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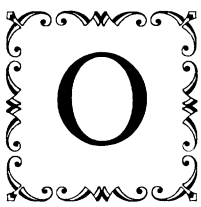
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# Results of the Massachusetts Referendum for a National Health Program

DAVID A. DANIELSON and ARTHUR MAZER

N November 4, 1986, Massachusetts voters approved by 67% to 33% a statewide ballot question urging “the United States Congress to enact a national health program which provides high quality comprehensive personal health care including preventive, curative and occupational health services; is universal in coverage, community controlled, rationally organized, equitably financed, with no out-of-pocket charges, is sensitive to the particular health needs of all, and is efficient in containing its cost; and whose yearly expenditure does not exceed the proportion of the Gross National Product spent on health care in the immediately preceding fiscal year.” 1,045,975 votes were cast for the proposition and 510,161 against it.

The question was placed before the voters by the Massachusetts legislature and Governor Michael S. Dukakis at the urging of a coalition of elders, health activists, unionized workers, and professional associations. It was signed by Governor Dukakis on September 30, 1985. The history of the Massachusetts Referendum has previously been described in this Journal (1).

Local and national media coverage of the health referendum campaign was scanty, including a virtual news blackout in the *Boston Globe*. We now report on the campaign, the election results and their significance, and the implications for other state and city efforts to “put health reform on the ballot” (2). Recent political events surrounding Iranian arms deals and realignments in the U.S. Senate suggest that the timetable for domestic policy shifts may be foreshortened, justifying further action at this time.

## THE HEALTH REFERENDUM CAMPAIGN

Massachusetts has a population of 5.8 million, making it the eleventh most populous state. There are 3.0 million registered voters, 46% Demo-

crat, 40% non-enrolled (independent), and 14% Republican. It is remembered as the only state that resisted the Nixon victory of 1972, but Massachusetts supported Ronald Reagan in 1980 and 1984. Although viewed as ultra-liberal, in the postwar period Massachusetts has sent nearly as many Republicans as Democrats to the U.S. Senate and Governor's office (3).

Although polls of public opinion have shown general popular support for a national health program, when the campaign began we did not know whether Massachusetts voters would support the specific principles of the referendum. The first task of the campaign committee was to predict what level of effort would be required to win. Cambridge voters in 1979 had approved a similar ballot question by a 4 to 1 margin, but Cambridge is not Massachusetts. With a large state and no money on hand, it was obvious that fundraising had to precede everything, including opinion polling; money had to be gathered and a staff hired or the referendum seemed to stand no chance of winning against its potential opponents who have unlimited funds at their disposal.

As a first step the health referendum supporters gathered endorsements from local and statewide groups including the Democratic State Committee, the Central Labor Council of the AFL-CIO, and, eventually, 86 other organizations. A Political Action Committee (the Committee for a National Health Care Referendum) was set up as required under state election laws. The Gray Panthers, the Frieda Wolff Foundation, and donations from committee members provided seed money to open an office and begin the campaign. A door-to-door canvass for money and volunteers was initiated, followed by telephone solicitations, direct mailings to members of endorsing organizations, and appeals to friends. These efforts began to produce a modest flow of donations to the campaign. In the Spring a single donation of \$19,000 was obtained with the assistance of philanthropists Phillippe and Katherine Villers. In total, the Committee raised and spent \$89,000 on the referendum question before the campaign ended.

The opponents, to our surprise, did not organize a Political Action Committee. The Massachusetts Medical Society (M.M.S.) announced its opposition to the health referendum and signed a statement which was sent to all Massachusetts households in a Voter Information Handbook citing "burdensome taxes and long waits for needed medical services" as the "inevitable result" of any national health program. The M.M.S. maintained a Speakers Bureau to oppose the health referendum and

issued briefs to be used in public debates. However, many physicians, including some members of the Board of Directors of the M.M.S., supported the referendum. Publicly the M.M.S. agreed with the long term goals of universal and comprehensive coverage. After the election, in a bit of historical legerdemain, the American Medical Association stated that the M.M.S. "had taken no position on the [Massachusetts] National Health Insurance referendum" (4).

The Health Referendum was assigned number 7 by the Secretary of State in July. By then, no less than eight referenda on highly-charged issues were qualified for the November ballot. These included limiting abortion, granting public aid to private schools, a state tax-cap, hazardous wastes, repeal of an automobile seatbelt law, acid rain, and simplified voter registration. In Boston, a ninth proposition to form a new city named Mandela was before the voters. This diversity of issues, each with a devoted constituency, was expected to produce a polarized electorate. Further complicating prognostications about the demographic profile of the voters, the turnout, commonly lower in a year with no contest for President, was expected to hit a record low in 1986 (5).

In the early summer a professionally designed telephone poll was conducted by the campaign staff and volunteers, asking self-identified "likely voters" their stand on the health referendum question. Unfortunately, only 280 telephone interviews were completed, 56% of the required sample size, producing wide confidence intervals. The results suggested that 70% of Massachusetts voters would vote yes on Question 7 and 22% no, with 8% undecided. The respondents indicated that high medical care and hospitalization costs were a dominant concern, although an astonishing 96% of the sample had health insurance. In answer to the question, "How serious a problem are health care costs in America today?," the respondents answered "extremely serious" (30%), "very serious" (46%), or "serious" (20%). Accordingly, "placing a cap on costs" was selected as a major message in campaign announcements about the referendum.

The poll also was designed to assess the relative force of opposition arguments. None turned out to be as strong as historical evidence from the struggles over a national health program would suggest. "Socialized medicine" as a threat had little impact except with persons over 65. Mention of "big government," "huge tax increases," and "potential for abuse" cut into the approval rating across all demographic groups, but

only by about one-fourth. An astonishing 42% of our respondents said they would favor a national health program, as proposed, “even if it would require a huge tax increase” (6).

In early October the results of an independent poll commissioned by WBZ-TV were published for which 528 likely voters were interviewed (95% c.i. = <5%). These data indicated that 66% would vote yes on Question 7 and 19% no, with 14% undecided (7), thus generally confirming our poll results. An opposition campaign had still not materialized, and the campaign staff, which by then numbered four full-time and two part-time employees, began to believe victory was probable.

The only public opposition as election day approached came from leading newspapers (e.g., *Boston Herald*, *Quincy Patriot Ledger*), and radio stations (e.g. WEEL, the Berkshire Broadcasting Network). The staff prepared requests for equal time under the Coleman Doctrine for the electronic media, and editorial responses for the papers. This activity finally generated some attention from the media, which was generally beneficial to the “Yes on 7” campaign.

The threat of a negative last-minute television blitz by the opposition hangs over any political campaign. We prepared against this possibility by trying to build a reserve fund for purchasing radio ads. In response to our appeals, union donors, including the AFL-CIO, collected and finally expended \$25,000 on three professionally-produced radio spots just prior to election day.

In addition, the staff and campaign volunteers obtained endorsements—some of them, like that of Senator Edward M. Kennedy, gracious and enthusiastic—from every Democratic candidate for statewide office. We also alerted 14 mayors of major cities in the expectation that they, too, would speak out if necessary, but the eleventh hour passed and no direct television attack ever materialized.

In the end, our failure to ignite a spark of interest in the media was a disappointment which undermined fundraising efforts, hampered field organizing, and affected staff morale. Although the newsletters of the endorsing organizations carried press releases about the health referendum, the Question 7 Campaign was not able to compete for media attention with the baseball World Series involving a Boston-based team, the race for Speaker Tip O’Neill’s seat in Congress, and the plethora of binding questions on the 1986 ballot.

## THE ELECTION RESULTS

Massachusetts is comprised of 312 towns and 39 cities, with 10 cities of over 80,000 inhabitants (1980). The yes votes exceeded the no votes on the National Health Program referendum in 307 towns and all 39 cities in the Commonwealth. Analysis of the detailed election results will provide abundant data for future reports. The following two preliminary tables list the election results in our ten largest cities (Table 1) and in the 5 towns where it was rejected, albeit narrowly (Table 2). The breadth of support for the progressive principles described in the referendum in over 99% of the cities and towns of Massachusetts may be more important politically than the overall 67% margin of support.

TABLE 1

## Health Referendum Results in 10 Massachusetts Cities

<i>City</i>	<i>Population (1980)</i>	<i>1984 Dem./Rep. Vote Ratio*</i>	<i>1986 #7 Vote (% yes)</i>
Boston	593,000	64/36	69
Worcester	162,000	54/46	65
Springfield	153,000	58/42	71
New Bedford	99,000	63/37	83
Cambridge	96,000	76/24	78
Brockton	96,000	55/45	69
Fall River	93,000	64/36	79
Lowell	93,000	47/53	70
Quincy	85,000	52/48	67
Newton	84,000	63/37	64

\* Ratio of votes cast in the Presidential election for Walter Mondale, the Democratic Party Candidate, to those cast for Ronald Reagan. The total vote count in these 10 cities (1986) was 387,014; voters cast 222,366 yes, 92,347 no, and 72,301 blank ballots on the health referendum.

## DISCUSSION

The political process, as this report has indicated, is influenced by many unanticipated contingencies. Lack of strong opposition, our failure to attract media attention, and the breadth of voter approval of a national health program were important and largely unanticipated events.

TABLE 2\*

## Health Referendum Results in Towns Opposing Question 7

<i>Town</i>	<i># of Registered Voters, 10/86</i>	<i>Registered Dem./Rep. Ratio</i>	<i>1986 #7 Vote (% no)</i>
Holden	8,630	42/58	50.4
Weston	6,794	47/53	53.0
Dover	3,065	24/76	57.7
Sherborn	2,700	31/69	52.2
Carlisle	2,435	49/51	51.9

\* Total votes cast in the five towns opposing the referendum were 15,871: 7693 no, 6991 yes, and 1187 blank. The total votes cast in 346 cities and towns supporting the referendum were 1,761,405.

In the end, we won over a million votes, convincingly demonstrating widespread voter support for rethinking our nation's inefficient and unjust approach to health care. People of all age and economic groups, liberals and conservatives alike, appear to agree that we are not getting our money's worth under the current system, and to support specific, basic reforms. A national opinion poll, conducted in 1984 by ABC and the Washington Post, found that 75% of the respondents indicated that "the government should institute and operate a national health program" (8). The referendum shows strong public support for an even more detailed prescription for the ills of America's health services.

Massachusetts has some unique characteristics, in addition to those already cited, that might have tended towards a favorable outcome. It ranks among the top states in the number of physicians per capita, the number of hospital beds per capita, and in dollars expended per person per year on medical care (3). The Governor and legislative leaders often speak publicly about medical care issues affecting the Commonwealth. The eleemosynary tradition in the state persists. Senator Kennedy's steadfast advocacy for national health insurance may also have been a factor in raising our voters' receptivity to proposed health care reforms relative to the citizenry of other states.

A countervailing factor is that the 1986 Massachusetts electorate was, arguably, unusually conservative. The people who went to the polls and voted yes on number 7 also rescinded the seatbelt law, adopted a tax-cap, and turned down simplified voter registration. Certainly such voters can-

not be readily characterized as radical, progressive, or ultra-liberal on social issues.

Should public health advocates in other states and municipalities seek to place a health referendum on the 1988 ballot? We are currently of the opinion that it serves many useful purposes and should be attempted if one is reasonably certain of success. The precise language should be tested by public opinion polling (for which guidelines are available, with other materials, upon request from the authors) before a decision is made to place the question before the voters. Opposition resources must be honestly evaluated in comparison with the organizational and financial resources available to the proponents.

In Richmond, California, on the same day that Question 7 won approval in Massachusetts, voters approved Proposition H calling for a national health program by 14,092 to 4,445, or 76% to 24%. The terms of the two referenda were nearly identical. Groups are reported to be at work with the intention of passing resolutions or referenda calling upon the Congress to adopt a national health program in many parts of the country. In Maryland, Illinois, New York, New Jersey, California, Arizona, Washington, Connecticut, and Michigan, at least the initial steps have reportedly been taken. Many of us who worked on the first statewide health referendum in Massachusetts are willing to share our experience with people in other states who may consider launching similar campaigns.

Concern about costs has so dominated the medical care debate in this decade that, as Rashi Fein has observed, "we run the risk of becoming the sort of people of whom it might be said: 'Talk to them of Jacob's ladder, and they would ask the number of steps'" (9).

Before a national health program can become reality in America we shall need 1) goals to guide Congress in the development of such a program, and 2) a vigorous citizens' lobby to counterbalance the influence that self-serving medical care providers wield over the legislative process. Putting health care on the ballot can help achieve both these steps. The process can help to educate a new generation of Americans to the possibility of living more securely in the future if the basic right to health care is applied as a principle by our society. More directly, ballot questions can force the health care issue back onto the national legislative agenda and into election campaigns in 1987 and 1988. If enough Americans in enough states vote for a national health program, it makes it



more likely that the 100th Congress and the President will confront the crisis and propose more than piecemeal legislation.

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#### ABSTRACT

On November 4, 1986, by a vote of 1,046,000 to 510,000, Massachusetts voters approved a ballot question "urging Congress to enact a National Health Program . . ." The question won a majority in all 39 cities and in 307 of the 312 towns in the Commonwealth. The campaign in support of the legislative initiative was led by elder advocacy groups, organized labor, the Democratic Party, and health professional organizations. There was little organized opposition. The election campaign and results are described and evaluated. The authors encourage groups concerned about public health policy to consider seeking voter support for health system reform, using the referendum approach, in other states and municipalities.