

The Political Consequences of Internal Dissent in Advocacy Groups:
The AMA, Public Opinion and Health Care Reform

Maryann Barakso, Ph.D.
University of Massachusetts Amherst
barakso@polsci.umass.edu

Prepared for delivery at the 2011 Meeting
of the Midwest Political Science Association, Chicago, Illinois.

Advocacy organizations are often treated as unitary actors in the political science literature, but this perspective belies the extent to which interest group decisions are often arrived at only after intense internal deliberations and debate.¹ Scholars have focused primarily on the ways in which internal discord can weaken organizations themselves by creating disaffection among members and splits within the group; fewer have examined the negative externalities for groups of internal disagreement. Contentious policy debates within an interest group may erode its credibility on Capitol Hill, for example. Yet internal clashes over policy choices may also threaten the credibility of an organization in the eyes of the public, diminishing its ability to influence public debates as citizens become aware that the group is not unified.

In this paper, I examine the extent to which internal disagreements within interest groups diminish the influence of those groups among the public. Citizens often turn to interest groups for cues about where they should stand on issues (e.g. Lupia 1994; Kuklinski and Quirk 2000), a fact that potentially affords interest groups a significant amount of policy influence. However, this influence may be eroded by the existence of significant (and publicized) disagreement within an organization. After all, citizens are less able to rely on cues when they receive mixed signals (Zaller 1992) and dissent within an organization may serve to significantly muddy those signals.

To examine the effect of publicized dissent on a group's standing among the public and its ability to influence public opinion, I focus on recent disagreements within the American

¹ I would like to thank Brian Schaffner, Ray La Raja, Tatishe Nteta, Jesse Rhodes and Dean Robinson for their helpful suggestions on this project. I am also grateful to John Hird and the Department of Political Science at the University of Massachusetts Amherst for their generous support of the survey module.

Medical Association (AMA) on health care reform. During the health care reform debate, the (AMA) endorsed the Democratic health care reform efforts, an endorsement that the president and other Democratic politicians frequently touted. Indeed, the fact that Obama and other Democrats referred to the AMA endorsement is one strong indication that politicians believed it would influence public opinion. However, this endorsement was highly controversial both within the AMA and between the AMA and its affiliated medical societies. I take advantage of this controversy to determine the extent to which knowledge about internal disagreements within the AMA affected opinions of the organization as well as the effectiveness of the organization's endorsement. Specifically, I draw from two survey experiments that I fielded on the 2010 Cooperative Congressional Election Study (CCES) that allowed me to manipulate whether respondents were told about dissent within the organization.

I find that learning about dissent did not affect opinions toward the AMA, but it did increase support for state medical societies that publicly opposed the AMA's position. More significantly, I find that when individuals are told about disagreement within the AMA, the AMA's support for a policy proposal becomes less influential in driving public opinion. Thus, groups stand to lose a great deal of influence when their endorsements come only after significant (and public) internal debate.

The Influence of Dissent on Public Opinion

The politics of decision making within advocacy groups is a relatively untapped area of political science research (Arnold 1982; Baumgartner and Leech 1998; Berry 1994; Cigler 1991; Moe 1980; Rothenberg 1992; Scott 1999; Widmer and Houchin 1999). Our knowledge of the internal governance of interest groups, or how they come to policy positions, is extremely limited

and we are even less informed about extent to which advocacy group are structured such that disagreement with leadership proposals is possible (Barakso 2005; Barakso and Schaffner 2008). It has been argued that contemporary interest groups are less participatory (Putnam 2000; Skocpol 2003) and less democratic--particularly those formed after 1960--than before (Barakso 2007). When run by professional administrators and comprised of checkbook members, dissent within advocacy groups may now not only be less likely to arise but also prove problematic for such groups since intraorganizational that does arise might be easier to contain.

Yet substantial anecdotal and case study evidence that suggests that such disagreement, which can erupt even in many of today's professionally run and undemocratic groups, can cause substantial disruption within organizations. Policy disagreements can spill over into the public arena, causing public relations headaches for organizations, as they threaten to delegitimizing the group among policy makers. The Chamber of Commerce attracted negative news coverage in 2009 as a result of the highly publicized defection of several important companies from its membership, including Nike, due to the Chamber's stance on climate policy. In 2004, the AARP experienced reportedly lost of tens of thousands of members and undermined its clout among members of Congress in the wake of the group's efforts to include an expensive prescription drug coverage benefit to Medicare. The VFW (Veterans of Foreign Wars) recently endured internal conflicts over its PAC endorsement policy. The Sierra Club, well known for robust internal deliberations, endured substantial internal turmoil in 2008 as a result of the group's decision to endorse Clorox products.

Some scholars have noted that excessive internal conflict can jeopardize organizational survival (Mueller 1995; Schwartz, Rosenthal, and Schwartz 1981); others have found that

intraorganizational dissent can also substantially affect groups' policy choices (Barakso 2004; McFarland 1984; Shaiko 1999). But how does internal dissent affect interest groups' ability to influence public opinion? Most citizens generally lack detailed knowledge about political issues and rely instead on low information rationality (Popkin 1991). Low information rationality involves relying heavily on heuristics—or information shortcuts. For example, when citizens know little about an issue, their views can be strongly influenced by where elites stand on those issues (e.g. Zaller 1992). While the literature often focuses on the influence of partisan elites (such as politicians or journalists with a known political bias), interest groups also have the potential to influence opinions by providing cues (Lupia 1994). Groups are generally able to do this because they are perceived as having expertise in particular issue areas (Lupia and McCubbins 1998). For example, citizens may see the AARP as having expertise on issues relating to the elderly, and therefore the AARP's position on such issues may be particularly influential, especially when citizens lack strongly held views.

While groups have the potential to influence public opinion by taking positions, the effectiveness of this position taking may be affected by several factors. For example, if citizens perceive a group as not sharing their own interests in a debate, then those citizens will likely discount the group's views. A group's position may also become less influential when the clarity of the signal is not as strong. Zaller (1992) shows that citizens are less influenced by elite cues when those cues are not consistent. While political organizations are often treated as unitary actors in the literature on cue-taking, they are, in fact, aggregations of elites who may or may not agree on a particular position taken by the group. For example, Ray (2003) finds that the effect

of party positions on attitudes toward European integration was conditioned by dissent within the parties (on the effects of intraparty dissent see also Caillaud and Tirole 2002; Saalfeld 1995).

Therefore, I expect to find that the impact of an interest group's cue will be affected when respondents' are exposed to information that signals a lack of unity within the organization on policy matters. If citizens take cues from interest groups because they consider those groups to be experts, then hearing that experts within the group are divided should diminish the weight of that cue. After all, even if a citizens knows that a group reached a position, hearing that significant dissent existed within the group may serve as a countervailing signal eroding the strength of the cue. To examine this dynamic, I focus on the case of dissent within the AMA during the recent health care reform debate.

Internal AMA Debate on Health Care Reform

The endorsement of the American Medical Association, whose members include about 30% of physicians in the United States and represent over 100 specialties and affiliate societies in every state, was considered critical to the success of health care reform. While the AMA has historically been a staunch opponent of health care reform, and posed a major roadblock to reform during the Clinton administration, in July 2009, the AMA announced its (conditional) support for H.R. 3200: America's Affordable Health Choices Act of 2009 ("AMA Support for H.R. 3200" 2009).

Divisions within the AMA during the recent health care reform debate were first clearly evident during the June 2009 meeting of the organization's House of Delegates. At that meeting, delegates representing the societies of the AMA debated resolutions regarding the type of plan that the AMA would endorse. However, this debate came down to a stand off between liberal

delegates who favored an endorsement of a government sponsored insurance option and conservative delegates who opposed such a plan. In a last-ditch attempt to ensure that the House of Delegates made some statement on health care reform at the meeting, the outgoing president of the association secured support for a resolution stating that the AMA supported “health system reform alternatives that are consistent with the AMA principles of pluralism, freedom of choice, freedom of practice, and universal access for patients.”² The resolution was vague enough to win support from a majority of delegates and, at the same time, provided sufficient leeway for the AMA’s officers to endorse a variety of health care reform proposals offered during the coming months.

In July, 2009, just one month after this House of Delegates meeting, new AMA President James Rohack announced the organization’s endorsement of HR 3200, “America’s Affordable Health Choices Act of 2009” (“AMA Support for H.R. 3200” 2009). That same month, a coalition including medical societies in Alabama, Delaware, the District of Columbia, Georgia, Kansas, New Jersey, and South Carolina announced their opposition to H.R. 3200 (“MAG Instrumental in Coalition Representing More Than 43,000 Physicians Calling for ‘Patient-Centered’ Health Care System”). While this initial opposition was relatively moderate--the state societies were careful not to directly criticize the AMA’s endorsement--the significance of the split was not lost on reporters covering the push for health care reform. Indeed, *Congress Daily* note that the coalition of societies was “breaking from the country’s largest physicians’ group to mount its own push against the inclusion of a public insurance option in any overhaul bill.”³

² Thom Wilder, 2009, “AMA Resolution Backs Health System Reform, but Deletes Reference to Public Plan Option,” Health Care Policy Report, Vol. 17, No. 25.

³ Carrie Dann, 2009, “Physician Unrest Flares Over AMA Stand.” *Congress Daily* (July 16).

The next meeting of the AMA House of Delegates took place in November, 2009; however, just days before that meeting took place, Rohack announced the AMA's support for H.R. 3962, "The Affordable Health Care for America Act." This endorsement sparked greater and more widespread dissatisfaction among a minority of the state societies. The Medical Association of Georgia immediately released a statement expressing the society's "disappointment" with the AMA's endorsement and noting that the coalition of state societies that had publicly opposed the AMA in July would advocate for the rescinding of the endorsement at the House of Delegates meeting that was to occur just a few days later. The coalition of societies did introduce a resolution to force the AMA to rescind its endorsement of the legislation at the November meeting, but the resolution garnered support from just one-third of the delegates and the AMA endorsement remained intact.

By the end of 2009, several other state societies, including Missouri, North Carolina, Florida, Texas, and Tennessee, had also announced their opposition to health reform legislation that AMA had endorsed (Hunt 2009; "Coalition Letter Opposing H.R. 3590" 2010). Finally, as Congress entered the final debate on H.R. 3590 in March, 2010, three more societies (Oklahoma, Arkansas, and Ohio) announced their opposition to the legislation that the AMA had earlier endorsed. Thus, by the time health care reform legislation had passed Congress and was signed into law, 15 of the 51 state medical societies had publicly announced a position contrary to that taken by the AMA.

In sum, although the AMA's endorsement was highly touted by its supporters on the Hill as a signal to legislators and to the public that health care reform had achieved the backing of an important constituency. In fact, however, the endorsement did not represent a unified position on

the issue within the organization, and the public nature of the dissent makes this a good case for studying the consequences of intraorganizational dissent.

Design of Study

I took advantage of the debate within the AMA to design two survey experiments to provide insight into the extent to which internal disagreements can erode a group's influence on public opinion. Both experiments appeared on a module of the 2010 Cooperative Congressional Election Study (CCES), an opt-in Internet survey of 2,500 respondents conducted by YouGov/Polimetrix during the 2010 election.⁴ The survey relies on a matched random sample design; YouGov/Polimetrix begins by drawing a target random sample of the adult population based on Census data and information from other sources. For each member of this target sample, YouGov/Polimetrix finds members from their opt-in panel that match the individual on a number of demographic and political characteristics. The matched sample is then weighted using propensity scores to assure that the sample is nationally representative. Additional information about the sampling procedure is available at <http://projects.iq.harvard.edu/cces/home>.

The first experiment examined the extent to which the disagreements between the AMA and 15 state societies affected the public's trust in these organizations. Table 1 shows the text of the two questions that comprised this experiment. All respondents were told that the AMA supported the health care reform legislation that passed into law earlier in the year. However,

⁴ Previous research on CCES respondents have found that they tend to be somewhat more politically knowledgeable and engaged than the general population, though these differences are “not large” (Hill et al. 2007).

when a respondent lived in a state where the state's medical society publicly opposed the AMA's position, they were randomly assigned to one of two conditions. The control condition received the same question as everyone else, but those who were assigned to the treatment condition were told that their state society had taken the opposite position as the AMA.

Respondents were then asked: "How much confidence do you have in the American Medical Association (or AMA) to recommend the right thing for the country on health care?" They were also asked the same question about their state medical association. Respondents placed themselves on a scale between 0 (no confidence at all) to 100 (a great deal of confidence) for both questions.

The second experiment focused on whether (and the extent to which) the AMA's endorsement of a particular position on an issue would be undermined by knowledge of disagreement within the organization. Respondents were assigned to hear one of four different versions of a question about the public option. Half of the respondents heard that the AMA supported the public option and half heard that the AMA opposed it.⁵ Within each of these conditions, half of the respondents saw only the AMA's support or opposition, while the other half saw that "Despite significant disagreement within the organization the American Medical Association opposed/supports such a plan." If disagreement undermines the effects of a group's position taking, then I would expect to see opinions move less toward those of the AMA under the disagreement conditions.

⁵ For this experiment I used the public option in the prompt, since the AMA's position on the public option remained vague for much of the recent health care reform debate and since the public option was not part of the health care legislation that ultimately passed.

These experiments were designed to maximize internal and external validity. As with most experiments, the ability to draw causal inferences is strong since the key variable of interest (knowledge of internal disagreement) is randomly assigned to respondents. Furthermore, unlike some experiments, I am not asking people about an obscure or hypothetical issue or group. Rather, my experiments focus on the actions of a real organization in one of the most salient policy debates of the year. If anything, the high salience of the health care issue and the significant attention given to disagreements within the AMA might be expected to diminish the influence of my treatments.

Results

I begin by discussing the results from the first experiment. Table 2 presents the difference of means tests for the two dependent variables across the control and treatment conditions.⁶ The table shows that there was no significant difference in how an individual rated the AMA depending on whether they heard that their state society opposed the AMA's position. This non-finding is not particularly surprising. Most individuals have heard of the AMA and likely have a reasonably informed view of the organization and were aware of its endorsement. Individuals are much less likely to know much about their own state medical society. Thus, hearing that their state society disagreed with the AMA is not likely to change views toward the AMA. Notably, however, the average rating of a state medical society did increase when

⁶ All statistics produced using sample weights.

individuals heard that the society took an opposite position from that of the AMA. The difference here was 6.11 points and was statistically significant at $p < .01$.⁷

Why did confidence in state societies increase when confidence in the AMA did not? To gain a better understanding of how individuals were affected by this information, I divided the sample into those who supported the health care reform legislation and those who opposed it. The CCES asked a question in the common content (earlier in the survey) about support or opposition to the health care reform law. Approximately 56% of respondents favored the legislation while 44% opposed it. I used this question to determine whether health care reform supporters reacted to the treatment differently than health care reform opponents. The results are presented in Figure 1.

Figure 1 shows the average confidence rating given for the AMA and the state society depending on whether an individual was a health care reform supporter or opponent and whether the individual was in the control or treatment condition. Ratings of the AMA were strongly influenced by where an individual stood on health care reform. Health care reform supporters were more than twice as confident in the AMA as health care reform opponents. However, as with the full sample, neither supporter nor opponents' ratings of the AMA were affected by hearing about opposition from their state society.

On the other hand, the treatment's effect on ratings of the state medical society were largely conditioned by whether an individual was a health care reform opponent or supporter.

⁷ This difference existed even when I only analyzed states where the medical society defected (i.e. states where respondents could have received the treatment).

Confidence in the state society among health care reform supporters dipped slightly when supporters heard that their society opposed the AMA. But the largest difference was among health care reform opponents. When opponents did not hear about the disagreement, they rated their state society at about the same level as the AMA, perhaps assuming that the organizations shared a similar position. But when health care reform opponents heard of their state society's opposition, their support for that society increased by nearly 20 points.

Thus, the first experiment provides somewhat mixed results. Views of the AMA remained steady regardless of what respondents heard about the position of their state society. This is likely due to the fact that people already had fairly well developed opinions toward the AMA, opinions that were significantly influenced by their view of health care reform. But disagreement did affect attitudes toward the organization individuals likely knew much less about. For the most part, individuals used information about the disagreement to bring their opinions toward the state society into line with their views toward health care reform.

While the results from the first experiment are important, the second experiment strikes more directly at the consequences of internal dissent. Specifically, this experiment allows me to determine whether knowledge of internal disagreement within the AMA affected the influence of the AMA's position taking on an issue. Table 3 presents the results from this experiment among all respondents. I collapsed responses into three categories—"support", "oppose", or "neither/not sure."

Among all respondents, the AMA's position did not have a strong effect. When the AMA opposed the public option, respondents were evenly divided, and this even division existed regardless of whether respondents were made aware of disagreement within the AMA. However,

when the AMA supported the public option, the disagreement treatment did have an effect. Individuals who were not told about the disagreement were more likely to support the AMA's position by indicating support for the public option. This difference was significant at $p < .05$ and it was substantial. Support for the public option dropped by 10 percentage points when the AMA's support for it was supplemented with the disagreement caveat.

Of course, cues are not equally influential on all citizens. In general, we would expect those who are less politically engaged to rely more on cues like the AMA's position taking. The CCES asks respondents how frequently they pay attention to news and public affairs. 45% of respondents place themselves in the highest category ("most of the time"), therefore, I removed these individuals from the analysis to examine the 55% of respondents who are less politically engaged. Figure 2 presents the proportion of these less engaged respondents who supported the public option depending on the condition to which they were assigned.

As expected, the effects for these less engaged respondents are stronger than in the analysis of all respondents. When less engaged respondents were told that the AMA supported the public option but were not told about internal disagreement, about half supported the public option. However, fewer than one-third of less engaged respondents supported the public option when the AMA supported it "despite significant disagreement within the organization." This difference was statistically significant at $p < .05$.

When the AMA opposed the public option, responses were also in the expected direction. Support for the public option among less engaged respondents was lower (35.9%) when the AMA opposed the option without internal disagreement being mentioned. Support was higher, however, (44.4%) when respondents were told that the AMA's opposition to the public option

was accompanied by internal disagreement. I cannot be confident in this difference, however, as the p-value for two-tailed difference of proportions test was just .25.

Overall, the results from experiment 2 suggest that internal dissent can have a significant impact on a group's ability to influence public opinion. When respondents, particularly less-engaged respondents, were told about dissent within the AMA, they were much less likely to follow the AMA's cue on the public option. These survey experimental effects were strong and statistically significant despite the fact that respondents were being asked about a highly salient issue that had been the focus of intense debate for the previous 18 months.

The Consequences of Intraorganizational Dissent on Public Opinion and Policymaking

Advocacy groups' capacity to influence public opinion (directly or indirectly) is arguably a key resource for many groups as they seek to achieve their policy goals (Caldeira and Wright 1998; Costain 1992; Gerber 1999; Goldstein et. al. 2001; but cf. Burstein 1999). Gaining public support can bolster the material welfare of an interest group in addition to reinforcing its ability to pressure policy makers (see Kollman 1998). When members of the public perceive an organization as a credible authority within a policy domain, the group may benefit by attracting members and donors, for example, but it may also be rewarded by gaining public deference on policy matters and/or by "mobilizing enthusiasm" on behalf of their cause (Baumgartner and Jones 1993). For their part, policy makers, who rely heavily on cues and heuristics to make decisions, depend in part on advocacy organizations' (sometimes implicit) claims that 1) their policy views represent the preferences of a distinct and unified constituency, and 2) that their policy views are either supported by public opinion or, at the very least, are not opposed by an

electorally relevant segment of the public. Interest organizations that appear to satisfy these conditions may be more successful in winning policy concessions in highly competitive issue networks.

Minor internal disagreements that can be contained (in other words, when dissenters can be mollified such that they refrain from making public statements about their opposition) are unlikely to pose a substantial threat to the credibility of established interest groups with the public or with legislators. On the other hand, when internal disputes become publicized, the effect of groups' policy endorsements on public opinion risk being attenuated--particularly among the less politically engaged, who are usually the most persuadable. Even policy makers with substantial prior experience with an internally divided organization may use this information as a justification for abstaining from placing an issue on the agenda or as a reason to refrain from promoting the issue in a meaningful way.

Given this logic, and the findings of this study, advocacy groups might prefer to create highly hierarchical structures to reduce the possibility of internal dissent. However, as the grassroots protest against the highly undemocratic AARP demonstrated in 2004, organization members, or even individuals who are part of the constituency the group claims to represent, can undermine confidence in advocacy groups who have misrepresented their preferences. To reduce the possibility of fallout from dissent, the AARP, for example, now surveys its members frequently to gauge levels of support for policies. During the health care reform debate, the group was extremely cautious in its position taking behavior and solicited its members opinions in many fora.

In the case of the AMA, both the state medical societies and the national level of the organization experienced concrete consequences of the public dissent over health care reform. In the experiment, defecting groups gained more confidence from the public when informed about their defection. This finding suggests that state medical societies could capitalize upon the publicity that their defection attracted by gaining new members, donors, or by gaining credibility with state policy makers. On the other hand, the influence of the 15 dissenting state medical societies at the national level of the group has been reduced by the successful passage of the bill they fought against. In fact, state medical societies that defected have sought to prevent the AMA from reducing their delegate allocations as a result of declining AMA memberships, thereby acknowledging that their protest may impact their level of representation in the national organization. In addition, candidates who clearly opposed reform failed to win any seats in recent elections for the AMA's Board of Trustees.⁸

The national organization will likely confront continuing fallout from the policy battle as well. For example, the AMA's president-elect (elected in June 2010), noting that trust in the AMA was "damaged by the AMA's performance on health care reform," ran on a platform that called for reforms that would improve the accountability and transparency of the AMA's Board of Trustees. Another danger of dissent for the AMA involves lawmakers who opposed health care reform and who are now aware that a significant number of states societies that dissented from the AMA. These legislators could leverage their knowledge of the conflict to undermine or discredit the legislation in multiple fora, and in the process not only jeopardize the AMA's policy

⁸ Robeznieks 2010.

success but also its reputation as a credible representative for physicians among the public and other policy makers.

Advocacy organizations face enormous challenges both in terms of aggregating preferences of their constituencies and in establishing and maintaining their credibility with the public and among lawmakers. The fact that intraorganizational conflict is a common feature of group life should not be surprising. But given the potential consequences of such dissent--not only for groups, but also for providing the public and policy makers with more accurate information about the level of congruence between group leaders and who they claim to represent--it is surprising that how advocacy groups arrive at policy positions (including the mechanisms by which they solicit a variety of opinions and address disagreement) is not more fully explored.

Works Cited

- Arnold, R. Douglas. 1982. "Overtilled and Undertilled Fields in American Politics." *Political Science Quarterly*, 97, 91-103.
- Baumgartner, Frank R. Beth L. Leech. 1998. *Basic Interests: The Importance of Groups in Politics and in Political Science*. Princeton, NJ: Princeton University Press.
- Barakso, Maryann. 2005. "Civic Engagement and Voluntary Associations: Reconsidering the Role of the Governance Structures of Advocacy Groups." 2005. *Polity*. Vol. 9, No. 1.
- 2004. *Governing NOW: Grassroots Activism in the National Organization for Women*. Ithaca, NY: Cornell University Press.
- 2007. "Is there a 'Woman's Way' of Governing? Assessing the Organizational Structures of Women's Membership Associations." 2007. *Politics & Gender*. Vol. 3, No. 2.
- Barakso, Maryann and Brian F. Schaffner. 2008. "Exit, Voice, and Interest Group Governance." *American Political Research* 36(2).
- Baumgartner, Frank R. and Bryan D. Jones. 1993. *Agendas and Instability in American Politics*. Chicago, IL: University of Chicago Press.
- Berry, Jeffrey. M. 1994. "An agenda for research on interest groups." In W. Crotty, M. A. Schwartz, & J. C. Green (Eds.), *Representing interests and interest group representation* (pp. 21-28). Lanham, MD: University Press of America.
- Burstein, Paul. 1999. "Social Movements and Public Policy." In *How Social Movements Matter*, eds. Marco Giugni, Doug McAdam, and Charles Tilly pp. 3-21.
- Caillaud, Bernard and Jean Tirole. 2002. "Parties as Political Intermediaries." *Quarterly Journal of Economics*. 117(4): 1453-1489.

- Caldeira, Gregory and John R. Wright. 1998. "Organized Interests and Agenda Setting in the U.S. Supreme Court." *American Political Science Review* 82 (4): 1109-1127.
- Cigler, A. J. 1991. "Interest groups: A subfield in search of an identity." In W. Crotty (Ed.), *Political science: Looking to the future: Vol. 4. American institutions* (pp. 99-135). Evanston, IL: Northwestern University Press.
- Dann, Carrie. 2009. "Physician Unrest Flares Over AMA Stand." *Congress Daily* (July 16).
- Gerber, Elisabeth R. 1999. *The Populist Paradox: Interest Group Influence and the Promise of Direct Democracy*. Princeton, NJ: Princeton University Press.
- Goldstein, Raymond L., Karen Goldstein, James H. Swan, and Wendy Clemena. 2001. "Harry and Louise and Health Care Reform: Romancing Public Opinion." *Journal of Health Politics, Policy, and Law* 26(6): 1325-1352.
- Kollman, Ken. 1998. *Outside Lobbying: Public Opinion & Interest Group Strategies*. Princeton, NJ: Princeton University Press.
- Kuklinski, James H. and Paul J. Quirk. 2000. "Reconsidering the Rational Public: Cognition, Heuristics, and Mass Opinion." In *Elements of Reason* (eds. Arthur Lupia, Matthew McCubbins, and Samuel L. Popkin), pp. 153-182. New York: Cambridge University Press.
- Lupia, Arthur. 1994. "Shortcuts Versus Encyclopedias: Information and Voting Behavior in California Insurance Reform Elections." *American Journal of Political Science* 88(1): 63-76.
- Lupia, Arthur and Matthew D. McCubbins. 1998. *The Democratic Dilemma: Can Citizens Learn What They Need to Know*. Cambridge University Press.

- McFarland, Andrew S. 1984. *Common Cause: Lobbying in the Public Interest*. Chatham, NJ: Chatham University Press.
- Moe, T. 1980. *The organization of interests: Incentives and the internal dynamics of political interest groups*. Chicago: University of Chicago Press.
- Mueller, Carol. 1995. "The Organizational Basis of Conflict in Contemporary Feminism." In *Feminist Organizations: Harvest of the New Women's Movement*, ed. Myra Marx Ferree and Patricia Yancey Martin. Philadelphia, PA: Temple University Press.
- Popkin, Samuel L. 1991. *The Reasoning Voter: Communication and Persuasion in Presidential Campaigns*. Chicago: University of Chicago Press.
- Ray, Leonard. 2003. "When Parties Matter: The Conditional Influence of Party Positions on Voter Opinions about European Integration." *Journal of Politics* 65 (4): 978-994.
- Rothenberg, Lawrence S. 1992. *Linking Citizens to Government: Interest Group Politics at Common Cause*. New York: Cambridge University Press.
- Saalfeld, Thomas. 1995. "On Dogs and Whips: Recorded Votes." In *Parliaments and Majority Rule in Western Europe*, ed. Herbert Doring. Frankfurt/New York: Campus/St. Martin's.
- Schwartz, Michael, Naomi Rosenthal, and Laura Schwartz. 1981. "Leader-Member Conflict in Protest Organizations: The Case of the Southern Farmers' Alliance." *Social Problems* 29 (1): 22-36.
- Scott, Richard W. 1999. "A Call for Two-Way Action: Improving the Connection between Social Movement Theory and Organization/Institutional Theory," paper prepared for presentation at the "Zaldfest": A Conference to honor Mayer D. Zald, University of Michigan, September 17 and 18, 1999.

- Shaiko, Ronald. 1999. *Voices and Echoes for the Environment: Public Interest Representation in the 1990s and Beyond*. New York: Columbia University Press.
- Widmer, Candace and Susan Houchin. 1999. *Governance of National Federated Organizations*. National Center for Nonprofit Boards.
- Wilder, Thom. 2009. "AMA Resolution Backs Health System Reform, but Deletes Reference to Public Plan Option," *Health Care Policy Report*, Vol. 17, No. 25.
- Zaller, John. 1992. *The Nature and Origins of Mass Opinion*. Cambridge University Press.

Table 1: Description of Survey Experiments

Experiment 1	
Condition	Text
Control	The American Medical Association is a national organization that represents doctors and other medical professionals throughout the United States. They endorsed the health care reform legislation that was enacted into law earlier this year.
Treatment (Randomly assigned to 50% of respondents in AL, AR, DC, DE, FL, GA, KS, NJ, OH, OK, SC, TN, MO, NC, and TX)	The American Medical Association is a national organization that represents doctors and other medical professionals throughout the United States. They endorsed the health care reform legislation that was enacted into law earlier this year. Your state medical association opposed that legislation.
Question 1	How much confidence do you have in the American Medical Association (or AMA) to recommend the right thing for the country on health care?
Question 2	Every state has its own medical association that represents doctors and other medical professionals. How much confidence do you have in your own state's medical association to recommend the right thing for the country on health care?
Experiment 2	
Condition 1 (Randomly assigned 25% of respondents)	Some people have argued that the health care system should include a government-administered public health insurance option to compete with private plans. The American Medical Association supported such a plan.
Condition 2 (Randomly assigned 25% of respondents)	Some people have argued that the health care system should include a government-administered public health insurance option to compete with private plans. Despite significant disagreement within the organization the American Medical Association supported such a plan.
Condition 3 (Randomly assigned 25% of respondents)	Some people have argued that the health care system should include a government-administered public health insurance option to compete with private plans. The American Medical Association opposed such a plan.
Condition 4 (Randomly assigned 25% of respondents)	Some people have argued that the health care system should include a government-administered public health insurance option to compete with private plans. Despite significant disagreement within the organization the American Medical Association opposed such a plan.
Question	Do you support or oppose enacting a government-administered public health insurance option?

Table 2: Mean Confidence in AMA and State Medical Associations Across Experimental Conditions (Standard Errors in Parentheses)

Measure	Control	Treatment	Difference
Confidence in AMA	41.38 (1.20)	42.69 (2.14)	1.31 (2.45)
Confidence in State Society	40.58 (1.09)	46.69 (1.74)	6.11* (2.06)

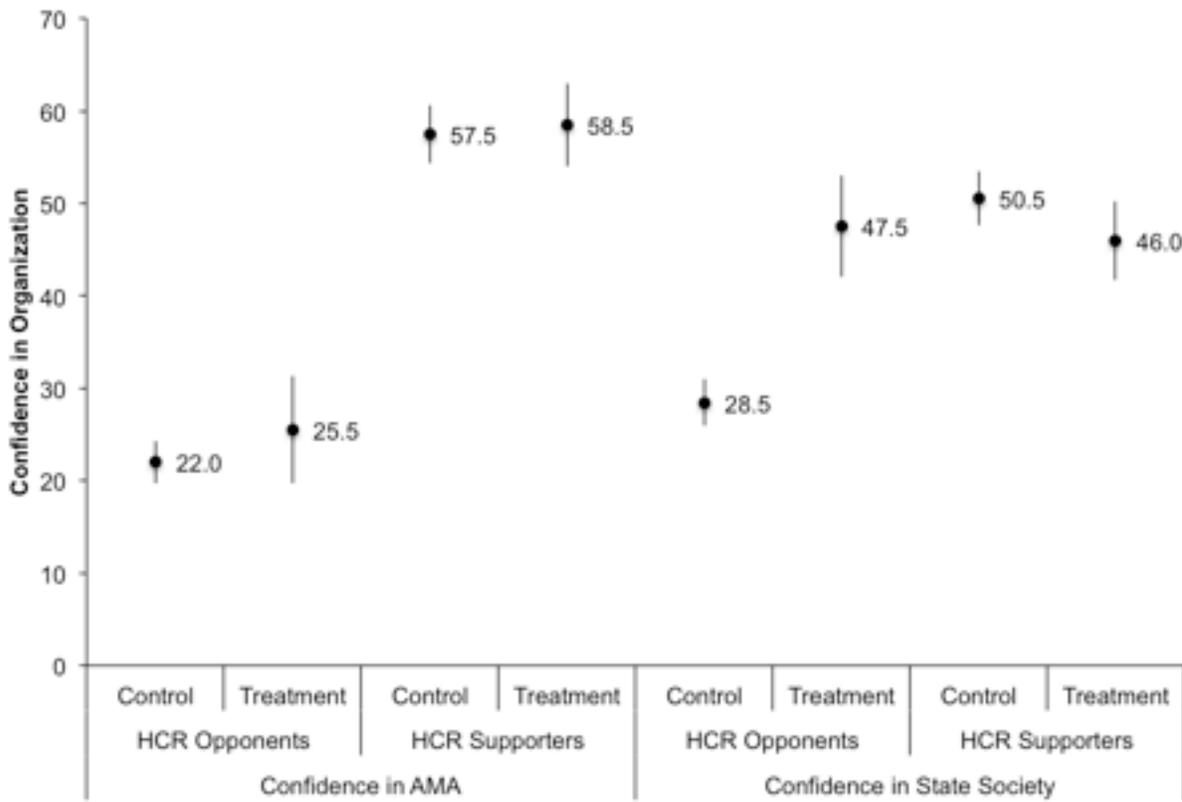
*p<.01 two-tailed difference of means test.

Table 3: Opinions on Public Option Depending on Experimental Condition (All Respondents)

Response	AMA Supports Public Option			AMA Opposes Public Option		
	No Dissent	Dissent	Difference	No Dissent	Dissent	Difference
Support	46.1%	35.7%	-10.4%*	38.1%	42.2%	4.1%
Oppose	36.8%	40.1%	3.3%	36.7%	39.5%	1.8%
Not sure/ neither	17.1%	24.2%	7.1%	25.1%	18.4%	-6.7%

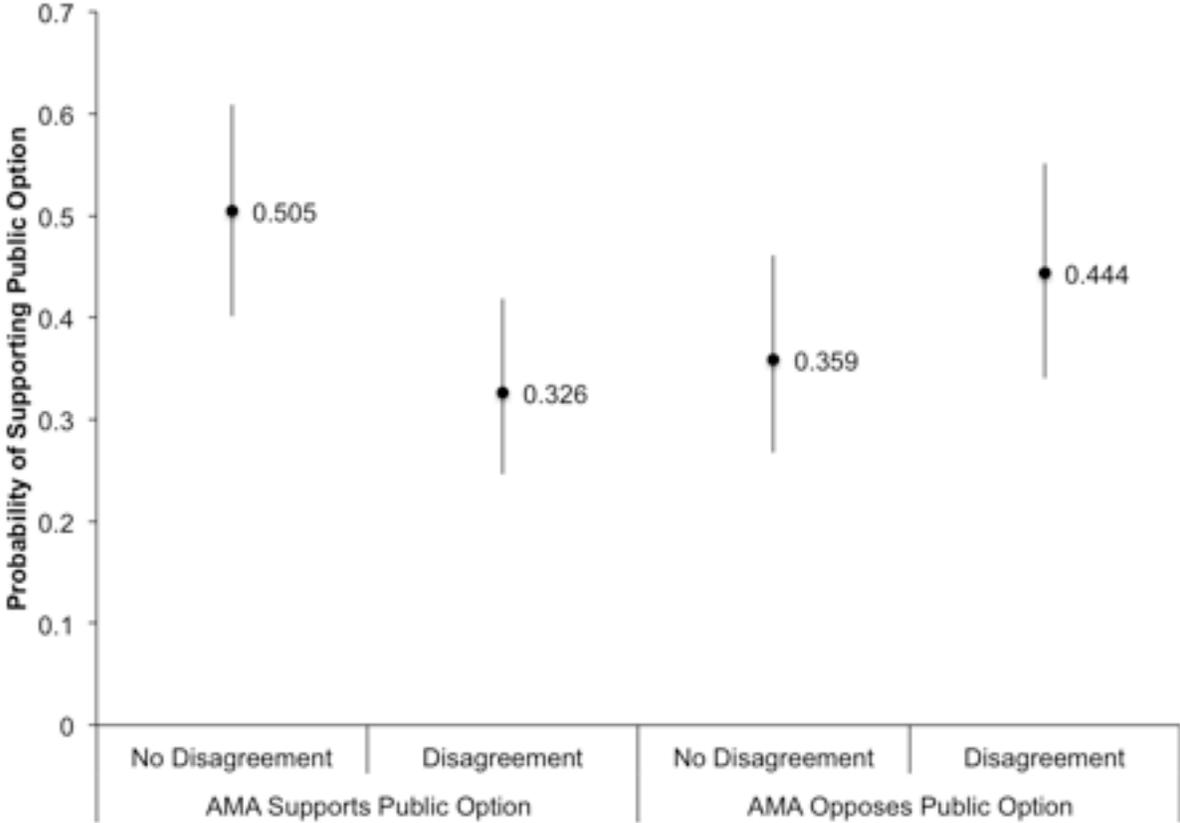
*p<.05 two-tailed difference of proportions test.

Figure 1: Mean Confidence in Health Care Organizations Depending on Support for Health Care Reform and Experimental Condition



Bars represent 95% confidence intervals.

Figure 2: Proportion of Less Politically Engaged Respondents Supporting Public Option



Bars represent 95% confidence intervals