Older Voters and the 2010 U.S. Election: Implications for 2012 and Beyond?

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Received August 14, 2011; Accepted September 21, 2011
Decision Editor: John Williamson, PhD

Purpose: To analyze the extent to which Americans aged 65 and older may have voted as an old age–benefits bloc in the 2010 midterm election in response to threats of Medicare rationing. Methods: Analysis of age group data from the Edison Research 2010 Election Day exit polls, complemented by data published elsewhere. Results: For the first time in 4 decades, there were signs of an old-age voting bloc in the 2010 election; yet, analysis of the age group data by sex and race/ethnicity reveals notable differences among these subgroups. Implications: This new tendency toward old-age bloc voting may well continue in the 2012 election and beyond. If “reforming” Medicare and Social Security persist as policy issues, the votes of older persons may increasingly be affected to a much greater degree than in past elections.

Key Words: Age group voting, Elections, Politics of aging, Voting behavior

In the 2010 U.S. congressional election, older voters showed some signs of being a “senior-issues” voting bloc for the first time during the many years that Medicare and Social Security have been staple foundations of American life. In the previous four decades, older Americans had voted very much like other age groups except for voters in their teens and 20s. In the 2010 election, when purported threats to the Medicare program related to Democratic policy initiatives had been prominent during the 18 months prior to the election, this pattern changed. For instance, voters aged 65 and older—the age group eligible for Medicare—gave 59% of their votes to Republican candidates compared with only 51% of those aged 60–64. Other data from the 2010 election reinforce this simple indication that voters in the oldest age group were concerned about the future of the Medicare program. At the same time, further analysis of the 2010 age group data by sex and race/ethnicity reveals notable differences among these subgroups.

This article begins with an overview of myths and realities regarding older voters prior to the 2010 election. Then, it reviews the prominence of Medicare as an issue in the 2010 election...
campaign. Next, it presents data on age group voting in the 2010 election, not only indicating a senior-issue voting response but also bringing out sex and racial/ethnic differences within the larger age group aggregates. A final section discusses the possible implications for voting by older persons in the 2012 presidential election and beyond.

Long-Standing Myths and Realities Regarding Older Voters

For many decades, journalists and political consultants have focused on older persons as an important voter demographic. A perennial journalistic cliché is, seniors are a key battleground in this election. Parallel pronouncements are made by political consultants. Yet, historically, these types of observations have been inaccurate.

High Voting Rate But Relatively Small Percentage of Voters

Why have clichés about the importance of seniors as a voting constituency persisted? One reason is that older persons vote at a high rate compared with some other age groups. Figure 1 shows that in the presidential election of 1972, the first year that all 18- to 20-year-olds in the nation were allowed to vote, the age group of 45- to 64-year-olds had the highest rate of participation (71%). However, since 1988, persons aged 65 and older have had the highest rates of participation (although not much higher than the rates for voters aged 45–64).

Why do older persons vote at a higher rate than younger persons? One contributing factor to comparatively high turnout rates in old age is the accumulated sheer habit of voting (Plutzer, 2002). In addition, interest and knowledge about politics increase with age (declining only slightly at advanced old ages) as does strength of party attachment; both factors elevate the likelihood that a potential voter will actually turn out to vote. Still another factor is age group differences in voting registration, an essential precursor to voting. A two-stage study of voter registration and turnout in U.S. national elections (Timpone, 1998) found that increased age (from 18 to 88) is directly related to increases in registration. This relationship between registration rates and increasing age is also found in Europe (Goerres, 2009).

Nonetheless, the fact that older voters participate in elections at a relatively high rate does not by itself account for the attention they receive. As Figure 2 indicates, older people are far from the largest age group in the electorate. In the 2008 presidential election, for example, Americans aged 45–64 cast 38% of the vote, and those aged 25–44 accounted for 36% compared with only 16% by persons aged 65 and older.

Seniors as Objects of Election Campaign Attention

Despite the fact that seniors constitute a relatively small percentage of those who vote, they get substantial attention from campaign consultants and strategists, candidates, and journalists because in theory, “the senior vote” may be swayed by campaign efforts. Older people have not been predominantly committed to one political party. Moreover, based on a classic model of economists, seniors are perceived as “program constituents” that are highly inclined to maximize their self-interests in Social Security, Medicare, and other governmental old-age benefits. These programs give them steady incomes, contribute to their improved health, free their time by making retirement a reality, augment their interest in politics by tying their
well-being so visibly to government policy, and boost their feelings of political efficacy as politicians prove sensitive to their desires. In effect, the government has created, from an otherwise disparate population, a group identity as benefit recipients, which in turn generates a basis for efforts by political parties and interest groups to mobilize seniors politically (Campbell, 2003).

Presidential candidates have frequently addressed “senior issues” on the campaign trail, usually to portray themselves as champions for old age–benefit programs such as Social Security and Medicare and to make sure that their opponents do not best them in this strategy. Since John F. Kennedy’s campaign for president in 1960, senior-citizen committees, “senior desks,” and other types of special structures targeting older voters have been established within election campaigns (Binstock & Riemer, 1978; Pratt, 1976). Their aims are to register older voters, promulgate issue appeals to maintain and enhance the allegiance of these voters, and then ensure that they turn out to vote. To do this, senior campaigns emphasize issues intended to appeal to older persons through methods commonly used to target other voting constituencies—robocalls, E-mail blasts, direct mail, and television and radio ads; letters to the editor (vetted by higher echelons in the campaign); and appearances by the candidate or surrogates—members of Congress, state and local office holders, celebrities, and academics—before targeted audiences.

Such common efforts to reach out to particular groups of voters have some dimensions that are special in the case of seniors (see Davidson & Binstock, in press). One such dimension is that events featuring candidates and surrogates can be held in a great many venues where retired older voters can be easily targeted and—unlike voters who are still in the labor force—are available as audiences on weekdays. These venues include senior centers, congregate meal sites, retirement communities, public housing projects for the elderly, assisted-living facilities, nursing homes, AARP conferences, and the like. In June 2010, for instance, with an eye to the upcoming fall elections, President Obama went to a senior center in Maryland to host a “tele-town-hall” meeting that was transmitted to 100 retirement communities and other senior venues throughout the nation in which he touted the fact that the federal government (in accordance with recent health care legislation) was about to send $250 checks to about 4 million Medicare beneficiaries to help them pay for their prescription drugs (Stolberg, 2010).

These various strategies for targeting seniors during election campaigns are used because political consultants and parties know that seniors are a swing group that turns out to vote at a relatively high rate. At the same time, the fact that they have been contacted makes seniors more likely to vote (Campbell, 2005).

Historically, Little Indication of Old-Age Bloc Voting

Despite election campaign efforts to target older voters with “senior issues” and special “senior campaign” structures, old age–benefit issues have not had a discernable impact on their electoral choices over the years. As shown in Figure 3, in the last 10 presidential elections, all age groups except the youngest (ages 18–29) distributed their votes among candidates in roughly the same proportions. This should not be surprising when one considers that old age is only one of many personal characteristics of older voters with which they may identify. There is little reason to expect that a birth cohort—diverse in economic and social status, labor force participation, gender, race, ethnicity, religion, education, health status, family status, residential locale, political party attachments, and other characteristics in society—would suddenly become homogenized in self-interests and political behavior when it reaches old age. Even with respect to old-age benefits, the degree and intensity of self-interest can vary substantially. For instance, Social Security accounts for 83% of income for seniors in the lowest income quintile, while it provides only 18% for those in the highest quintile (Federal Interagency Forum on Aging-Related Statistics, 2010).

Because candidates are on the ballot, not old-age benefits, many other considerations may be on an older voter’s mind. Among them are the
characteristics of the candidates—including charisma, experience, ideological positions, and ethnicity and race—as well as a plethora of issues such as the state of the economy and social values and foreign policy issues.

Old-age benefits were not a prominent feature in the 2008 election when the Great Recession and its various economic effects took center stage. But even in campaigns when old-age benefits have been well-publicized issues, they have had no discernible impact on the distribution of votes by older voters. The 1984 election provides a particularly striking example. During President Reagan’s first term in office, 1981–1984, he presided over a freeze in Social Security’s annual cost-of-living adjustment and proposed additional direct cuts in benefits (Light, 1985). When Reagan ran for reelection in 1984, the Democratic campaign against him highlighted these actions to portray the President as an enemy of Social Security. Yet, as shown in Table 1, older voters substantially increased their support for Reagan from 54% in 1980 to 60% in 1984, paralleling the large increase provided by the electorate as a whole.

Persistence of the Bloc Voting Myth

Despite the lack of evidence for old-age bloc voting over the years, there are several reasons the image of older persons as bloc voters swayed by “senior issues” has persisted. First, it has helped journalists to reduce the intricate complexities of electoral politics down to something easy to write about a tabloid symbol—“the powerful old-age vote.” Second, and more important, politicians tend to share the widespread perception that there is a huge monolithic senior citizen army of voters (Peterson & Somit, 1994). This perception is reinforced by the fact that a great many older citizens are generally quite active in making their views known to members of Congress, especially when proposals arise for cutting back on Social Security, Medicare, or other old-age benefits (Campbell, 2003). Hence, politicians have generally been wary of “waking a sleeping giant” of angry older voters. They have sought to position themselves in fashions that they think will appeal to the self-interests of older voters and have usually taken care that their opponents do not gain an advantage in this arena. So even though older persons do not vote as a bloc, they have had an impact on election campaign strategies and have often led incumbents to be concerned about how their actions in the governing process, such as votes in Congress, can be portrayed to older voters in subsequent reelection campaigns. Third, the image of a senior voting bloc is marketed by the leaders of old-age–based interest groups. These organizations—such as AARP, the National Committee to Preserve Social Security and Medicare, and the National Alliance of Retired Americans—have had strong incentives to inflate perceptions of the voting cohesion of the constituency for which they purport to speak.

Medicare as an Issue in the 2010 Election Campaign

The theme of health care rationing for older Americans was especially prominent in the period leading up to the 2010 Congressional elections. From the outset of President Obama’s health care reform effort, which ultimately became the Patient Protection and Affordable Care Act (PPACA) of 2010, an overarching message from the President was that the costs of reform would be substantially offset by savings from the Medicare program. He was primarily referring to a reduction in excess government subsidies to Medicare Advantage programs (see White House, 2009).

As the reform legislation moved along, an early version of it in the House of Representatives had in it a provision that expanded Medicare to cover the costs of a voluntary consultation with a physician, every 5 years, concerning end-of-life planning through living wills and health care durable-power-of-attorney documents (see Blumenauer, 2009).
A number of prominent Republican politicians and conservative broadcasters distorted these two themes—end-of-life planning and savings from Medicare—by transforming them into the specters of “death panels” and efforts to “pull the plug on granny.” When members of Congress held town hall meetings in their districts during their 2009 summer recess, they faced rowdy crowds in which older persons expressed concerns about rationing in the Medicare program (Blumenauer, 2009). Such concerns were culturally ratified by Newsweek (2009) when it published a cover headlined “The Case for Killing Granny,” accompanied by a photograph of a “pulled” electric plug. Subsequently, AARP acknowledged that it faced a challenge in explaining to its members why it had endorsed health care reform (Calmes, 2009). According to the author of a recent scholarly book about AARP, at least 4,000,000 members quit the organization in response to news of this endorsement (Lynch, 2011).

Advertisements for Republican and Tea Party candidates throughout the nation in the 2010 election campaign consistently hammered on the theme that President Obama and Democratic members of Congress were intent on rationing Medicare (see Steinhauer, 2010). In effect, Republicans ran what came to be known as a “Mediscare” campaign. For instance, an ad run by the 60 Plus Association (which billed itself as the conservative alternative to AARP) attacked an incumbent Democratic congressman in the following way. “Boyd voted for Nancy Pelosi’s health care bill which will cut $500 billion from Medicare. That will hurt the quality of our care” (Holan, 2010, p. B1). (Although journalists estimated that huge amounts of money were spent on these Republican Medicare tactics, no data are available to document just how much.)

Meanwhile, the Democrats did not effectively counter this Republican blitz, either nationally or locally. Not surprisingly, efforts by the President and his staff to explain that the Medicare cuts in the PPACA were essentially eliminating a 14% excess subsidization of Medicare Advantage plans did not produce effective sound bytes for a war of words and ads about cuts in Medicare. In short, the stage seemed set for older voters, in particular, to vote against Democrats and for Republicans in the 2010 election.

Age Groups in the 2010 Election

Over the years, the propensity of older persons to turn out to vote at a higher rate than younger age groups has been stronger in midterm elections than in presidential elections (McDonald, 2010). Even in this context, the turnout of voters aged 65 and older was exceptional in the 2010 election, suggesting that they had an especially strong interest in this particular election. Their participation rate increased sharply compared with the 2006 midterm election. They cast 16% more ballots in 2010 than in 2006, while the overall turnout rate of increase (which included these seniors) was just 5% (Minnite, 2010).

What elicited this special interest of older voters in this particular election? To be sure, all Congressional elections are affected somewhat by local considerations and the particular array of candidates for the 435 seats at stake in the House of Representatives. Nonetheless, aggregate nationwide data gathered in the 2010 National Election Pool Poll conducted by Edison Research provide very useful information regarding the opinions and voting preferences of eight age group categories. For a detailed account of the methods used in this national poll, see Edison Research (2010).

Age Groups and Opinions About Health Care Reform

Although Edison Research asked voters a number of questions about their opinions, only one question had reasonably direct relevance to potential concerns about threats to Medicare because of the PPACA legislation of 2010. It was “What should Congress do with the new health care law? Expand it? Leave it as is? Repeal it?”

As indicated in Figure 4, 55% of voters aged 65 and older—almost all of them participants in Medicare—were the age group most in favor of
repealing the PPACA (compared with 48% of voters aged 60–64). This, despite the fact that the PPACA included new measures to benefit Medicare recipients such as providing new coverage for annual medical checkups, and better insurance coverage for their prescription drug expenses in the Medicare Part D program.

The significance of the comparatively negative response to the PPACA by a majority of voters aged 65 and older is suggested by contrasting it with age group responses to a broader exit poll question that included the issue of health care in a more general fashion. It was: “Which one of these four issues is the most important issue facing the country? The war in Afghanistan? Health care? The economy? Illegal Immigration?” As Figure 5 makes clear, age group responses were not markedly different from each other. “The economy” was the overwhelming choice made by all age groups. When “health care” was chosen (as opposed to “the new health care law” in the previous poll questions), the differences among the older age groups were negligible. In the context of this broader set of choices, 19% of the age 65 and older group singled out health care, 17% of the 60- to 64- and 50- to 59-year-olds chose it, and 18% of the age 45–49 group selected it.

Age Groups and Party Preference

The age group distribution of votes for congressional candidates in 2010 reinforces the notion that Medicare issues had an effect. Figure 6 reveals a general pattern of voters aged 40 and older favoring Republicans and those less than age 40 favoring Democrats. Within this general pattern, however, there are indications that perceptions of threats to Medicare may have played a role in influencing persons aged 65 and older to vote for Republicans. As Figure 6 shows, persons aged 65 and older, the age group of eligibility for Medicare, cast 59% of their votes for Republicans. In contrast, those in the two age groups immediately younger provided much less support for Republicans, 51% from those aged 60–64 and 53% from those aged 50–59.

Age Groups by Sex and Party Preference

It is worth noting in Figure 6 the relatively small gap between the 59% support for Republicans among those aged 65 and older and the 56% among those aged 45–49. This weakens to some degree the conclusion that fears about the future of Medicare played a strong role in influencing the votes of participants in that federal program.

However, an examination of age group voting by sex sheds provides further insight into this relatively small gap between the preferences of the middle-aged group (45–49 years) and the oldest group. As Figure 7 indicates, lumping together all voters in an age group can mask substantial differences within subgroups of an age category. Among voters in all age groups, males were more inclined to vote Republican than females in 2010. Among men, those aged 45–49 as well as those aged 65 and older gave 61% of their votes to Republicans. In contrast, the gap between these two age categories among women voters was substantial. Among voters in all age groups, males were more inclined to vote Republican than females in 2010. Among men, those aged 45–49 as well as those aged 65 and older gave 61% of their votes to Republicans. In contrast, the gap between these two age categories among women voters was substantial. Although women aged 65 and older voted 58% for Republicans, only 50% of females aged 45–49 voted for Republicans.
This pattern of men favoring Republicans more than women do has been evident for decades. Figure 8 shows this pattern in presidential elections from 1980 though 2008, except for 1992 when a great many White men who usually voted Republican deserted that party to vote for Independent candidate Ross Perot who garnered 17% of the vote. Other than in that 1992 election, the gaps between the votes of men and women over time have been greater than those among voting groups aged 30 and older (compare Figures 3 and 8).

Did threats to Medicare have anything to do with men ages 45–49 voting as strongly in support of Republicans as did all voters in the age 65 and older Medicare recipient range? One might speculate that the younger middle-aged men were concerned that Medicare cutbacks might mean that they would have to pay for the medical expenses of their aging parents. But there were no exit poll questions that would shed light on this possibility.

**Age Groups by Race/Ethnicity and Party Preference**

Even as lumping together all the voters in various age groups masks differences between male and female choices, it hides even greater variations in the voting patterns of racial and ethnic groups. As Figure 9 shows, there were substantial differences among Whites, Hispanics, and Blacks, in all age groups, in the proportion of votes cast for Republicans in the 2010 election. In the aged 65 and older category, 63% of White voters supported Republicans compared with only 40% of Hispanics and 8% of Blacks. If concerns about Medicare cutbacks were a consideration influencing voters in this age group, it was White voters who were affected. Among Hispanics, the highest percentage cast for Republicans (51%) was by voters aged 60–64. One could argue that they were looking to a relatively near-term future when they would reach the Medicare eligibility age. But such an argument does not hold up, given that Hispanics aged 65 and older supported Republicans by 11 points less even though they would presumably be more immediately concerned about Medicare cuts. Among Blacks, only the youngest voters, age 18–24, gave more than 10% of their votes to Republicans.

In short, race seems to have been a far greater predictor of voting choices than age. This echoes the 2008 election when all Whites in the age groups 30 years old and above voted between 56% and...
58% in favor of Republican McCain, while Hispanics and Blacks in these age categories voted very heavily in favor of Democrat Obama (Binstock, 2009).

Implications for the 2012 Election and Beyond?

Overall, the data on age group voting in the 2010 election suggest that the votes of a significant proportion of persons aged 65 and older were affected by their perception that President Obama’s health care reform legislation would have negative consequences for health care paid for through the Medicare program. As indicated earlier, they favored repeal of the health care reform legislation more than did voters in their 50s and early 60s, and they voted much more in favor of Republicans than did those aged 50–59 and 60–64.

Proposals for “reforming” Medicare and Social Security, on the national policy agenda throughout 2011, will probably be especially prominent during the 2012 campaign. Consequently, unlike in previous presidential elections, older voters might prove to be a key to the outcome, especially given the tendency that they exhibited in the 2010 election. Yet, it is unclear whether such a tendency may benefit Democrats or Republicans or whether neither party will gain substantially from older voters.

In the spring of 2011 it seemed that the issue of Medicare reform would benefit the Democrats. In April, Republican Representative Paul Ryan, Chairman of the House of Representatives Budget Committee, issued a federal deficit reduction plan in the form a budget resolution titled “The Path to Prosperity: Restoring America’s Promise” (House Budget Committee 2011). (This budget plan was passed by the Republican-dominated House shortly afterward but then voted down by the Senate where Democrats were in the majority.)

The Ryan plan, as it came to be called, proposed a major change in the Medicare program starting in 2022. Instead of government financing of the current fee-for-service and Medicare Advantage types of Medicare, program participants would receive a fixed amount of “premium support” from the federal government, which they could use in shopping for insurance policies in the private sector. The Congressional Budget Office estimated that a 65-year-old would then pay an additional $12,500 for the insurance plan and all other out-of-pocket costs. Responses to the Ryan Medicare plan were volatile. Advocacy groups for older Americans as well as politicians and functionaries in the Democratic Party decried the plan, noting that it would “end Medicare as we know it” and be devastating for the health of seniors because the majority of them would not be able to pay out-of-pocket for this new approach.

The essence of the Ryan plan was put to an electoral test shortly afterward in a special election to fill a vacant congressional seat in the 26th district of New York State from which a married Republican had abruptly resigned a few months earlier. Jane Corwin, the Republican candidate for the vacant seat, strongly embraced the Ryan plan during her campaign in mid-April. Her Democratic opponent, Kathy Hochul, comparatively underfinanced, had been a distinct underdog in this district, which had been solidly Republican for years. But in late April, Hochul responded with an ad that attacked her opponent by saying that Corwin “would vote for the 2011 Republican budget that would essentially end Medicare” (see Grim, 2011). Hochul won by 4 percentage points. There were no exit polls in this election. But according to Hochul’s pollster, his candidate won 74% of the voters who said that Medicare was the most important issue to them, and seniors favored Hochul (Grim, 2011).

A number of journalists seized upon the results of this special election to opine that because of the Ryan plan, Medicare would be an important issue favoring Democrats in the 2012 election. Subsequent nationwide polls expressed a consistent generic preference for Democrats over Republicans. But judgments that this is a harbinger of the implications of the Medicare issue for the 2010 election are premature. The issues surrounding Medicare are complex and evolving and can always be spun in attempts to portray both Democrats and Republicans in favorable and unfavorable fashions.

Consider, for instance, that Republican members of Congress have begun to attack the Independent Payment Advisory Board (IPAB) that was created in the Democrats’ health care reform legislation of 2010. The IPAB is a 15-person panel appointed by the President with confirmation by the Senate. It has the authority to make recommendations for Medicare payments to health care providers. In late June of 2011, the Republican House Doctors Caucus held a press conference at which its chairman, Representative Phil Gingrey of Georgia, declared that the IPAB will be “where a bunch of bureaucrats decide whether you get care, such
as continuing on dialysis or cancer chemotherapy. I guarantee you when you withdraw that the patient is going to die. It’s rationing.” By supporting the IPAB, he said, “President Obama has already ended Medicare as we know it” (Millman, 2011). (It should be noted that the IPAB is not authorized to make rationing decisions but, rather, to make recommendations on general categories of Medicare payments to health care providers.)

It is possible that prior to the 2012 election, the Democrats and Republicans may agree on measures to curb Medicare spending, which are not as drastic as those in the Ryan plan. Or the Democrats may propose ways to reduce the long-run costs of Medicare that go far beyond the limited powers of the IPAB. In July of 2011, for instance, the Obama administration was reportedly willing to make substantial cuts in Medicare and Medicaid as part of an effort to get congressional Republicans to raise the legislated debt ceiling of the federal government (Pear, 2011a). Such actions by Republicans or Democrats can be politically “spun” by either party as threatening or protecting Medicare. The same is true with respect to proposed changes in Social Security.

Moreover, the Budget Control Act of 2011 (2011) has introduced a complex set of additional uncertainties. It created a Joint Select Committee on Deficit Reduction comprising 12 members of Congress (6 from the Senate and 6 from the House, equally divided between Democrats and Republicans) charged with identifying a plan to reduce the national debt. Medicare and Social Security are among the expenditures subject to consideration and clearly a target of the Republican members. The committee was mandated to produce a bill by November 23, 2011, to be subject to an “up-or-down” vote as legislation by December 23 (without amendments or filibusters). If the committee is deadlocked or unable to get its bill passed, across-the-board mandatory cuts in spending totaling $1.2 trillion go into effect. (However, Medicaid, Social Security and other domestic mandatory programs are excluded from the possible across-the-board reductions, and Medicare cuts would be limited to no more than a 2% reduction in payments to health care providers.)

Whether or not the Joint Select Committee is able to secure legislation for cutting expenditures on Social Security and Medicare, the politics of their efforts and perhaps a subsequent vote in Congress will undoubtedly receive much attention in the 2012 presidential and congressional campaigns. Although the outcome can hardly be predicted until the fall of 2012, one can say with reasonable confidence that in their respective upcoming election campaigns, both parties will target older voters with Medicare and Social Security issues.

In the present political context, many members of Congress and the President’s administration, as well as other Washington policy elites, have accepted the notion that federal expenses for Social Security and especially for Medicare must be reined in. As policy proposals for such reforms become more prominent, and perhaps are enacted, the votes of older persons may increasingly cohere in the years ahead to a much greater degree than in the 2010 election.

MIT economist Lester Thurow has depicted aging boomers as a dominant bloc of voters whose self-interested pursuit of old-age government benefits (“entitlements”) will pose a fundamental threat to democracy:

[N]o one knows how the growth of entitlements can be held in check in democratic societies . . . . Will democratic governments be able to cut benefits when the elderly are approaching a voting majority? Universal suffrage . . . . is going to meet the ultimate test in the elderly. If democratic governments cannot cut benefits that go to a majority of their voters, then they have no long-term future . . . . In the years ahead, class warfare is apt to be redefined as the young against the old, rather than the poor against the rich. (Thurow, 1996, p. 47)

Thurow’s vision may be extreme (including his wildly exaggerated assertion that older voters will approach a voting majority; see U.S. Census Bureau, 2009). Yet, in this second decade of the 20th century, his view that older voters are aligned against the best interests of society is being expressed frequently by journalists and others who reach large audiences (e.g., Brooks, 2011). Washington Post columnist Robert Samuelson recently put it this way:

The essential budget question is how much we allow federal spending on the elderly to crowd out other national priorities. All else is subordinate. Yet, our “leaders” don’t debate this question with candor or intelligence. We have a generation of politicians cowed and controlled by AARP. (Samuelson, 2011)

Contrary to Samuelson’s observation, however, policy elites in both parties and throughout the Washington Beltway—in the context of preoccupation with the federal deficit—are debating cuts in old-age benefits (though not always with the
“candor and intelligence” demanded by Samuelson). It is not just the Republicans who look to cut Medicare through the Ryan plan or some variation of it. In a speech to a joint session of Congress in September 2011, President Obama made it clear that he is prepared to make major cuts in Medicare (Pear, 2011b). Meantime, opinion polls were evidencing strong support for Medicare among all age groups. If both parties join in cutting Medicare, how will voters—old and young—express their disapproval in the 2012 election? They can only vote for candidates, not for or against Medicare cuts.

Nonetheless, “senior power” may well emerge strongly in U.S. national elections over the next several decades.

Funding

This work was partially supported by the Atlantic Philanthropies, Inc., which provided contractual support for purchase and analysis of Edison Research’s 2010 exit poll data; however, the substantive opinions and conclusions expressed in this article are the author’s and do not necessarily represent the views of Atlantic Philanthropies.

Acknowledgments

The author wishes to acknowledge the intellectual stimulation and support provided by his colleagues in the John D. & Catherine T. MacArthur Foundation’s Research Network on an Aging Society (John W. Rowe, MD, Director).

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