, Armey has been an influential player in the development of the Tea Party. FreedomWorks recruits, educates and trains hundreds of thousands of volunteer activists (FreedomWorks website). FreedomWorks was involved in organizing the big rally on September 12th as well as many other rallies throughout Obama’s health care campaign (Zeleny 2008).
opportunity. Participants, most of which were long time members generated thousands of
calls and emails demanding that a representative for single payer be invited to the
summit. As part of the pressure campaign doctors and other health professionals
demonstrated outside the White House wearing their white coats. As a result of their
pressure-campaign, two leading advocates of single-payer received last minute invitations
(Robbins 2010; Fein et. al 2009). The fact that this pressure campaign was necessary
demonstrates the fact that despite the favorable shift of the POS, the single payer
movement would have to fight for a bargaining position. Once Obama, Nancy Pelosi and
Harry Reid declared that the single payer was off the table, Health Care NOW! decided to
stay out of the health care debate; however, it remained very active in spreading public
awareness of single payer.

Pennaccio believes that “[in] some ways [Obama’s election] expanded the single
payer movement and in others it has actually undermined the movement.” All of the
single payer organizers agreed that by keeping health care reform on the national agenda,
Obama raised the public’s consciousness of the health care issue. Constant media
coverage over the date made awareness of the issue almost unavoidable. Heightened
awareness of the state of the US health care system alarmed some people and caused
them to want to get involved. Activism on the left at the start of the health care debate
was not absent it just was also not as visible as activism against health care reform. It
was also not as unified as separate groups fought to get their concerns addressed in the
bill. For example, in April, 2008, a demonstration by disability rights advocates drew in

\footnote{Rep. John Conyers Jr. (D-Mich.), the chief sponsor of the single-payer bill, H.R. 676, was invited to
attend the meeting on the first day and Dr. Oliver Fein, president of Physicians for a National Health
Program, was invited on to attend the second day. (Fein, et. al 2009).}
hundreds of people. 91 people were arrested because some demonstrators chained their wheelchairs to the White House fence and the amount of demonstrators exceeded the maximum number of people allowed to demonstrate without a permit on the White House sidewalk. The purpose of the demonstration was to raise awareness of the Community Choice Act, which they said would allow disabled individuals to use their Medicaid payments for community-based services (Labbé-DeBose and John Wagner 2009).

Despite the emphasis that Obama had placed on grassroots activism and the efforts of coalitions like HCAN, mobilization for health care reform did not receive nearly as much media coverage as the movement against health care reform. The opposition dominated the media with protests and town hall disruptions and flooded the answering machines of Congressmen. The outcry against the health care proposal in the summer of 2009 convinced many Congressmen that voting for the health care bill would diminish their chances of getting re-elected in the upcoming elections and cased some to switch their votes. The same could not be said for the left who struggled to draw in crowds and engage people in the debate. Only five hundred people attended OFA’s biggest health care event in 2009. Even in states with Democratic strongholds, OFA struggled to get people to come to events; after emailing thousands of members about their events, OFA only managed to draw crowds of about twenty people to most of their events (Smith 2009). HCAN did not struggle as much as OFA to host successful events, mainly due to the fact that HCAN is a coalition of over 1,000 organizations. On June 25th 2009 HCAN held the largest health care lobby day in the country’s history.
However, the success of this one event could not compete with the ongoing victories of the mobilized right (Ford 2010).

_Disappointment Leads to a Rise in Activism for Health Care Reform_

By the end of its first year, many people had lost confidence in the Obama Administration’s ability to pass a health care reform bill. Less than a year after his proposal for health care reform the percentage of Democrats that believed he would sign a health care reform bill into law decreased by almost 10% (CBS News/New York Times Poll 2010). For many, feelings of disappointment began to replace feelings of hope during the summer of 2009 as the debate dragged out and the public option was taken off the table. Collective action became necessary to pressure Congress to act for comprehensive health reform.

According to Ford of HCAN, this disappointment “fired up” a lot of the people who began volunteering for HCAN. She believes people became fired up because they fought for and voted for health care during the 2008 elections and therefore could not accept the failure of the health care reform effort. Ford addresses the sentiments of many of the people she has organized,

I think for the most part, people who voted for Obama have sort of just expected, well gee we have this super majority between the House and the Senate and now in the executive branch we should just be able to get this done. I think there is a lot of frustration among people who don’t understand why it’s not happening (Ford 2010).

As the health care debate progressed and it became clear that the opposition had gained considerable momentum through the Tea Party Movement and that health care legislation was not sure to be passed, potential participants for the movement for health care reform
gained a new sense of urgency. Having their hopes let down reinvigorated people on the left and drove them to participate.

Disappointment and frustration with the way the debate played out also led to increased activism for single payer. In fact, for long time members of the single payer movement disappointment came early and drove members to act. After the success of its first pressure campaign to get single payer advocates invited to a health care summit, the single payer movement was shut out of the debate. The realization that single payer was not being considered led organizers into shifting their tactics. On May 5th, 2009, protesters, organized by Healthcare-NOW and Physicians for a National Health Program (PNHP), stood up one by one before Max Baucus at his health care hearing and criticized the Senate Finance Committee for not including a representative of single payer in their panel of fifteen experts. Katie Robbins yelled single-payer needs to be on the table,” Police eventually led out and arrested eight of the protesters, who later became known as “the Bacaus 8” (Budoff 2009). Before the protest thousands of single payer supporters had contacted the Senate and Finance Committee, requesting that single payer be included in the debate. By not responding to the requests, the Committee gave single payer organizers the impression that they needed to take more direct action (Flowers, Paris, Almberg 2010).

In general, many people became disappointed or angry as it appeared less likely meaningful health reform would be passed. This sentiment caused some people to become active in pushing forth the existing bill and others to join the single payer movement (Pennaccio 2010). According to PHNP the national single payer movement saw “tremendous growth” as the health care debate progressed (Flowers, Paris, Almberg
Throughout 2009, more chapters and coalitions for single payer formed around the country, many additional people signed up for Health Care NOW!'s website and meeting attendances doubled. Increasing awareness of the current state of the health care system and disappointment increased movement opportunity for the single payer movement (Muckenstrum and Robbins).

On March 23, when Obama signed the new health care bill into law, organizations like HCAN declared its victory. Throughout its 18 month-long campaign, HCAN participants made over 200,000 individual calls to Congress, sent over 600,000 faxes and signed and delivered more than 350,000 petitions. Millions of calls were made by the entire coalition and during an online march for health care reform HCAN and its coalition members produced over a million messages to Congress in conducted over 3,000 rallies, protests and events. These impressive numbers demonstrate that there was a grassroots movement in support of health care reform. However, much of the activism in support of health care reform came months after Obama introduced his health care proposal and even after the grassroots movement for health care reform gained momentum it could not compete with the grassroots movement created in opposition to reform, which was first to draw in public attention.

Conclusion

This sense of urgency model was designed to determine the causal relationship between changes within elite political institutions and mobilization at the grassroots level. Based on my research, the election of President Obama impacted grassroots efforts for and against health care reform. Organizers on both sides had the resources and networks
necessary to reach and organize aggrieved groups and sympathizers. In addition, learning from lessons from the past, politicians and interests groups on both sides of the debate knew that in order to win the debate they needed a significant amount of support at the grassroots level. Although grassroots efforts emerged on both sides, anti-healthcare reform activism largely won the grassroots battle. This is surprising considering how many Americans were unsatisfied with the state of the health care system in the years preceding the health care debate.\footnote{In a poll conducted by ABC News and the Washington Post, participants were asked how they viewed the overall state of the health care system. 7\% were very satisfied, 18\% were somewhat satisfied, 25\% were somewhat dissatisfied and 49\% were very dissatisfied with the overall state of the health care system (ABC News/Washington Post Poll, Sep, 2007). The same poll taken in June, 2009 had very different results: 10\% were very satisfied, 32\% were somewhat satisfied, 26\% were somewhat dissatisfied and 31\% were very dissatisfied (ABC News/Washington Post Poll, Jun, 2009). The results of the poll conducted in 2009 may be a product of grassroots efforts against health care reform.} My model explained this phenomenon by focusing on how Obama's election impacted the collective sense of urgency present on of each of the aggrieved populations. I found that the potential participants on the right, threatened by the results of the 2008, had a higher sense of urgency, which contributed to the right's strength at mobilizing.

Following the 2008 elections, the POS was similar to when Clinton assumed office. Health care activists in each period had a sympathetic president in office and the support of many Representatives. Despite this, neither period saw a strong grassroots movement in support of health care reform. A popular explanation for the lack of activism during the Clinton era has been logistical problems, poor leadership and fragmentation (Nathanson 458-460). The 'sense of urgency' model looks beyond this explanation by considering the how necessary collective action appeared to be for potential participants.
The shift in the POS caused by the 2008 election gave health care activists a more preferable bargaining position within Washington. It appeared that Obama and the Democratic majority in Congress would have control over the health care debate and would collaborate with health care activists. Political theorist, David Meyer, claims that visible activism is less likely when a president publicly displays concern for the aims of activists and welcomes them into political debates ("Protest" 137). He asserts, "when the government appears to be addressing activist concerns, large social movements are unlikely to emerge" (137 qt on 33 of Politics of Protest). My research on the level of mobilization in support of health care reform directly following the 2008 election supports this argument.

My research also supports Hern’s conceptualization of the POS in which political opportunities do not always translate into movement opportunity that increases a social movement’s ability to use collective action as a tactic to pursue their goals (2005). The POS shifted presenting political opportunities for health care activists; however, despite strong efforts by mobilization leaders to focus on grassroots mobilization, these political opportunities were not translated into movement opportunity. There was a general lack of interest and participation from the general public at the start of 2009. On the other hand organizers on the right were able to take advantage of rising movement opportunity resulting from the sense of urgency initiated by the 2008 elections. Aggrieved groups more in line with conservative ideology did believe Obama would be sympathetic to their concerns. Therefore, they believed that without collective action, their concerns would not be considered in the health care debate.
Based on Eisinger’s conceptualization of the POS, my conclusion would indicate that the 2008 election resulted in what many perceived to be an *exceptionally* open opportunity structure. For the majority of the aggrieved group, that is anyone that has had a negative experience with the US health care system, non-conventional forms of collective action appeared unnecessary because the government seemed to be responding to their needs (1973).

In *Political Process and the development of Black Insurgency, 1930-1970*, McAdam concludes that action becomes more feasible as an aggrieved group acquires political power because political power diminishes the many risks involved with movement participation (39-43). McAdam’s conceptualization of the POS may no longer be valid in the US due to changes in the state structure of our political system. Direct-repression is used by the government as a response to collective action.

Whether my model supports Tarrows assertion that political opportunities increase incentives for collective action by increasing potential participant’s expectations for success is complicated and speaks to one of the flaws of my model (‘Power” 77). My model is only valid for a short period of time following an election. As made clear by my research, there are other factors that may facilitate or hinder collective action such as a collective sense of disappointment. As the health care debate progressed through the summer many new people joined forces with either HCAN or the single payer movement due to their frustration with how the debate was unfolding. A political opportunity, that is Obama’s election, led to high expectations that comprehensive health care reform would be passed. It was not these expectations alone but the disappointment following a period of hope that led to increased incentives for mobilization. For the single payer
movement, disappointment came early for long time members, causing them to focus more energy on direct action. The purpose of my model was to determine the effect that changes in elite political institutions had on grassroots mobilization. I chose to isolate this aspect of the POS in order to determine how Obama’s victory and the Democratic victory in the House and Senate impacted the public’s perception of whether or not collective action is necessary; however, there are many other factors in the political environment that also impact this perception including the success of opposing movements and the role of special interests and big money in political debates.

*Opposing Movements: The Tea Party Movement Vs. Health Care Activists*

One component of the POS that was not addressed by my model was the dynamic of opposing movements. The relationship between a movement and its countermovement also affects incentives for collective action. Opposing movements influence each other both directly through face-face confrontation and indirectly by altering the environment in which each side operates (Meyer 1630). Ford and other supporters of health care reform had many interactions with anti health care protesters at town hall meetings in August. Ford recalls, “they would show up with their signs and threaten to kill me and send my dead body to Canada. They were very in our face and we were just trying to hold our signs in support of health care reform and cheer for health care reform. We weren’t trying to start any hostility or anything like that.” She then corrects herself and mentions that it was actually another health care organizer from the Philadelphia Unemployment Project who was threatened like that. Ford claims that the protesters were standing up and shouting over the director of health and human services and state
senators as they were trying to speak. In early August a confrontation between tea party protesters and supporters organized by SEIU outside a town hall meeting organized by Representative Russ Carnahan led to the arrest of six people (Urbina 2009). These interactions kept the momentum up on both sides. Tea partiers would want to attend every rally health care activists were planning on attending and vice versa.

On the left, organizers used the strong opposition to health care reform to mobilize supporters. By referring to the opposition they were ably raise many people's sense of urgency and ultimately their willingness to participate. Common rhetoric on the left was that “scare tactics and millions of dollars” were being used to destroy the health care bill (Steir 2010). They also took advantage of the media attention created by the right. “Nobody started covering the movement in support of reform until the tea baggers came out” said Ford. Although this was frustrating for activists on the left it did get them coverage of their events. Media coverage of the tea party movement also demonstrated the strength of the opposition visible, which in itself led many into advocating for health care reform. According to Ford, as the Tea Party was “getting a little out of control all of a sudden folks would say: wait, the tea partiers are out there I should be out there too” (Ford 2010). The outburst of Tea Party protests may have been another variable leading to the significant rise in interest in the efforts of HCAN and Health Care NOW!

following the Tea Party Protests in August (Robbins 2010; Ford 2010).

*The Exposure of Big Money in Politics*

The use of money to shape political outcomes is not a new phenomenon. However, the amount of money being used has grown dramatically over the past few
decades. In addition, non-partisan NGOs including the Center for Responsive Politics and the Sunlight Foundation that track campaign contributions and money spent on lobbying have increased the public’s awareness of the role that big money plays in Washington.

It’s a political victory but it’s not a policy victory... At the end of it all the Democrats might have won but we got a bill written by a former Well Point executive that’s going to make it so that everyone in the country has to purchase private health insurance and the private industry will get $400 billion from the government to make that happen. And that’s $400 billion more dollars they can use to stop us the next time we try to pass some sort of actually meaningful reform (Muckentsrum 2010)

Well Point is one of the nation’s largest health insurers and Elizabeth Fowler is the former Well Point executive Muckenstrum is referring to. Fowler left her position at Well Point to oversee the legislation created by the Senate Finance Committee. Her name appears as the author of a Baucus’s Framework for Comprehensive Health Reform, which provided the framework for the healthcare bill passed by the Senate (Flowers, Paris, Almberg 2010).

When Obama assumed office he refused to hire lobbyists to work in his administration. This decision demonstrated his resistance to giving into special interests. Despite this, one of the Obama administration’s strategies during the health care campaign was to line up support from industries typically hostile to government health care initiatives including the pharmaceutical and insurance industries. To do this they had to strike deals with lobbyists representing both industries (Kirkpatrick). When the “Baucus 8” protested at the health care committee because were not invited to participate in a panel discussion, they were particularly angry that Karen Ignagni, the chief executive of America’s Health Insurance Plans (AHIP) and one of the most powerful lobbyists in
Washington, had been invited to the panel. Ignagni worked hard to make a deal with the White House. She proposed a package of concessions, including coverage for people with pre-existing conditions, in exchange for the individual mandate and the exclusion of the public option. This was a difficult deal to make since during the 2008 elections Obama's health care proposal included a public option and did not include an individual mandate (Stolberg, Kirkpatrick 2009). Ignagni was not the only one adamantly opposed to the public option, the U.S. Chamber of Commerce, the largest business lobby spent $26 million lobbying against the public option in the first six months of 2009 (Salant and O'Leary 2009). Chuck Pennacio of Health Care for All PA, argues: “as long as there is no regulation over campaign funding the public option would have never stood a chance.” He did not believe that the public could have convinced Congress to include a public option despite all of the major lobbying against it.

During the health care debate there were 3,300 lobbyists working to influence the decisions of policy makers. Within the first half of 2009, lobbyists had spent $263.4 million lobbying around healthcare $134.5 million of which was spent by the pharmaceutical industry (Salant and O'Leary 2009). The money spent by the Pharmaceutical industry was a reaction to Obama’s promise during his presidential campaign to reduce drug prices. The money and time that pharmaceutical lobbyists spent paid when a deal was made between Billy Tauzin, the head of the Pharmaceutical Research and Manufacturers of America, and the White House. Tauzin proposed a formula, which would cut drug costs by $80 million over a ten-year period. If Obama didn't agree to the deal the Pharmaceutical industry could have spent millions to attack plan the health care plan as special interests have done in the past. Obama accepted the
deal, which in effect blocked the bill from containing any measures for bargaining drug prices. When this deal, leaked out into the media many people criticized this type of "back room" deal making (Kirkpatrick 2009).

Throughout the health care debate it wasn’t a secret that millions of dollars were being poured into Washington by special interests and that powerful stakeholders were striking deals with policy makers. Organizers on the right and left attempted to use the exposure of big money in Washington to their advantage. Pennaccio attributes the increased momentum of the single payer movement to the fact that “a lot of folks have realized that... both parties are politically compromised by the amount of money that they take from the insurance, pharmaceutical and allied industries.”

Although, the exposure of lobbying and campaign contributions can raise people’s sense of urgency and lead people to demonstrate their discontent outside of conventional politics, it may also have a demobilizing effect. The increased role of big money in politics may decrease feelings of political efficacy held by the general public. Why attend a rally or visit a representative if you know policy makers will be more influenced by the concerns of lobbyists they are scheduled to meet than by your concerns? There are many areas for further research on the POS, including an in depth analysis on how financial resources can create and remove opportunities using both resource mobilization theory and POS theory may lead to new findings on how the public
Appendix I: Interview Questions

Questions for the Left:

1. How long have you been involved in mobilizing for health care reform?
2. What prompted you to get involved?
3. Why do you believe most people decide to get involved in advocacy for health care reform?
4. What are some organizations that are trying to mobilize public support for health care reform?
5. Have they been successful? Why or why not?
6. How did Barak Obama's election in 2008 affect grassroots mobilization regarding health care reform? Did it help or hurt efforts to mobilize activism in favor of health care reform?
7. Have any other changes in the political environment either helped or hurt your mobilization efforts?
8. Do you believe that organizations striving for health care reform have sufficient resources?
9. Has your organization been capable of communicating and coordinating with other organizations?
10. To what do you attribute the Tea Party’s success at mobilization?

Questions for the Right:

1. How long have you been involved in grassroots activism with respect to health care?
2. What prompted you to get involved?
3. Why do you believe most people decide to get involved with grassroots activism with respect to health care?
4. What are some organizations that are trying to mobilize public support for health care reform?
5. Have they been successful? Why or why not?
6. How did Barak Obama’s election in 2008 affect grassroots mobilization regarding health care?
7. Have any other changes in the political environment either helped or hurt your mobilization efforts?
8. Do you believe that organizations striving for health care reform have sufficient resources?
9. Has your organization been capable of communicating and coordinating with other organizations?
10. To what do you attribute the Tea Party’s success at mobilization?
Appendix II: Tea Party members letter to her granddaughter explaining how she became involved with the Tea Party Movement

January 1, 2010

Dear ________,

I was a Republican the first time I voted—because my dad told me to. Then I became a Democrat because my friends were Democrats and I thought earning money was greedy. Then I became an uninformed Independent because the concept made make sense and I thought our country ought to mind it's own business. I couldn’t vote in the primaries. My youthful indecision drove dad (your great grandfather) crazy. He told me I was stupid. I believed him. Then I became a Republican again because I began to see the merits of small government, low taxes, free enterprise, national defense and personal responsibility. I kept my mouth shut—because my memory has always been poor so I couldn’t prove my assertions with numbers, dates and names. I feared someone else would call me stupid.

Today, I’m a registered Republican. Even though my memory remains way below average. I’m an informed, confident conservative, Tea Party and 9/12 activist. I think for myself, speak up often and find my views at odds with most of the family and half of my friends. I no longer care what they think. In fact, I wish I could talk to dad today. We might have some respectful conversations about politics, business and the world.

All this is why—when you’re much older, I want you to know who I was when you were five—the events I’ve seen, what I thought, how I felt, the questions I wished I’d asked—and why. I want you to have a larger perspective than what you may learn in school, from others, in print, on television or online. I also want you to know how horrified—and angry—I am by the behavior of both Republican and Democrat politicians—their corruption, greed, blame, elitism, word games, political expediency, distractions, broken promises, kickbacks, backstabbing, lies, misinformation, controversy, blame, power grabs, partisanship, spending, flip-flopping, secrecy and spin. Most of all, I want you to know how appalled I am by their disregard for the Constitution, the Bill of Rights and the arrogance with which most treat those who elected them. I’ve only recently accepted that this has been creeping into government for decades. So I hope these few pages will help you take off your own rose colored glasses and be better able to think, speak and act—for yourself much sooner than I did.

Over the years I’ve seen revisionist history, moral relativism, popular culture and political correctness in the media, the schools and the public. I’ve seen increasing debt, special interest groups, complex, often unconstitutional legislation and increasing partisanship. At the same time and until the events of this year, I’ve been as uninvolved as anyone. Today I’m drawn to the words of President Ronald Reagan when he said, “In this present crisis, government is not the solution to our problem; government is the problem.”

I’m saddened that so many describe Glen Beck as a crazy fear-monger. Why? It’s because of him I’m studying American history, the Founding Fathers, the Constitution, the structure of federal, state and local government, the legislative process and potential candidates. And yes, the worrisome complexity of the current administration. I’m
inspired and motivated by Beck’s sincerity, relaxed by his silly humor, impressed by his well-sourced material and inspired by his optimism. I’m grateful for his trust—and my own—in the innate spirit—and common sense—of the American people.

We are good people—honest, compassionate, generous, tolerant, creative, smart, hard-working—and yes, imperfect. We want what’s best for our families, our communities, our country, our world. We have the Freedom to pursue life, liberty and the pursuit of happiness. That’s what gives your mom and dad the opportunity to build their own businesses. What gave Aunt Suzanne the opportunity to move across the country to pursue her dreams and build her own businesses. It’s what gives Granddad the opportunity to pursue his passion for golf rather than be encumbered by the responsibilities that family and close friendships require. It’s what gives Pop-pop the opportunity to travel to Israel and pursue his philanthropic endeavors here in America. It’s what gives me the opportunity to use my unique talents in ways others may not understand. And, it’s what gives you the opportunity to learn, explore, discover and pursue your own dreams.

At the same time, many—including myself—frequently fail to remember how lucky we are. Comfy in our abundance. Snug in the Freedom to be ourselves. To be joyful. To be sad. To define our own success. And yes, to make—and learn—from our own mistakes. Freedom is what our Founding Fathers and all of your ancestors wanted for you. It’s what your family wants. And, it’s what I pray for.

Love, Nanna

Author held anonymous.
Appendix III: Images from rallies for and against health care reform

HCAN’s Health Care Rally and Lobby day on June 25th 2009 (image from HCAN website)

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