

# **Landmark Reform: An Examination of Support for the Healthcare Reform Bill among Minority Groups in the 111<sup>th</sup> Congress.**

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## **Abstract**

This work explores the divide that existed among House Democrats over the issue of healthcare reform in the 111<sup>th</sup> Congress. The healthcare debate proved to be a contentious debate within the Democratic Party that pitted Blue Dog Democrats against their more liberal counterparts, women against men and minorities against non-minorities. Using data gathered from the *Washington Post*, the Blue Dog Democrats website and the Congressional Black Caucus website, this paper explores whether or not there are significant differences in the support for (H.R. 3590) Patient Protection and Affordable Care Act among these groups. While our findings indicate that Blue Dog Democrats were less likely than their more Democratic colleagues to vote for this Bill, but the association was not statistically significant. Female legislators were significantly more likely than their male counterparts to support the healthcare measure and minority women were significantly more likely than their legislative colleagues to support the healthcare reform bill.

## **Introduction**

The Democratic Party in the United States is far from monolithic. The divide between liberal and conservative members of the Democratic Party became more apparent with the healthcare debate that took place in 2010. Many observers of the healthcare debate may have anticipated grave ideological differences between Democrats and Republicans over the appropriate strategy of how best to insure Americans, but few could have predicted the strong divide that existed within the Democratic Party.

Although President Obama made healthcare a central part of his campaign and his domestic agenda during his first year in office, the healthcare debate proved to be contentious, yet bittersweet. Many groups within the Democratic Party expressed support for healthcare reform, but differed over the exact approach. Among the groups involved were the Congressional Black Caucus, the Hispanic Caucus, the Women's Caucus, the Progressive Caucus and the Blue Dog Democrats.<sup>1</sup>

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<sup>1</sup> The Blue Dog Democrats are fiscally conservative Southerners within the Democratic Party. This coalition was founded in 1995 to bring a “common sense , bridge building voice within the institution to forge middle ground bipartisan answers to challenges facing the country (Walsh, 2009).

In this paper we examine the ideological differences and support for H.R. 3590<sup>2</sup> among House Democrats in the 111<sup>th</sup> Congress. Specifically, we examine Blue Dog Democrats, women, and minority women support for the historic healthcare legislation. We hypothesize that: 1). Blue Dog Democrats were significantly less likely than their Democratic legislative colleagues to support House Resolution 3950; 2). Women were significantly more likely than their male counterparts to support House Resolution 3950; and 3). Black and Hispanic women were significantly more likely than their legislative colleagues to support House Resolution 3950. In this paper, we will test these hypotheses empirically, using cross-tabulation analysis.

### **The Blue Dog Coalition and their Views of Healthcare Reform**

The Democratic Party is diverse economically, ideologically and socially. Blue Dog Democrats represent the moderate to conservative wing of the Democratic Party. The Coalition was founded in 1995 because its members believed that the Democratic Party was becoming too liberal. During the 111<sup>th</sup> Congress (2009-2010), the Blue Dog Coalition comprised of fifty-four members in the House of Representatives. They tend to represent southern Republican districts, which may explain their conservative stance on issues. Thus, the Blue Dog Coalition often clashes with the policy decisions of the Democratic Party. A large number of Blue Dog Democrats voted for several notable Bush policies including the invasion of Iraq and the warrantless wiretapping measures (Suddath, 2009). In addition, Blue Dog Democrats forced President Obama to include the “pay as you go” measure in the 2009 Stimulus Bill (Suddath, 2009). Because of their more conservative stances on issues, many of the more liberal members in the party dislike the Blue Dog Democrats.

The Blue Dogs supported President Obama’s efforts to pursue healthcare reform. They readily acknowledged that if the healthcare system remained the same, without meaningful reform, it would “grow to one third of the budget and account for \$1.4 trillion in cost by 2020” (Blue Dogs Blueprint for Fiscal Reform, 2010). Despite their claims that healthcare reform could possibly improve the fiscal situation in America, Blue Dogs still had concerns about the proposed legislation.

The Blue Dog Coalition’s major priority is fiscal responsibility. They advocate that the American government engage in responsible spending of the American people’s tax dollars.

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<sup>2</sup> H.R.3590 – House Resolution 3590/ the Patient Protection and Affordable Care Act (PPACA) introduced on September 16, 2009 by Representative Charles B. Rangel of New York. There were forty co-sponsors of this legislation.

Therefore, the Coalition's pivotal concern for the Healthcare legislation was the cost and they mandated in their proposal that comprehensive healthcare reform must be deficit- neutral. Secondly, they advocated for an increased value of healthcare to citizens by arguing for financial incentives for Americans who sought prevention and wellness services. Finally, the Blue Dog Coalition lobbied for improved access to healthcare. Here, they advocated, among other things, that "individuals and small businesses receive targeted tax credits to use toward the cost of healthcare coverage" (Blue Dogs Blueprint for Fiscal Reform, 2010). The underlying premise of the Blue Dog Coalition's plan was their belief that too much money was being wasted in the healthcare system. They argued that "up to one third of the \$2.3 trillion spent on healthcare each year is unnecessary or duplicative" (Blue Dogs Blueprint for Fiscal Reform, 2010).

Another issue that separated the liberal wing of the Democratic Party from the more conservative wing was the question of who should run the healthcare system? Many Democrats believed that the United States government was the best entity to run the healthcare system; members of the Blue Dog Coalition utterly disagreed. In fact, many conservatives in general, did not believe in a government run plan. Conservatives believed that "private health insurers should not compete with a federally funded plan" (Bendavid, 2009). Therefore, Blue Dogs took a more cautious approach in their support for the healthcare plan. Congressman Mike Ross, Democrat from Arkansas and chairman of the Blue Dog Coalition, originally raised concerns about support for the bill because the "legislation did not contain enough reforms to control the cost in the healthcare system" (Walsh, 2009). Congressman Ross stated that the "the bill did not do enough to fix healthcare cost for rural doctors and hospitals" (Walsh, 2009). The cost of healthcare reform was the pivotal concern for Blue Dog Democrats.

### **Women and the Healthcare Debate**

There has been a substantial amount of scholarship written about women being more likely than their male legislative counterparts to introduce legislation pertaining to children, families, healthcare and welfare. Hence, it is no surprise that women played a crucial role in the healthcare debate. Many women voiced their concerns regarding the healthcare reform bill on the floor of the House chamber. During the 111<sup>th</sup> Congressional session, Congresswoman Debbie Wasserman Shultz (D-FL) introduced her private battle with breast cancer into the very public healthcare

debate. Congresswoman Wasserman Schultz introduced an Amendment that sought to bring more public awareness to young women being treated for breast cancer.<sup>3</sup>

Then Speaker Nancy Pelosi (D-CA) also expressed strong support to pass H.R. 3590 in an effort to improve the quality of life for women. She and several female House Democrats spoke publically about specific issues women face in the healthcare system. Congresswoman Jan Schakowsky (D-IL) stated in the current system “older women can be charged up to 11% more in coverage,” while Representative Donna Edwards expressed that “in eight states one out of four women who are domestic abuse victims will have their injuries be considered a preexisting condition” (Grim, 2009). These women in Congress supported the President’s attempt to reform the system and they are fierce supporters of legislation aimed at helping women.

### **Men and the Healthcare Debate**

Male Democratic members of the House of Representatives also vigorously expressed the need for healthcare reform. Congressman Alan Grayson (D-FL), one of many House Democrats who made public statements in support of healthcare reform, became famously known for criticizing Republican members in the House. Congressman Grayson expressed strong support for a Public Option<sup>4</sup> to be included into the final bill. In an attempt to place this measure (the public option) in the overall healthcare legislation, Grayson introduced the Medicare You Can Buy Act, which allowed any American the option of buying Medicare for themselves.

Congressman Anthony Wiener (D-NY) also exemplified great passion for reforming the healthcare system by advocating for a public option. Congressman Wiener called out his Republican colleagues and introduced legislation that would end Medicare. Representative Weiner’s Amendment called on his Republican opponents to vote “no” in support of Medicare which is government run healthcare. The logic here is that if they voted “yes” then his opponents would face angry constituents who may have had their Medicare taken away.

Female and male members often differed in their style and approach in their support for the President’s vision to reform America’s healthcare system. The two female members of Congress, mentioned above, shared private stories of their battles with the healthcare system and invoked stories of other women who faced discrimination in the administering and access to healthcare. These women endeavored to show a more emotional and personal persuasion in their efforts to

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<sup>3</sup> The amendment was signed into law as part of H.R. 3590 on March 23, 2010.

<sup>4</sup> A public insurance plan created by the federal government as an alternative to private plans (Herbert, 2009).

convince the American public and their legislative colleagues to support the measure. On the other hand, male colleagues often chose a more confrontational approach during the debates, by calling out possible Republican hypocrisy and making more polarized statements in order to rally their liberal base voters.

### **Minority Women and the Healthcare Debate**

Although healthcare is an issue that may impact everyone in some way, minority women often make healthcare a legislative priority. There were thirteen black women and five Hispanic women in House of Representative in the 111<sup>th</sup> Congress. Representative Barbra Lee (D-CA), the then chairwoman of the Congressional Black Caucus, took a very active role in the healthcare debate. She introduced the Josephine Butler U.S. Universal Health Service Act (H.R.3000) to make high-quality preventive, acute and long-term care available to all regardless of demographics, employment status, or previous health status. The Josephine Butler legislation would also allocate health services to all communities in proportion to their population, with additional funds and support for communities experiencing inequalities in health status and access to services, and for special needs such as epidemics (Lee, 2010).

Representative Donna Christensen of the U.S. Virgin Island, the first female physician in the history of the U.S. Congress, was also committed to healthcare reform. Representative Christensen is a fierce advocate for healthcare and the chair of the Congressional Black Caucus's (CBC) Health Braintrust, a coalition that promotes equal health rights for the disadvantaged and minorities. The CBC Health Braintrust is a Patient Bill of Rights that promotes healthcare reform primarily to benefit minorities and the underrepresented.

The Congressional Black Caucus Health Braintrust "has long advocated for the elimination of racial, ethnic, and geographic health disparities. Numerous studies confirm that these disparities leave racial and ethnic minority Americans in poorer health" (Christensen, 2010). According to the CBC Health Braintrust website, "ethnic minorities are less likely than their white counterparts to have access to needed healthcare services, and more likely to die prematurely, often from preventable conditions during their most productive life years" (Christensen, 2010).

### **Historical Challenges to Securing Universal Healthcare**

The first U.S. President to propose a healthcare plan was Democratic President Harry S. Truman. In 1945, just seven months into his presidential administration, President Truman explained to the American public the essential need for a fully functioning healthcare system. Truman maintained that "the health of American children, like their education, should be

recognized as a definite public responsibility” (Truman Library & Museum, 2010). Truman’s vision of comprehensive healthcare included prepaid healthcare coverage for all communities, regardless of race or income through the Social Security system. Secondly, he sought to give more access to hospitals for urban and rural communities and, to create a national insurance exchange where all Americans would be covered (Truman Library & Museum, 2010). Additionally, medical insurance coverage for needy people would be financed using federal monies. Ultimately, President Truman “National Health Insurance Plan” failed. He was criticized for trying to create a “government run healthcare system” for the American people (Truman Library and Museum, 2010).

Twenty years after President Truman’s attempt to provide national healthcare for all Americans, Democratic President Lyndon Johnson sought to create the Medicare<sup>5</sup> system in America. With Democratic majorities in both the House and Senate, President Johnson saw a great opportunity to address legislative topics within his Great Society Plan. Those topics included civil rights, gender equality, housing reform, healthcare reform and poverty reduction (US History Lyndon Johnson’s Great Society, 2010). The critics of healthcare reform challenged President Johnson’s initiative. The American Medical Association (AMA) argued against a government run healthcare system (Koojima, 1999). They maintained that government run healthcare plans, when tried in other countries, failed each time (Koojima, 1999). The AMA feared that “government run healthcare would lead to a mountain of red tape and a shortage of doctors” (Koojima 1999). Despite the fierce opposition to the Medicare Bill, President Johnson urged Congress to pass the legislation. Subsequently, the Social Security Act of 1965<sup>6</sup> passed both the House of Representatives and the Senate and was signed into law on July 30<sup>th</sup> 1965. Former President Harry Truman and his wife Bess were at the side of President Johnson as he signed the historic piece of legislation.

During a campaign speech in the early 1990’s, former Governor of Arkansas and presidential candidate Bill Clinton outlined his vision for healthcare reform in America. He stated that:

All workers and their families would receive health insurance through their jobs, with employers paying most of the premiums. Small businesses would receive direct subsidies

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<sup>5</sup> Medicare is a federally sponsored health insurance program for persons of 65 or older.

<sup>6</sup> “The Social Security Act established both Medicare and Medicaid. Medicare was a responsibility of the Social Security Administration (SSA), while Federal assistance to the State Medicaid programs was administered by the Social and Rehabilitation Service (SRS).

to subsidize their cost...Networks of hospitals, physicians and other medical professionals would be organized in every community that would compete in the marketplace and charge a flat fee for a standard benefit package. States would organize health insurance packaging alliances through which small groups...The self-insured and others could buy a policy and the national government would set an overall budget (Rushefsky, 1998).

In 1992 as President, Clinton took on the controversial issue and pursued healthcare reform during his first months in office. Led by former First Lady Hillary Rodham Clinton, a special healthcare taskforce was created to draft legislation that reflected much of Clinton's rhetoric in his campaign speech. The Health Security Act, also known as H.R. 3600, included: universal healthcare coverage; additions and revisions to health benefits; an extension of long-term care for the sick and disabled; a plan to reform Medicare and Medicaid; medical malpractice reform or Tort Reform, and many other health reforms vital to fixing the system (Kryzanek, 2011).

Special interest groups contributed millions of dollars in campaign ads to influence the outcome of the legislation's passage or failure (Kryzanek, 2011). The completion of the first draft of the Bill took longer than expected. Originally, President Clinton wanted the legislation introduced during the first 100 days of his Administration, however, the bill was finally drafted in September 1993 (Rushefsky, 1998). It took another two months before the White House gave the legislation to Congress.

Ultimately the opponents of the legislation had a greater impact in shaping the opinions of the American people to oppose the reform, and eventually H.R. 3600 was declared dead. Many critics blamed Hillary Clinton for the failure of the Health Security Act. They cite her inability to respond effectively to the interest groups and media attacks and her unwillingness to work effectively with Congress as a primary reason for its failure (Kryzanek, 2011: 62). However, other critics cite the "key to the defeat of the Clinton health care reform was the fact that the proposals were complex, bureaucratic and relied too heavily on government involvement" (Kryzanek, 2011: 62).

This attempt to reform the healthcare system proved to be very costly for Bill Clinton and his Democratic majority. The failed attempt at healthcare reform left the Democratic Party politically wounded and vulnerable. The Party suffered substantial losses at the polls during the 1994 mid-term elections and the Republicans, after being in the minority for forty years, took control of the House in 1995 led by Speaker Newt Gingrich of Georgia. Comprehensive healthcare was never attempted again until 2009.

Barack Hussein Obama took the Oath of Office on January 20, 2009, as America's first African American president. Healthcare reform was one of his top priorities. President Obama expressed a moral responsibility for America to reform its healthcare system. During his campaign for the presidency, Obama enthusiastically spoke about the need to reform healthcare. He spoke of his mother fighting cancer and how she dealt with insurance companies that minimized the severity of her conditions. In the healthcare speech given before Congress on September 9, 2009, the President read a letter that the late Senator Ted Kennedy gave to Governor Duval Patrick of Massachusetts while suffering from a brain tumor. In the letter, Senator Kennedy stated healthcare reform "is the great unfinished business" and "is above all, a moral issue; at stake are not just the details of policy, but fundamental principles of social justice and the character of our country" (Beutler, 2009).

Over the past 30 years, healthcare spending skyrocketed for American families while the actual quality of care decreased. In 2009, approximately 45 million Americans did not have access to healthcare (Kryzanek, 2011). In a 2008 report released from the Kaiser Family Foundation showed that U.S. expenditures on healthcare surpassed \$2.3 trillion, this figure is more than three times the \$714 billion spent in 1990, and over eight times the \$253 billion spend in 1980 (Kaiser, 2010). The Report also indicated that in 2008, the U.S. healthcare spending was approximately \$7,681 per resident and accounted for 16.2 percent of the nation's Gross Domestic Product (GDP); this is among the highest of all industrialized countries (Kaiser, 2010). These important facts served as motivating factors for the White House and Democratic Leaders Nancy Pelosi and Harry Reid to pursue healthcare reform in 2009. At a healthcare summit early in his administration, President Obama stated: "We cannot delay this discussion any longer. Health care reform is no longer just a moral imperative, it is a fiscal imperative. If we want to create jobs, rebuild the economy, and get our federal budget under control, then we must address the crushing cost of health care this year (Kryzanek, 2011: 62).

As in the past, Republicans in Congress criticized the healthcare bill, a skeptical public and lobbyists from insurance companies pumped millions of dollars into television ads and print media, opposing healthcare reform. However, unlike in the past, the outcome was much different. On March 21, 2010, the House of Representatives, by a razor thin margin of 216-212,<sup>7</sup> passed a

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<sup>7</sup> The total number of votes cast for PPACA in the U.S. House of Representatives at the time of the vote was 431. Normally, there are 435 voting members in the House, four seats were vacant at the time of the vote ( <http://clerk.house.gov/evs/2010/roll165.xml>).



phased-in version of healthcare reform. On March 23, 2010, President Barack Obama signed the Patient Protection and Affordable Care Act into law, therefore, “achieving what presidents since Harry S. Truman had failed to accomplish---comprehensive healthcare reform” (Kryzanek, 2011: 76).

The purpose of this work is to examine the ideological differences and support for the Patient Protection and Affordable Care Act (H.R. 3590), among House Democrats in the 111<sup>th</sup> Congress. Specifically, we examine if there were significant differences in legislative support among Blue Dog Democrats, women, and minority women within the Democratic Party with regards to the historic healthcare legislation.

### **Women’s Health Issues**

According to statistics from the Commonwealth Fund, women in America face much more hardships in the healthcare system than men. The statistics reveal that 52 percent of American women experienced problems getting needed healthcare due to cost, compared to 39 percent of men. Further, in 2007, women were more likely than men to skip tests and screenings. Almost half of women (45%) delayed or did not receive a cancer screening or dental care due to costs, compared to 36 percent of men (Commonwealth Fund, 2009). Given that women continue to earn less than their male counterparts, it is much harder for them to pay their medical bills. As a result of their financial burdens, some women fail to undergo important medical procedures and examinations to keep up their overall health.

American women often miss vital health procedures and compromise their own health in an effort to save some money. Despite women’s attempt to save whatever remaining finances they have for their daily lives, healthcare premiums continue to rise, across the spectrum. According to the Commonwealth Fund, one third of women spent 10 percent of their incomes on premiums in 2007 (Commonwealth Fund, 2009). The Commonwealth Fund found that the out-of-pocket costs for women who earned \$40,000–\$60,000, who spent more than 10 percent of their income on premiums, increased from 21 to 41 percent between 2001 and 2007. Seventeen percent (17%) of women with income over \$60,000 had high out-of-pocket costs in 2007. About one-third (34%) of women with incomes of \$60,000 or more, reported experiencing problems getting needed care due to cost, as did 23 percent of men with similar incomes. Six in ten women with moderate incomes between \$20,000 and \$40,000 reported that their inability to pay medical bills led to them being

contacted by collection agencies for unpaid medical bills and changing their way of life to pay medical bills. About 50 percent of men with moderate incomes and 32 percent with middle-incomes reported medical bill problems (Commonwealth Fund, 2009).

### **Legislative Support for “Women’s Issues”**

Due to the significant gender disparities in the access to healthcare and the rising costs for women, female legislators usually champion such issues when elected to legislative bodies. Scholars of women and politics have found that female legislators are more attentive than their male legislative colleagues on issues pertaining to women. Women like other underrepresented group in America, once elected, often bring their personal life experiences to Washington in an effort to enhance the status of women and promote the policy preferences for women (Barrett, 1995; Smooth, 2001; Adams, 2003; 2007).

Swers and Larson (2005) interviewed several representatives and their staffers who served in 103rd (1993-1995) and 104<sup>th</sup> (1995-1997) Congress to estimate how many members in the House supported legislation that prioritized women’s issues. These issues included social welfare policies towards healthcare, education, and welfare. They found that conservative Democratic female representatives who reside in left leaning districts are less likely than their liberal female counterparts to sponsor social welfare legislation (Swers and Larson, 2005).

A significant amount of research has been done on the role of women in state legislatures and how they pursue policies compared to their male counterparts. Bratton and Haynie (1999) findings suggest that women and minorities do pursue different policy agendas that address their constituent’s concerns. Thomas and Welch (2008) revisited their 1991 article where they conducted surveys with several state legislators to determine whether gender played a role in the passage of legislation. They found that women and men were equally active in legislative passage. Susan Carroll’s findings in 2003 conclude that most women who enter legislator positions are supported by feminist groups therefore their legislation reflects the concerns of women issues.

Beth Reingold (2008) investigates how party/ideology, race and ethnicity and position in power impacts elected women’s policy agendas. According to Reingold, party and ideology may cause female legislators either to support or to put aside their policy preferences. For example, social welfare policies may help women’s causes, but these policies also expand government spending. Hence, these social policies may deter Republican women from pursuing feminist legislation and encourage Democratic women to engage in legislation that may empower women. Likewise, women of color may be more likely to pursue minority based interest legislation, but

under- representation in political office could deter them once they realize that their legislation has little chance of passing. Finally, as women gain more positions in power, they can begin to frame the debate and determine which issues receive top priority. For example, Nancy Pelosi, since becoming Speaker in 2007, has made it a priority in Congress to increase the minimum wage and pursue healthcare reform (Reingold, 2008).

### **Minority Women's Health Issues**

Women of color continue to face discrimination due to gender and race. According to Liebert (2001), policy barriers and institutional racism has led to a racial divide between whites and minorities in terms of access to healthcare and medicine, access to doctors, and education regarding prevention of treatable diseases. The rising costs of healthcare remains a major policy barrier to quality, comprehensive, care for minority women (Liebert, 2001). Many women of color, who receive employer based insurance, tend to work in low skilled and low income jobs (Liebert, 2001). As a result, minority women, overall, are less likely to have employer- based insurance and more likely to be dropped from their plans. Thus, institutionalized barriers continue to play a major part in the disparities in healthcare for minority women.

In 2009, The National Latina Institute for Reproductive Health (NLIRA) conducted a study to determine the number of Latina women that were uninsured in America. They concluded that approximately 38% are uninsured compared to 13% of white women. Due to these disparities in healthcare, minority female legislators are often more inclined to support healthcare reform. Latina women are often denied Medicaid due to their immigration status (NLIRA, 2009). The process is further complicated by the fact that in order to gain access to Medicaid, an immigrant must be a United States citizen for more than five years.

Black women too are affected by the racial gap that exists in access to affordable, quality, healthcare. According to the Black Women's Health Imperative, a black women's life span is shorter than their white counter parts. Black women have the highest rates of most major chronic conditions (hypertension, diabetes, stroke, most cancers, glaucoma, arthritis and lupus) and risk factors for poor health (obesity, sedentary lifestyles, drug dependence, tobacco use, depression, sexually transmitted diseases, low immunization rates and partner violence) (Black Women's Health Imperative, 2009).

In a 1989 study of legislative priorities among legislators, Gurin, Hatchett, and Jackson (1989) concluded that members of the black electorate are more supportive than are white voters of anti-discrimination legislation, economic initiatives targeting racial and ethnic minorities, and

increased spending for social welfare and public education programs. African Americans have distinct health concerns (Kahn, 1994; Williams and Collins, 1996; Woods, 1996) and are more likely to face poverty, employment discrimination, housing discrimination and crime (Hacker, 1992; Massey and Denton, 1993; Adams 2007).

In 1995, Williams and Collins conducted a study on the social economic and racial differences in healthcare. According to their research, there are endless amount of factors that contribute to the growing gap in medical access between whites and people of color. Education, income and occupation status are usually the most common factors (Williams and Collins 1995). The authors conclude that societal and economic factors do contribute to the health status of people based on race and gender. Thus, women of color are often driven towards public office in order to address these disparities legislatively.

### **Double Disadvantage**

Women of color especially those who hold legislative, executive or judicial offices often face a double disadvantage. Scholars have argued that and others argue that the “double disadvantage” of being black and female in America has caused African American women to be oppressed by both racism and sexism to the point that they must produce a far greater effort to attain comparable status with white people or men (Githens and Prestage, 1977; Epstein, 1973; Baxter and Lansing, 1981; Gay and Tate, 1998; bell hooks, 1984, 1989; Adams, 2007).

In the 21<sup>st</sup> century, the double disadvantage can be extended to any woman of color. Women of color still make up a very small percentage of the legislative bodies at the state and federal levels in the United States. Hence, the concerns of minority interests require the collective actions of individual minority caucuses such as the Congressional Black Caucus, the Congressional Hispanic Caucus and the Congressional Asian and Pacific Caucus.

Kimberly S. Adams, in 2007, examined the double disadvantage theory and found that in the legislatures of Mississippi, Maryland and Georgia, African American legislators generally, and African American female legislators in particular, were less likely to achieve passage of their legislation, giving support to both the double disadvantage and social distance theories.<sup>8</sup> In 2006, Parry and Miller explored how the double disadvantage has hurt Black Women in addressing the policy concerns of their constituencies in Arkansas. They selected 27 policy proposals out of tens

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<sup>8</sup> “Social distance” is defined as “feelings of unwillingness among members of a group to accept or approve a given degree of intimacy in interaction with a member of an outgroup” (Bratton and Haynie, 1999).

of thousands proposed in the House and Senate and concluded that because African American legislators, especially black women, lack the representation in both chambers black legislators are less successful in their legislative agendas and they are also too small of a group to kill legislation (Parry and Miller, 2006).

### **Expectations and Explanations of Current Research**

The underlying expectations of this study are that Blue Dog Democrats, women and, minority women each exhibit distinctive policy concerns and that those concerns manifested themselves in the support given to the Patient Protection and Affordable Care Act (PPACA). It is expected that Blue Dog Democrats were significantly less likely than their Democratic counterparts to support PPACA. The basis for this expectation is that Blue Dog Democrats are primarily from the conservative South, where most of their constituents were not supportive of the bill.

Further, it is expected that women were significantly more likely than their male colleagues to support PPACA and that minority women were more likely than their legislative colleagues to support PPACA (Adams, 2007; Carroll, 2004; Carroll, 2001; Bratton and Haynie, 1999; Thomas, 1991). Ethnic minorities and women are likely to seek public office in order to address perceived policy shortcomings in the white male dominated status quo. Education, healthcare, children's issues, and welfare have traditionally been of lower priority to white men and a main priority for women and ethnic minorities.

Taken as a whole, these differences in legislative preferences are the likely result of the different social/cultural experiences and perspectives of the individual racial and gender groups. We expect that a certain amount of group cohesion is present within each gender and racial grouping.

### **Data and Methods**

To examine legislative support for the Patient Protection and Affordable Care Act among groups in the 111<sup>th</sup> Congress, we use data gathered from the *Congressional Directory*, the *Washington Post* and the websites of the Blue Dog Coalition, the Congressional Black Caucus and the Congressional Hispanic Caucus. The dependent variable in this study is the **final vote** for the

Patient Protection and Affordable Care Act (H.R. 3590) that was cast by members of the House of Representatives on March 21, 2010.<sup>9</sup>

Cross-tabulation analysis is used to test three hypotheses. Cross-tabulation analysis is used because the dependent and independent variables are all nominal-level data. If the dependent variable was an interval-level measure and the independent variables were categorical, mean comparison analysis would have been performed. To determine the level of statistical significance of the cross-tabulation findings, chi-square test of significance is employed.

### **Hypotheses**

Three hypotheses are examined in this research. The following hypotheses are tested:

H1: Blue Dog Democrats will be less likely than their Democratic colleagues to support H.R.3590.

H2: Women will be more likely than their male colleagues to support H.R. 3590.

H3: Black and Hispanic/Minority women will be more likely than their legislative colleagues to support H.R. 3590.

### *Dependent Variable*

The independent variable in this analysis is the final vote of yes or no by House members in the 111<sup>th</sup> Congress on the Patient Protection and Affordable Care Act. The variable is coded 1 if the member voted no, and 0 if the member voted yes.

### *Independent Variables*

**Blue Dogs.** This variable denotes whether a member of Congress identified as a Blue Dog Democrat or not, in the 111<sup>th</sup> Congress. Blue Dog Democrats are coded 1, and non-Blue Dog Democrats are coded 0. The variable is included in the model to determine if there are significant differences between the more Conservative Blue Dog Democrats and their Democratic colleagues in support for H.R. 3590.

**Gender.** This variable represents the gender of the member of Congress. Female members are coded as 1 and male members are coded as 0. The variable **gender** is included in the model to determine if there are significant differences between male and female support of H.R. 3590.

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<sup>9</sup> This research only includes members of from the U.S. House of Representatives, not the U.S. Senate.

Since healthcare disparities are considerably higher for women than men, women may be significantly more likely to support healthcare reform.

**Minority Women.** This variable includes both African American and Hispanic women. It denotes whether a member of Congress is a minority woman. African American and Hispanic women are coded as 0, everyone else is coded as 1. This variable is included in the model to determine if there are significant differences between women of color and their legislative colleagues in support of H.R. 3590. “Minority women who receive employer- based insurance tend to work in low skilled low income jobs” (Liebert, 2001). As a result women of color, overall, are less likely to have employer- based insurance and more likely to be dropped from their plans. Therefore, healthcare is continuously among the top legislative priorities of minority female legislators.

### **Findings**

The findings from the current research tend to confirm previous findings. The results using cross-tabulation analysis and chi-square test of significant for the three hypotheses are found in Tables 1, 2, and 4. According to the findings in Table 1, Blue Dog Democrats were less likely to support the Patient Protection and Affordable Care Act (PPACA) than their Democratic legislative colleagues. The results indicate that 59.3% of the Blue Dog Democrats voted yes for the bill, while 96.4% of their Democratic colleagues voted yes. Thus, 40.7% of Blue Dogs voted no, while 3.6% of their Democratic colleagues voted no. A possible explanation for this finding is that the Blue Dogs listened to their constituents when deciding whether to support PPACA. The majority of Blue Dog members reside in southern and rural districts where their constituents were more likely to oppose the legislation as compared to Democrats who resides in more liberal districts. Contrary to expectations, the difference in support for H.R. 3590 between Blue Dog Democrats and their legislative colleagues is not statistically significant according to the chi-square test of significance (see Table 1).

The results in Table 2 indicate that women were more likely than their male counterparts to vote yes for H.R. 3590. According to the findings, 47.4% percent of the men voted yes, while 72.2% of the women voted yes. Even though there are far more male legislators than female legislators in the House in the 111<sup>th</sup> Congress, (83.3% men, to 16.7% women), female legislators overwhelmingly voted for the healthcare reform. As indicated earlier in the literature review, women legislators tend to support more social, health and education-based policies. These findings confirm prior research that women are more likely to support healthcare initiatives than their male colleagues (Adams, 2007; Carroll, 2004; Carroll, 2001; Bratton and Haynie, 1999). The

chi-square results indicate that there is a statistically significant association between gender and for H.R. 3590 (see Table 2).

Table 4 reports the findings from hypothesis 3 which claims that minority women would be more likely than their legislative colleagues to support H.R. 3590. The chi-square test of significance shows that there is a statistically significant association between minority women and their support for healthcare bill (see Table 4). Out of the eighteen minority women in the U.S. House of Representatives in the 111<sup>th</sup> Congress, seventeen voted in support of H.R. 3590. Table 4 shows that 94.4 % of the minority women supported the legislation, compared to 49.6 % of their legislative counterparts. This finding is particularly significant given their small numbers in the chamber. This finding corroborates prior research (Adams, 2007; Bratton and Haynie, 1999) that used more sophisticated statistical measures to determine the legislative priorities of minority women. While African American and Hispanic women are usually staunch supporters of anti-discrimination policies such as affirmative action, health policies and education policies, this is not always the case. Minority women who identify as Republicans often have different priorities (Reingold, 2008), usually more akin to their party's position. Representative Ileana Ros-Lehtinen, the first Cuban-American in Congress, was the lone minority woman to vote against HR. 3590 (Wides-Munoz, 2010).

Table 3 represents a bar chart that includes the percentages of members who voted for or against H.R. 3590, separated by ethnicity and gender. According to Table 3, 100 % African American women in the United States House of Representatives in the 111<sup>th</sup> Congress supported H.R. 3590, while 83.3 % of Hispanic women supported the measure. Further, 93.1% of the African American men supported the healthcare measure, while 85.1% Hispanic men supported the bill. The data in this research demonstrates ethnic minorities in the House of Representatives were more likely to vote for the PPACA than their white legislative colleagues. However, the differences may not be significant in a statistical analysis due to their small numbers within the legislative body.

### **Discussion and Concluding Remarks**

The findings of this research suggest that conservative Blue Dog Democrats were less supportive of H.R. 3590, but the difference is not statistically significant. A possible explanation is that many Blue Dog conservatives did vote "yes" on final version of the bill because they were satisfied with its cost cutting provisions that prove to be important to conservative Democrats. In the end, no Republicans in the House or the Senate voted for the final Bill and the majority of



Democrats who voted “no” on H.R. 3590 were Blue Dog Democrats. Political philosophy, the overall cost of reform, and constituency preferences are some of the reasons why individual members, primarily Blue Dog Democrats, voted for or against H.R. 3590. The polarization of the final draft of the legislation made it hazardous for many Blue Dogs to vote “yes,” if they were to seek reelection in their moderate to conservative leaning districts.

While healthcare reform affects all Americans, women and minorities have been deeply impacted by the rising costs and lack of access to quality care. The findings of this research show that minorities and women were significantly more likely than legislative colleagues to support the healthcare legislation. The disparities in the healthcare system is personal for some female and minority legislators and they feel that it is their duty to fight for all women and minorities when pursuing health reform.

Blue Dog Democrats, women and minority women are included in this research to explore the role they may have played into determining the outcome of H.R. 3590. With every Republican voting against the measure, every Democratic vote became crucial. The House leadership had only a few votes to spare and if the legislation died in the House, then Democrats would have been as politically vulnerable as they were in the 1994 midterm election, after Clinton’s failure to reform the healthcare system.

President Obama set the agenda for what the 111<sup>th</sup> Congress was going to tackle in their first year. With Nancy Pelosi serving as Speaker of the House, and with large majorities in the House and the Senate, Democratic leaders saw a unique opportunity to pass landmark healthcare reform. The historic number of Democratic seats in both the House and Senate in 2009 made it possible for each chamber to pass their own separate healthcare legislation, without interference from the minority party.

While there is no way to know if whether a male Speaker of the House would have agreed with the President to make healthcare reform a priority so early in his administration, one thing is certain, Speaker Nancy Pelosi’s outreach and leadership served as a rallying call for women and minorities in the 111<sup>th</sup> Congress, who proved to play a significant role in the successful passage of the historic legislation

**Table 1: Final Vote for H.R. 3590 among Blue Dog Democrats and their Democratic Colleagues within the 111<sup>th</sup> Congress**

<u>Final Vote</u>	<u>Blue Dog</u>	<u>Non-Blue Dog Dem</u>	<u>Total</u>
Yes	59.3% (32)	96.4% (189)	88.4% (221)
No	40.7% (22)	3.6% (7)	11.6% (29)
Total	21.6% (54)	78.4% (196)	100% (250)

N=250

**Chi-square= 1.48,  $P = .223$  d.f.=1**

**Table 2: Final Vote for H.R. 3590 among Male and Female Members within the 111<sup>th</sup> Congress**

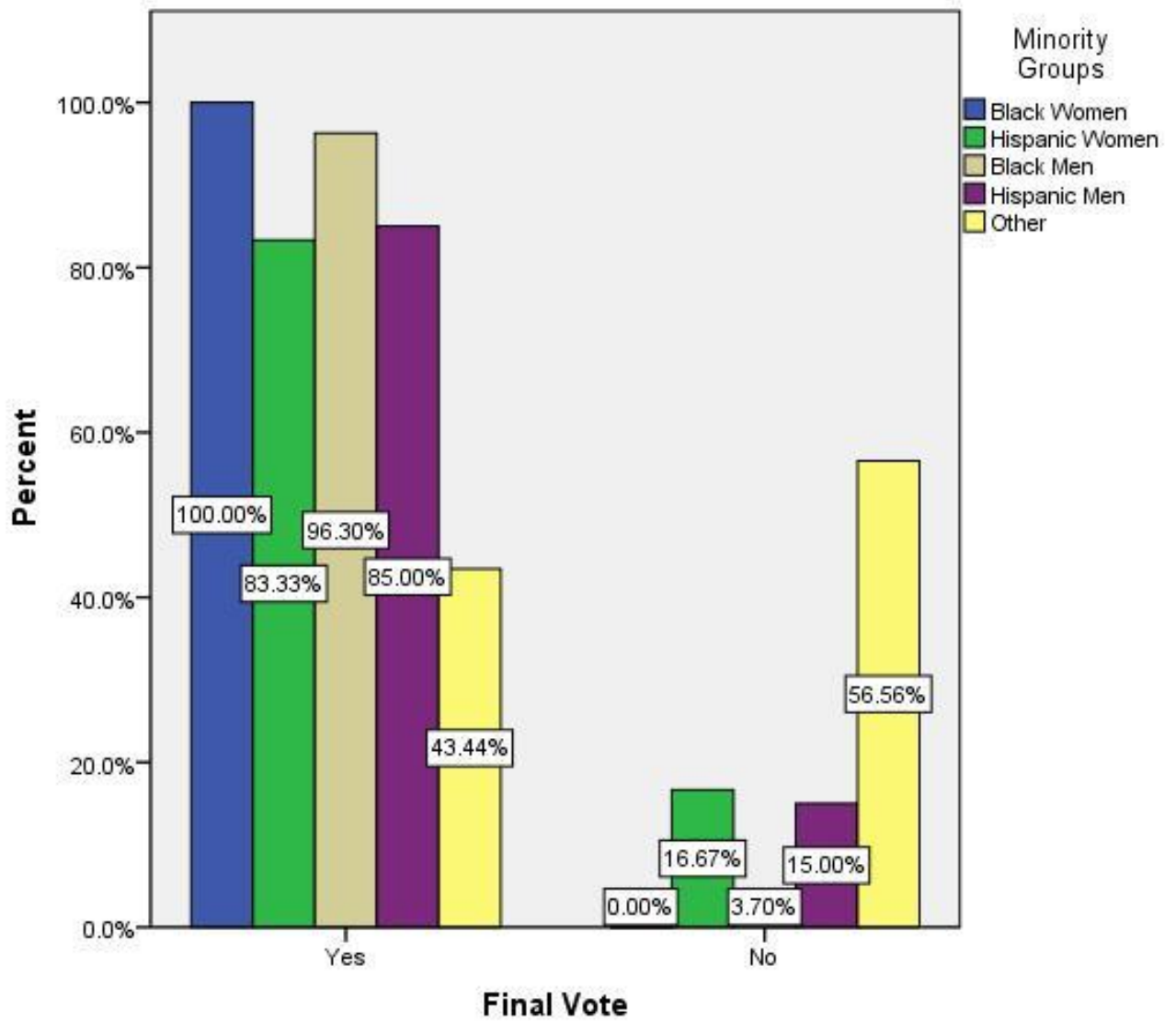
<u>Final Vote</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Yes	47.4% (170)	72.2% (52)	51.5% (222)
No	52.6% (189)	27.8% (20)	48.5% (209)
Total	83.8% (359)	16.7% (72)	100% (431)

N=431<sup>10</sup>

**Chi-square= 14.8,  $P = .000$  d.f. = 1**

<sup>10</sup> Four seats were vacant in the U.S. House of Representatives on March 21, 2010, the day of the vote.

**Table 3: Final Vote for H.R. 3590 among Ethnic and Gender Groups**



**Table 4: Final Vote for H.R. 3590 among Minority Women and their Legislative Colleagues within the 111<sup>th</sup> Congress**

<u>Final Vote</u>	Minority Women	Other Lawmakers	Total
Yes	94.4% (17)	49.6% (205)	51.5% (222)
No	5.6% (1)	50.4% (208)	48.5% (209)
Total	4.2% (18)	95.8% (413)	100% (431)
N=431			
<b>Chi-square= 13.9, P = .000 d.f. = 1</b>			

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