

Title: Bob Dole's Age and Health in the 1996 Election: Did the Media Let Us Down? *Political Science Quarterly*, Fall98, Vol. 113 Issue 3, p471, 21p

The age of Senator Robert Dole, the oldest man ever to run for the presidency, was a substantive issue in the election of 1996. But was it influential in the minds of the electorate as they cast their ballots? We consider in this article the association of aging with the likelihood of illness and of significant cognitive change. We also examine the risk factors revealed by Senator Dole's personal and family medical history. To determine how much of this information was available to the public, we analyze media content on these subjects across the election year. We then trace the sources of the public's assessment of whether Dole's age and health would affect his performance as president and whether this judgment, in turn, affected the likelihood of voting for him.

The election took place against a background of many years of hype on the pleasures of joining the ranks of the elderly.^[sup1] This heady mix has gone well beyond longer life expectancy to include better health, more security, and the joys of the new passage. Ill health, disability, memory loss, poverty, and all of the afflictions of old age are somehow set aside in the thrust to paint a romantic picture of seniors that unfortunately corresponds to the reality for only a fraction of the group.

It is true that the life span is steadily increasing. In 1900, life expectancy in the United States at birth was 47 years, while in 1997 it is 76.^[sup2] The proportion of the population 65 years of age or older will virtually double by 2030, to reach the staggering figure of 20 percent. But even while some enthusiastically herald the graying of America, the conversation of others focuses grimly on Social Security and Medicare, and how quickly or slowly they will drive us to bankruptcy. Somewhat less attention is devoted to the potential political impact, the fact that even today seniors represent more than 20 percent of both the voting population and of those who actually cast their ballots.

The political strength of the elderly may well have been reflected in the choice of the Republican candidate for president in 1996. After all, Robert Dole was the oldest man ever to seek a first term. His nomination gave visibility once more to the issue of aging leaders and their capacity to govern. There was nothing new about this concern.^[sup3] The United States in the twentieth century has witnessed numerous instances in which presidents have had major illness while in the White House. Some of them (Franklin D. Roosevelt and Warren Harding) died; others, like Woodrow Wilson, were impaired in the conduct of office. Many had heart disease, and others had high blood pressure, strokes, major surgery, and cancer.^[sup4]

If Dole had been elected president, he would have reached the age of 77 by the end of his first term. We can only speculate about whether he would actually have lived through the four years without disability.

AGE, ILLNESS, AND COGNITION

The Likelihood of Disease in the Elderly

No matter how healthy the elderly candidate for the presidency appears to be, there is a significant likelihood that he will not survive or that his intellectual powers and leadership ability may be compromised, far more so than among those in their fifties.^[sup5] For example, during the period from age 75 to 84, there is a thirty-four times greater probability that a man will die of a stroke, seventeen times greater chance that he will die of heart disease, and twelve times greater chance that he will die of malignancy than an individual aged 45 to 54.^[sup6] One in three of all men aged 60 to 79 will develop an invasive cancer. In each successive decade after 55, the incidence of stroke more than doubles.^[sup7] Among those alive at age 70-74, 24 percent will die within the next four years, while 33 percent of those aged 75-79 will die before they reach the age of 80.^[sup8]

In the age group 65 to 74, a 60 percent higher rate of surgery occurs than in those 55 to 64.^[sup9] During the decade after 65, far more coronary artery bypass grafts and open heart surgical procedures are performed than in the preceding decade,^[sup10] When surgery is performed in those over 65, the mortality rate is twice as high as for those 55 to 65.^[sup11] Although only 12 percent of all patients who come to surgery are actually over 60, 33 percent of those who die at surgery are in that age group.^[sup12]

One illness that would incapacitate the occupant of the White House is Alzheimer's disease. Its incidence doubles every five years in those over the age of 65. Diagnosed in only 3 percent of individuals between 65 and 74, it develops in 19 percent of those in the next decade of life.^[sup13]

Illness and Cognition

Heart disease, stroke, cancer, infection, and surgery, and its complications not only affect the elderly disproportionately but also have major cognitive consequences. Anxiety, depression, difficulty in concentration, and problems with sleep are associated with heart attacks in many patients.^[sup14] In the depths of the depression that President Dwight D. Eisenhower experienced following his heart attack in 1955, he reflected that time had passed him by.^[sup15] One-third of patients are subject to fatigue, impaired memory, and inability to concentrate six to twenty-six months after the event,^[sup16] Subsequent to a stroke, depression, anxiety and emotional lability are

frequently observed.^[sup17] Cognitive and emotional impairment, headaches, and memory loss are common.^[sup18]

For many patients, major surgery is a drastic physical assault. Anxiety, difficulty in concentration, confusion, and deterioration of memory frequently follow.^[sup19] When President Ronald Reagan required chest surgery after John Hinckley's assassination attempt in 1981, Nancy Reagan noted on the second postoperative day that the president was disoriented as to time.^[sup20]

Postsurgical patients may lose the ability to Conceptualize or to engage in analytic reasoning effectively.^[sup21] Even following coronary artery bypass surgery, adverse effects on the brain are "common and serious" and patients may have neurologic deficits postoperatively.^[sup22] Cancer is understandably accompanied by depression,^[sup23] together with anxiety and regressive behavior in many patients.^[sup24] Depression, anxiety, irritability, and emotional instability may interfere with function in the presence of hypertension.^[sup25] Presidents and other leaders receive drugs for their illnesses that invariably have side effects. Anesthetics sometimes take days to be eliminated from the body.^[sup26] Drowsiness, mental clouding, and a sense of detachment are sequelae of many drugs, more so in the elderly.^[sup27]

Age and Cognition

Illness, surgery, and drug effects are not the only sources of disquiet. Mental acuity may decline with increasing age, in spite of the sometimes extravagant praise of the life-style of senior citizens.^[sup28] Information processing becomes less efficient^[sup29] and both verbal memory and reasoning ability decline with age.^[sup30] Creativity, the ability to devise new answers to difficult questions, frequently diminishes with time,^[sup31] together with resilience and the capacity to unravel complexity.^[sup32] In the so-called decision-making skills, age decrements have consistently been found.^[sup33] Physical endurance becomes more limited^[sup34] and may alter the fitness required to function in extended negotiations.

Cerebral arteriosclerosis frequently affects the elderly. Jerrold Post and others have described the inflexibility, emotional changes, and altered judgment that may characterize this condition in older leaders as a potential factor in unpredictable political decisions.^[sup35]

Dole's Health Risks

Although Dole seemed to be in excellent general condition, he had a history of injuries and illness.^[sup36] During convalescence from his war injuries, his right kidney was removed because of stones and infection. In 1981, he developed stones in the remaining left kidney, requiring surgery for their removal. Electrocardiograms in 1980^[sup37] and 1981 showed abnormalities suggestive of a heart attack, prompting

Dole to undergo coronary arteriography in December 1982, which was said to be normal.^[sup38] Unfortunately, the arteriogram is no longer available for independent review.

Dole had radical prostatectomy for prostate cancer in 1991, and by December 1996 he became a "five year survival." Nevertheless, prostate cancer may recur in unpredictable fashion long after a symptom-free interval and years of apparent absence of disease. In 1985, adenomatous polyps were found in his colon and removed. These are potentially premalignant. It is not clear how many pack-years Dole smoked. He stopped in 1982 after about forty years and has no residual respiratory symptoms. Still, past smoking is always a risk factor for lung cancer, bronchitis, and emphysema.

Dole's family history also warranted attention. His brother, a life long smoker, died of emphysema at 68. His mother died at 80 of a heart attack, and his father died of a ruptured aortic aneurysm at the age of 75. His sister, 75, has a lymphoma, now in remission after chemotherapy. Heart disease, aneurysms, and malignancy in family members heighten the probability of illness in the individual.^[sup39]

The drugs that Dole was taking--pravachol and niacin for his cholesterol, zantac for esophagitis, ibuprofen for his shoulder pain--all have known complications, many involving the central nervous system, intestine, genitourinary tract, and blood elements. While these drugs are generally well tolerated, the older age group is more vulnerable to the side effects.

Those are the specifics, many of them relating to age and representing important risk factors. How aware was the voting public of the health effects and the cognitive changes that characterize the aging process?

AGE AND THE MEDIA

The motif of age arose early in the campaign. One study during the primary found over 800 news stories in which "age" was associated with Dole, while it was almost never referred to in articles on his rivals.^[sup40] Dole helped maintain its prominence by alluding repeatedly to his "maturity" and the experience that came with it. In spite of the allusions to Dole's age, the potential consequences were rarely handled with the depth and specificity that might have made them fully understandable to the public. A search for news stories on these topics in seventeen national and regional newspapers, four television news programs, and three high-circulation news magazines revealed generally inadequate coverage during the two years preceding the presidential election on 5 November 1996. Beyond the volume of coverage, the stories that ran contained little substantive information on the serious cognitive and physical changes that are likely to accompany aging. By and large, the American public remained ignorant of the huge information base documenting the impact of aging and ill health on the cognitive capacities essential for an effective

presidency.

Analysis of the number of news stories that dealt with the issue of age in the periods between CBS-TV/New York Times polls is recorded in Table 1. These results showed a noticeable peak in news magazines, on television, and in newspapers in July 1996, which coincided with Dole's 73rd birthday.^[sup41] Dole also released copies of his most recent medical examinations in July 1996, which generated additional media attention to the age issue. In the newspapers, another small peak was apparent in March 1996, when Dole's lock on the Republican nomination became all but certain.

Among the three different media sources examined, the news magazines provided the least coverage of Dole's age. In 1995, they published eleven articles on the subject, but only three between 18 January 1996 and the November election, the period when the electorate might have been most affected by complete coverage of the issue. Some of the articles on age contained substantive information about Dole's health,^[sup42] but none discussed in detail the cognitive and physical changes that occur with aging.

The television networks (ABC, CBS, NBC, CNN) had slightly more coverage of Dole's age, particularly in July 1996 during his 73rd birthday. These news stories were somewhat more focused on Dole's health, with six of the fifteen containing at least a brief summary of Dole's medical records.

Collectively, the nation's three major newspapers (New York Times, Washington Post, and Los Angeles Times) published more stories on Dole's age and health than did magazine and television sources in 1995 and 1996. Coverage was still light, however, as shown in Table 2, which records the number of articles published per week per newspaper in the prestige and regional papers. This index of coverage remained well below one except for July 1996. The major papers consistently had greater coverage than the regional papers except for the last three months of the election.

Table 3 summarizes the total number of articles in the major and regional newspapers from January 1995 through November 1996. By September, the Dole campaign had succeeded in directing public attention to Clinton's failure to be more forthcoming on his medical status and records, with a spate of articles following. These initially raised questions as to what Clinton was hiding and subsequently analyzed the material he released in September, as well as his responses to an interview. As the campaign ended, there were far more articles in toto on Dole's age (124) than on his health (45), which were not a great deal more numerous than those on Clinton's health (33).

Of the articles written on Dole's age, few contained information that could have aided the public in weighing the risks and benefits of

electing a 73-year-old president. Only four articles gave a comprehensive summary of Dole's medical record and explained the results.^[sup43] About an equal number focused on Dole's prostate cancer and offered a general discussion of the risks of the cancer returning; two of these pieces also reported on his war wounds.^[sup44] The remaining articles briefly summarized the findings in his medical report without any interpretation.

Among the articles dedicated to Dole's age, only about half contained any reference to the ability of a person in his 70s to handle the demands of the presidency, and most of these included only a superficial discussion of the issue. While eleven articles discussed the increased risk of illness that accompanies old age, only five included testimony from medical authorities.^[sup45] Coverage of the cognitive changes of aging was somewhat more substantial, with seventeen articles at least mentioning the issue and six citing studies of experts on aging.^[sup46]

Slightly more than half of all the articles on Dole's age expressed the view that it was a political liability and would hinder his ability to be president.^[sup47] A majority of the more detailed articles expressed the opposite view: that Dole's age should not be a cause for concern.

Three of the five articles that cited experts in their discussion of illness and aging presented a balanced view of the issue. The other two depicted the elderly as a generally healthy population and argued that Dole was perfectly able to carry on the responsibilities of the presidency.^[sup48] Elsewhere, in a somewhat spurious equation, it was noted that "many elderly people are infirm and burdened with illness. But far more numerous are seniors in good health..., in recent decades there has been an explosive growth of healthy 80-something men and women." More numerous than the sick and infirm? The same article pointed out that only 44 percent of men over 80 were fit and active.^[sup49]

Five of the six articles that examined aging and cognition expressed the view that a downturn in sentience is not necessarily a correlate of old age.^[sup50] To be sure, the changes are not uniform in the population. But the implication that its occurrence is unusual flies in the face of most psychometric data on the cognitive decrements in older individuals.

In summary, a thorough consideration of news coverage of the health and cognitive consequences of aging indicates that the media were delinquent in conveying an appropriate understanding of the issues involved. It was not that the candidates' health went unnoticed. But no one could derive from the media a sound estimate of Dole's likelihood of either death or disability before the end of his first term (or second, if he lived). Beyond the inadequate reportage of what was known, there was a deficit in conveying the degree to which slowed

information processing might impair urgent decisions for the nation under the pressure of time. There was laxity in grappling with the meaning of the loss of memory, concentration, analytic ability, and energy that so many of the elderly complained of during interviews with many reporters. They, the elderly, knew very well how it affected their behavior;^[sup51] but the reporters were unable to dig deeply enough to understand fully the implications for the nation of the election of a senior citizen.

If the media did a shoddy job--and they did--how did the public respond to the matter of age in evaluating the candidates?

AGE AND THE PUBLIC'S OPINION

The physical and cognitive effects of aging and illness in general and of Dole's personal and family medical background in particular should have given a fully awakened electorate cause for reflection. The question remains whether Dole's age was truly a matter of consequence in the election.

Over the course of the 1996 primary and general election season, CBS-TV and the New York Times inquired about the public's judgment of the relevance of Dole's age to his capacity to govern. The following question was asked in their polls eight times during 1996: "If Bob Dole is elected president he will be 73 years old when he takes office. Do you think his age will help him be an effective president, or do you think his age would be an obstacle to being an effective president, or wouldn't his age matter that much?"

Excluding those without an opinion, the distribution on the question over the course of the election year is shown in Table 4. Most Americans expressed the belief that Dole's age would not much affect his performance as president one way or the other. But those who believed that his age was relevant were much more likely to think of it as a handicap than as a benefit. The ratio of the percentage perceiving Dole's age as an obstacle and the percentage viewing it to be helpful hovered around five to one, as shown in Table 5.

What were the sources of opinion on the relevance of Dole's age? As with any political attitude, we would expect opinion on this question to respond to a mix of predispositions and factors that are primed by the political situation. In an electoral setting, the key predispositions are usually partisanship^[sup52] and ideology.^[sup53] Voters' assessments of how well President Clinton and Congress were handling their respective jobs were likely to affect their judgment of the importance of Dole's age.^[sup54] The voter's attention to the campaign was potentially salient but conditional on how the issue was handled by the media. If the press and Dole's opponents focused on his age and health, we might have expected that the views on the impact of age of those who followed the campaign closely would have been influenced significantly.^[sup55] Finally, a voter's own age might well

influence his/her opinion on whether Dole's age would help or hinder his presidency.[sup56]

If we consider responses on the Dole age question as partly a generally negative statement about his candidacy, it is not difficult to anticipate the direction of the relationship between most of the explanatory variables and opinions on the consequences of his age. Voters who identified themselves as Democrats would be more likely to consider Dole's age a handicap; given the way "party" is scaled, we expected it to be negatively related to opinion on Dole's age. Similarly, we expect liberals to be more opposed to Dole and to consider his age as a potential handicap; given its scaling, ideology should have been positively related to opinion. Voters who "approved" of Clinton and/or "disapproved" of the Republican Congress might be more likely to see Dole's age as an obstacle than voters who "disapproved" of Clinton and/or "approved" of Congress.

The relationship of "attention to the campaign" to opinions on the link between Dole's age and his effectiveness seemed likely to be contingent on the character of the media coverage. Equated with "fixed" or "old" ideas, age would be perceived as an obstacle. Expressed as "experience" or "wisdom," it might well be considered a help.

It was difficult to anticipate the impact of the age of the respondents on their response to Dole. Older Americans could well have resented any implication in the polling question that age as such was a handicap and might well have judged Dole to be a stronger representative of their interests. If this were the dominant response, age would have been positively associated with the dependent variable. Alternatively, older respondents might have projected on Dole their own problems of coping with the problems of aging, with a consequent negative association.

For each of the seven CBS/New York Times polls,[sup57] we performed a regression analysis of the effect of the six explanatory variables on the perception of whether Dole's age was a problem,[sup58] By and large, our expectations were met on three of the variables: Clinton approval, Congress approval, and respondent's partisanship had the expected sign and reached accepted levels of statistical significance. Citizens who were Republicans, and/or voters who disapproved of Clinton's job performance, and/or voters who approved of Congress's handling of its job were likely to believe that Dole's age would help him be an effective president. By contrast, Democrats, and/or those who approved of Clinton's handling of the presidency, and/or voters who disapproved of the Congress were likely to construe Dole's age as a hindrance to effective leadership.

Ideology also had the "correct" sign in each of the surveys but failed to reach statistical significance. Liberals and conservatives were not distinctively different in their assessments of the likely impact of

Dole's age.

In only two instances did attention to the campaign significantly affect the voter's judgment of whether Dole's age would make a difference. In the February poll, those who paid more attention to the campaign were more likely to see Dole's age as an obstacle. Two months later, however, in the April poll, those who were more attentive to the campaign were apt to believe that Dole's age would help his presidency. Whether this represented a substantive shift is uncertain. The choice between these alternatives depends on the content of the campaign in the periods preceding the polls.

There was no ambiguity in the relationship of the respondent's own age to his or her perception of the effect of Dole's age if he were elected. Across the entire election, the older the voter, the more likely he was to believe that Dole's age would be an obstacle. The coefficient on this variable was always negative, and in six of the seven polls it reached an acceptable level of statistical significance. Older Americans did indeed project on Dole their own experience with health and the problems of aging.

Before turning to the question of whether Dole's age was a factor in the actual vote decision, it is worth considering how media coverage and the campaign itself may prime a campaign issue. The CBS/New York Times poll taken between 22 and 24 February recorded that one voter in three viewed Dole's age as an "obstacle"; this was an 18 percent increase from the previous poll. In the same February poll, fewer than one American in twenty thought that his age would be a help; for every voter who thought Dole's age would help, there were eight who said it would hurt. This was also the poll in which attention to the campaign increased the likelihood of reacting negatively to Dole's age. Why did the age issue loom so large at this point in the election year?

The last part of January through the end of February was a difficult time for Dole. He continued his effort to deflate the age issue by maintaining a fast-paced schedule and emphasizing his lifetime of experience. On 21 January, he made his first overt effort to boost his image among younger voters by granting an MTV interview at a Dartmouth College fraternity. Asked if he were too old to be president, he replied, "It's not the age of the man. It's the man for the age."⁵⁹ When the students were questioned about Dole's age, they had mixed opinions.

On 23 January 1996, the president gave his State of the Union Address, which was widely praised as upbeat and forward looking. He even managed to slip in a subtle reference to Dole's age by saluting the senator and all the other veterans of World War II.⁶⁰ His comment was generally perceived as a compliment to his Republican rival. A tired Dole delivered the Republican response, and he was quickly labeled "the National mortician, brusque, impenetrable, embalmed by Washington."⁶¹ Rush Limbaugh, usually a Dole supporter, declared

on his radio program, "If this is the best we can do," then Clinton can easily gain reelection.[sup62]

Dole's opponents for the Republican nomination jumped in to suggest that his performance proved he would be no match for Clinton in a general election.[sup63] Lamar Alexander stated that Dole's speech was "a preview of what would happen in September and October if Senator Dole is nominated. You had a dynamic Democratic President faking a vision of the future, faking it convincingly, and Dole unable to match him. His vision for America is getting bills out of subcommittee. He's not the architect of our future.[sup64]

On 28 January, at the Louisiana State Republican convention, Pat Buchanan, Alan Keyes, and Phil Gramm also took subtle jabs at Dole's speech. Keyes told the audience that if the Republicans challenge Clinton with "a bone-dry, heartless representative of truth, you tell me where we're going to end up." [sup65]

In response to these attacks, the Dole campaign said that his response to the president's address was aimed at conservatives in New Hampshire and Iowa, and not the general public. "We're sorry if the liberal press doesn't like it," explained Dole. "If you don't sing their songs, you don't get good reviews." [sup66] Aside from these brief comments, the Dole campaign made no effort to control the damage done from the speech. Meanwhile, the media continued to portray his candidacy as a sinking ship.[sup67]

As February rolled around, it appeared that the prophecies about the front-runner stumbling were being fulfilled. A poll on 1 February showed Steve Forbes ahead of Dole by 5 percentage points in New Hampshire. A straw poll in Alaska two days earlier placed Dole in third place. Even leading Dole supporters began portraying his campaign as faltering.[sup68] In public, Dole tried to ignore his Republican challengers and focus solely on Clinton. He continued to stress his record by way of turning his age to advantage. "I believe the American people are looking for experienced leadership," he said.[sup69]

On 12 February, Dole narrowly won the Iowa Caucuses, the first contest in the race for the nomination. One sixth of those voting said that experience in Washington mattered most, and eight out of ten of those people supported Dole.[sup70] Dole's win appeared to boost the confidence of the Republican establishment, which then launched a concerted campaign to bring Forbes down.[sup71]

On 20 February, the New Hampshire primary was held, and Pat Buchanan narrowly defeated Dole. Most political commentators agreed that Buchanan's victory opened the race and raised questions about the inevitability of Dole's nomination.[sup72] The general feeling in the media was that Dole's age played a role in his defeat. Among the large group of voters who considered his age a hindrance (about a third,

according to the exit polls), only 7 percent voted for him.[sup73]

To summarize, in the period leading to the 22 February poll, there were numerous veiled references to Senator Dole's age--to his "tired ideas," to "dinosaurs," and to Dole's lack of "verve." These, the pointed criticisms of his "tired" response to the State of the Union Address, and his poor showing in the electoral contests in Iowa and New Hampshire apparently created links between attention to the campaign, Dole's age, and negative assessments of his capacity to govern. The period leading up to the April poll was very different and helps us understand why attention to the campaign was now related to the belief that Dole's age might be helpful.

Dole's fortunes changed after New Hampshire. He got his biggest boost on 12 March, sweeping all seven primaries on Super Tuesday. On 14 March, Forbes dropped out of the presidential race and endorsed Dole.[sup74] On 19 March, he celebrated victories in Illinois, Ohio, Michigan, and Wisconsin, which pushed his delegate count to 914 of the 996 needed to secure the nomination.[sup75]

With the nomination assured, Dole was able to focus exclusively on his contest with Clinton. Running against a single Democratic opponent allowed Dole to speak with a clarity rarely displayed before. He now more frequently displayed an easy-going and humorous demeanor which surprised voters who remembered him as a "sharp-edged partisan." [sup76]

To deal with the contrast between his and Clinton's ages, Dole continued to emphasize his experience. Speaking to an audience in Michigan, he stated, "It is about character. It is about growing up in America. About knowing America. About knowing what made America great. About having made a little sacrifice for America." [sup77]

Did Dole's age affect voting behavior in 1996? The answer is unequivocal: Over the entire election season, controlling for the usual sources of the vote, voters who believed that his age--experience, wisdom, etc.--would help Dole be an effective president were much more likely to support his candidacy than voters who saw his age as an obstacle. If we use a trial-heat question as our measure of the voter's likely decision at the time the poll was taken, we find that many of the standard factors and the judgment about the effect of Senator Dole's age help us explain the sources of the vote.[sup78]

Clinton "disapproval," Republican partisanship, and a belief that Dole's age would help his effectiveness were always predictive of vote for Dole. Approval of Congress always had the expected sign--it predicted a Dole vote-- and was statistically significant in six of the seven polls. On the other hand, "approval" of Clinton's job performance, Democratic party identification, "disapproval" of Congress, and a belief that Dole's age would be an obstacle to his

effectiveness as president predicted a vote for Bill Clinton.

"Ideology" had a spotty record: it always had the expected sign--namely, "liberals" support Clinton and "conservatives" Dole. But it achieved statistical significance on just four of the seven surveys.

At the beginning of the fall campaign, the perception that age would reduce Dole's effectiveness as president helped lead voters to a preference for Clinton's reelection. Available data suggest that Dole's age also affected the actual vote in November 1996.^[sup79] Eighteen percent of the National Election Study's 1996 sample (N = 1714) cited Dole's age as a negative factor,^[sup80] The comparable figures for Ronald Reagan were 14 percent in 1980 and 9 percent in 1984; clearly, age was a salient factor in voters' perceptions of Senator Dole.

Democrats, older Americans, and those most interested in the campaign were most likely to cite Dole's age as a negative factor. The negative perception of Dole's age was independent of the voter's ideology; conservatives were as likely as moderates and liberals to mention or not mention Dole's age. This connotation of age carried over to the vote. If we attempt to account for the two-party vote in 1996 with models of increasing complexity, we find that negative opinion of Dole's age was a significant and independent factor in all but the most complex model. Thus, the addition of partisanship, ideology, attention to the campaign, and opinion of Congress's handling of its job to the explanation of the vote did not change opinion on Dole's age as an independent and significant source of the vote in 1996.

Dole's age was a looming presence in 1996. Over the course of the election year it came and went as an important factor, depending on the campaign strategies of Dole's opponents and the manner in which his age was covered by the media. Many older Americans, looking to their own perception of the link between age and health, always were aware that Dole's effectiveness as president could be negatively affected by his age. Others were not as well informed or concerned about the effects of age.

CONCLUSION

Age over 65--even more so, Robert Dole's age of 73--is a risk factor for death or disability during the four-year term of a president. The incidence and severity of the illnesses and trauma that affect the elderly--heart disease, cancer, stroke, infections, surgery--increase progressively with age, together with the cognitive changes associated with major illness. These are accompanied by an ever heightening mortality and morbidity rate. Simultaneously, a steady and unceasing decline in energy, concentration, memory and cognitive faculties occurs on average, beginning at the age of 30 and accelerating beyond 65. In a drug oriented society, the elderly consume the largest

aggregate of pharmacologic agents of all kinds, many of them psychotropic in nature and virtually all of them with important known side effects in idiosyncratic patients.

On these grounds alone, an alert electorate might be expected to view older candidates skeptically. While the wisdom and experience of the candidates may be thoroughly documented over many years, their ability to process information rapidly in a crisis and to make the right decisions for the nation could be severely compromised.

Senator Dole, who was apparently vigorous and in good health, nevertheless represented an example of multiple risk factors--prostate cancer, forty years of smoking, parental deaths from heart disease and aneurysm, esophagitis, a mixture of drugs in his regimen. How did the media respond? While alluding to Dole's age and health throughout the period of the primaries and the general election, magazines, television, and the press failed to convey the potential effect of his age on the likelihood that he would survive the four year term, or even that he might be incapacitated. For the most part, the attention given to age implied that it might be a problem but neutralized that implication by uncritically accepting his doctors' assurance that he was in good health. There were few probing analyses or reviews of the large body of information that depicts the effects of age on performance under normal conditions and under stress. The possibility that Dole might not last out his term because of the high incidence of illness in his age group and because of his risk factors in particular was not seriously broached.

How did the public handle the issue? Among those for whom age was an important consideration, most believed that it was a potential obstacle to a successful presidency. Consistently, four times as many voters expressed the belief that Dole's age would hamper rather than help him as president if he were elected. Hence, it might appear that the electorate was sufficiently well informed about the potential negative effects of age to weight it appropriately, and that perhaps the media had done its job after all. But the largest single block of respondents to the question about Dole's age--over 60 percent--believed that it would not matter. They were simply unaware that the man they might vote for had a 20 percent chance of dying in office or, if they were, they didn't care.

Was opinion on the effect of Dole's age a determinant of how an individual might finally cast his vote? The data suggest that Dole's age played an important role. Voters who viewed his age as an obstacle to a successful presidency were far more likely to support Clinton than those who believed that age and the experience that went with it were likely to be helpful.

A number of lessons may be drawn from the election. Surely the media should have paid greater attention to the known health and cognitive sequelae of aging. This would imply many more careful and well

documented articles that would fully inform the public so as to heighten their ability to integrate the issue into their ultimate voting decision. If age may affect the quality and duration of an incumbent's performance in the White House, as it may, and if informed individuals take this into account in casting their ballots, as they do, then the national interest is best served by making certain that the public has a solid perspective on the issue.

A second lesson that deserves consideration is the possible need for an upper limit on the age of presidential candidates.^[sup81] This could best be achieved in practice by a congressional resolution. It would serve as a powerful deterrent to seniors who wish to run and politicians who would like to nominate them, while leaving the Constitution intact. It would represent a tacit acknowledgment of the physical, psychological, and cognitive changes that may accompany aging, and of their potentially catastrophic effect on presidential behavior in crisis or under sustained stressful conditions. It would embody the conviction that the presidency is such a uniquely demanding operational position in the twentieth century that it requires the energy, information-processing ability, and powers of concentration of more youthful candidates.

It has been suggested that an upper limit would deprive us of the Churchills and De Gaulles and other great elderly national leaders. That is a risk, although the nation could benefit from their wisdom and experience in a cabinet role or as consultants to the president and the Congress.

But surely, it is said, if the president is ill, or cognitively impaired, or unable to process the information and options before him in a crisis effectively, the structural and institutional constraints that both bind and support him will preclude a catastrophic decision. That is what his staff and the cabinet are all about, so why concern ourselves about the power of the office and its potential abuse by a sick leader? But it is simplistic to believe that anyone but the president, in the final analysis, can make and assume the responsibility for the great decisions that confront the nation. In the small hours of the night, John Kennedy alone determined the course we ultimately pursued in the Cuban Missile Crisis, avoiding a massive nuclear exchange, but not necessarily by much.

Finally, it may be argued that there is no need for an upper age limit, given the knowledge that only William Henry Harrison (68), who died one month after his inauguration, Ronald Reagan (69), and Robert Dole (73) were beyond the age of 65 when they ran for a first term. But the population is growing older, and if 1996 is any precedent, we may soon again confront a candidate whose age might interfere with his capacity to govern. An upper limit would recognize that the presidency is all too heavy a burden to place on the shoulders of an elderly citizen.^[sup*]

[sup1] "The Age Boom: A Special Issue," New York Times Magazine, 8 March 1997.

[sup2] Alexandra Bandon, "Longer, Healthier, Better" in *ibid.*, 44-45.

[sup3] Jerrold M. Post and Robert S. Robins, *When Illness Strikes the Leader: The Dilemma of the Captive King* (New Haven: Yale University Press, 1992); Bert E. Park, *The Impact of Illness on World Leaders* (Philadelphia: University of Pennsylvania Press, 1986); Hugh L'Etang, *Ailing Leaders in Power: 1914-1994* (London: Royal Society of Medicine Press, 1995); Robert E. Gilbert, *The Mortal Presidency* (New York: Basic Books, 1992); Robert H. Ferrell, III-*Advised: Presidential Health and Public Trust* (Columbia: University of Missouri Press, 1992); Kenneth R. Crispell and Carlos F. Gomez, *Hidden Illness in the White House* (Durham: Duke University Press, 1988); Edward B. MacMahon and Leonard Curry, *Medical Cover-Ups in the White House* (Washington, DC.: Farragut Publishing, 1988).

[sup4] Herbert L. Abrams, *The President Has Been Shot: Confusion, Disability, and the 25th Amendment in the Aftermath of the Attempted Assassination of Ronald Reagan* (New York: Norton, 1992), 259-60.

[sup5] These issues are treated in greater detail in Herbert L. Abrams, "Should a Senior Citizen be President?" *Atlantic Monthly*, in press.

[sup6] Calculated from statistics in *Health United States 1994*, DHHS Publication No. (PHS) 95-1232 (Hyattsville, MD: U.S. Department of Health and Human Services, Public Health Services, National Center for Health Statistics, 1994), 113-116.

[sup7] American Heart Association, *Heart and Stroke Facts: 1995, Statistical Supplement* (Dallas: American Heart Association, 1995), 11.

[sup8] Charity A. Dorgan, ed., *Statistical Record of Health and Medicine* (Detroit: Gale Research, 1995), 10-11.

[sup9] Robin A. Cohen and Joan F. Van Nostrand, eds., "Trends in the Health of Older Americans: United States, 1994," *National Center for Health Statistics: Vital Health Statistics*, 3d ser., no. 3 (1995): 242-244.

[sup10] Brenda S. Gillum, Edmund J. Graves, and Lola J. Kozak, eds., "Trends in Hospital Utilization: United States 1988-1992," *National Center for Health Statistics: Vital Health Statistics*, 13th ser., no. 124 (1996): 50.

[sup11] S. C. Farrow et al., "Epidemiology in Anesthesia II: Factors Affecting Mortality in the Hospital," *British Journal of Anesthesiology* 54 (August 1982): 811; Floyd D. Loop et al., "Coronary Artery Bypass Graft Surgery in the Elderly: Indications and Outcome,"

Cleveland Journal of Medicine 55 (January/February 1988): 23; K. F. Hatton et al., "Morbidity and Mortality Associated With Anesthesia: Preliminary Results" in John Lunn and William Mushin, eds., *Mortality Associated with Anesthesia* (London: Nuffield Provincial Hospital Trust, 1982), 24.

[sup12] G. F. Marx, C. V. Mateo, and L. R. Orkin, "Computer Analysis of Postanesthetic Deaths," *Anesthesiology* 39 (1973): 54.

[sup13] Dennis A. Evans et al., "Prevalence of Alzheimer's Disease in a Community Population of Older Persons," *JAMA (Journal of the American Medical Association)* 262 (November 1989): 2551-6.

[sup14] E. L. Cay et al., "Psychological Status During Recovery From an Acute Heart Attack," *Journal of Psychosomatic Research* 16 (October 1972): 425-435; E. L. Cay et al., "Psychologic Reactions to a Coronary Care Unit," *ibid.*, 437-447.

[sup15] Richard M. Nixon, *Six Crises* (Garden City, NY: Doubleday, 1963), 154.

[sup16] E. L. Cay et al., "Psychologic Reactions to a Coronary Care Unit," 437-447; Ole F. Leegard, "Diffuse Cerebral Symptoms in Convalescents from Cerebral Infarction and Myocardial Infarction," *Acta Neurologica Scandinavica* 67 (June 1983): 348-355.

[sup17] P. B. Storey, "Brain Damage and Personality Change After Subarachnoid Hemorrhage," *British Journal of Psychiatry* 117 (August 1970): 129-142.

[sup18] M. J. Short, W. P. Wilson, and G. L. Odom, "Psychiatric Sequelae of Subarachnoid Hemorrhage," *Southern Medical Journal* 61 (January 1968): 87-91.

[sup19] Nancy C. Andreasen, "Post-Traumatic Stress Disorder" in Harold I. Kaplan, Alfred M. Friedman, and Benjamin J. Sadock, eds., *Comprehensive Textbook of Psychiatry*, vol. 2, 3d ed. (Baltimore: Williams & Wilkins, 1980), 1519. James L. Titchener, "Management and Study of Psychological Response to Trauma," *Journal of Trauma* 10 (November 1970): 974-80.

[sup20] John Pekkanen, "The Saving of the President," *Washingtonian*, August 1981, 125.

[sup21] Marek-Marsel Mesulam and Norman Geschwind, "Disordered Mental States in the Postoperative Period," *Urology Clinics of North America* 3 (June 1976): 199-215.

[sup22] Gary A. Roach et al., "Adverse Cerebral Outcomes After Coronary Bypass Surgery," *New England Journal of Medicine* 325 (19 December 1996): 1857-1863.

[sup23] Jing Hsu, "Depression in Cancer Patients: An Overview," *Hawaii Medical Journal* 45 (August 1986): 272-290; Peter Maguire, "The Psychological Impact of Cancer," *British Journal of Hospital Medicine* 34 (August 1985): 100-103; Carol A. Morris, "Self-Concept as Altered by the Diagnosis of Cancer," *Nursing Clinics of North America* 20 (December 1985): 611-630.

[sup24] Leonard R. Derogatis et al., "The Prevalence of Psychiatric Disorders Among Cancer Patients," *JAMA* 249 (11 February 1983): 751-7; T. T. Lloyd, A. C. Parker, and C. A. Ludlam, "Emotional Impact of Diagnosis and Early Treatment of Lymphomas," *Journal of Psychosomatic Research* 28 (1984): 157-162.

[sup25] Nathaniel S. Apter, Ward C. Halstead, and Robert Heimburger, "Impaired Cerebral Functions in Essential Hypertension," *American Journal of Psychiatry* 107 (May 1951): 808-813.

[sup26] John R. Trounce, *Clinical Pharmacology for Nurses* (New York: Churchill Livingstone, 1985), 147; Fred Leavitt, *Drugs and Behavior* (New York: John Wiley, 1982), 21, 31, 169; Kari Korttila et al., "Recovery and Simulated Driving After Intravenous Anesthesia with Thiopental, Methohexital, Propanidid, or Alphadione," *Anesthesiology* 43 (September 1975): 291-99.

[sup27] Leavitt, *Drugs and Behavior*, 20, 117; Kari Korttila and M. Linnoila, "Psychomotor Skills Related to Driving After Intramuscular Administration of Diazepam and Meperidine," *Anesthesiology* 42 (June 1975): 685-91.

[sup28] A glaring example of the excessive romanticizing of seniors may be found in an issue of the *New York Times Magazine* entitled "The Age Boom," 9 March 1997. Nowhere in the series of articles is there a serious effort to depict the health consequences, disability, and cognitive effects associated with aging. An unapologetic reference to "living to 100, with... brain functions, especially memory, relatively unimpaired" (p. 14) runs seamlessly into a "new stage of life [that] emerges more clearly every day... longer, better, healthier" (pp. 42, 44). "84 Going on 50" is the title of one piece (pp 52, 53). "We are living it up," 81 year old Mary Coleman said (p. 63). To be sure, more old people are more comfortable than in the past. What is buried in "The Age Boom," however, is the vast number of the elderly whose life is marginal because of physical, functional, and cognitive changes that are profoundly incapacitating.

[sup29] John M. Rybash, William Hoyer, and Paul A Roodin, *Adult Cognition and Aging* (New York: Pergamon Press, 1986), 99.

[sup30] Timothy A. Salthouse, *Adult Cognition: An Experimental Psychology of Human Aging* (New York: Springer-Verlag, 1982), 67; Douglas H. Powell, *Profiles in Cognitive Aging* (Cambridge, MA: Harvard

University Press, 1994), 202; Timothy A. Salthouse and Kenneth A. Prill, "Inferences About Age Impairments in Inferential Reasoning," *Psychology of Aging* 2 (March 1987): 43-51; Jack Botwinick, "Intellectual Abilities" in James E. Birren and K. Warner Schaie, eds., *Handbook of the Psychology of Aging* (New York: Van Nostrand Reinhold Company, 1977), 580-603; Warren F. Gorman and Cris D. Campbell, "Mental Acuity of the Normal Elderly," *Journal of the Oklahoma State Medical Association* 88 (March 1995): 119-23; Nancy W. Denney, "Critical Thinking During the Adult Years: Has the Developmental Function Changed Over the Last Four Decades?" *Experimental Aging Research* 21 (April/June 1995): 191-207.

[sup31] Dennis B. Bromley, "Age and Sex Differences in the Serial Production of Creative Conceptual Responses," *Journal of Gerontology* 22 (January 1967): 32-42; Patricia K. Alpaugh and James E. Birren, "Variables Affecting Creative Contributions Across the Adult Life Span," *Human Development* 20 (1977): 240.

[sup32] Salthouse, *Adult Cognition*, 83; Asenath La Rue, *Aging and Neuropsychological Assessment* (New York: Plenum Press, 1992): 76.

[sup33] Salthouse, *Adult Cognition*, 101-2. In contrast to the uniform decrements in cognitive function with aging described by Salthouse and many other workers in developmental psychology, Baltes and his colleagues contend that certain problem-solving abilities are maintained throughout a longer part of the life cycle. See, for example, Paul B. Baltes, "On the Incomplete Architecture of Human Ontology," *American Psychologist* 52 (April 1997): 366-380. Baltes suggests that while such central cognitive functions as memory and speed of information processing ("cognitive mechanics," in his term) exhibit consistent age losses, so-called wisdom related performance ("cognitive pragmatics") may be maintained "at least up to age 70." Nevertheless, he believes that "when the age range of 70-100 years is reached, all cognitive dimensions exhibit losses."

[sup34] M. Powell Lawton, "Contextual Perspectives: Psychosocial Influences" in Leonard W. Poon, ed., *Handbook for the Clinical Memory Assessment of Older Adults* (Washington, DC: American Psychological Association, 1992), 35, 36.

[sup35] Jerrold M. Post, "On Aging Leaders: Possible Effects of the Aging Process on the Conduct of Leadership," *Journal of Geriatric Psychiatry* 6 (1979): 109-116; Jerrold M. Post, "The Seasons of a Leader's Life: Influences of the Life Cycle on Political Behavior," *Political Psychology* (Fall/Winter 1980): 35-49; Bert E. Park, "Presidential Disability: Past Experiences and Future Implications" *Politics and the Life Sciences* 7 (August 1988): 50-56.

[sup36] 1996 medical report on Bob Dole, with the results of physical examination conducted by Dr. John F. Eisold, MD, 21 July 1996. Document obtained through Dole Press Office in Washington, DC.

Lawrence K. Altman, "Doctors Call Dole's Health Excellent," New York Times, 21 July 1996.

[sup37] Freeman H Cary, "Health Status of the Candidates: Senator Robert J. Dole," Medical World News, 18 February 1980.

[sup38] Altman, "Doctors Call Dole's Health Excellent."

[sup39] Joellen M. Schildkraut et al., "Coronary Risk Associated With Age and Sex of Parental Heart Disease in the Framingham Study," American Journal of Cardiology 64 (September 1989): 555-559; Kaj Johansen and Thomas Koepsell, "Familial Tendency for Abdominal Aortic Aneurysms," JAMA 256 (10 October 1986): 1934-1936; Linda M. Pottern et al., "Familial Cancers Associated With Subtypes of Leukemia and Non-Hodgkin's Lymphoma," Leukemia Research 15 (1991): 305-314.

[sup40] Frank J. Murray, "Selling a Golden Oldie in the Market of Youth: Dole Emphasizes His Health, Not Age," Washington Times, 11 March 1996.

[sup41] There had also been a spike around his birthday in 1995.

[sup42] Christine Gorman, Hannah Bloch, and J. Madeleine Nash, "Medical Verdict: One Very Healthy Septuagenarian," Time, 31 July 1995.

[sup43] Lawrence K. Altman, "Medical Data Show Dole Is Remarkably Fit," New York Times, 22 July 1996; Altman, "Doctors Call Dole's Health Excellent"; Blaine Harden, "Dole's Birthday Renews Age-Old Old-Age Debate," Washington Post, 21 July 1996; Ceci Connolly, "Sturdy Enough?" St. Petersburg Times, 14 July 1996.

[sup44] Altman, "Dole Backs Idea of Independent Health Check," New York Times, 22 July 1996; David Willman, "Prostate Cancer Legislation Poses Dilemma for Dole," Los Angeles Times, 10 December 1995; Jack Nelson, "Dole Has Healthy Respect For Age Issue," Los Angeles Times, 22 July 1996; Don Colburn, "Doctors Deem Dole Fit for 1996 Run," Washington Post, 22 July 1995; Judi Hasson, "Dole Shrugs Off Age Issue," USA Today, 21 July 1995.

[sup45] Connolly, "Sturdy Enough?"; Harden, "Dole Renews Age-Old Debate"; Abigail Trafford, "The Old Gray-Haired: They Ain't What They Used to Be," Washington Post, 26 March 1996; Sherry Jacobson, "Experts Divided on Impact of Dole's Age on Election," Dallas Morning News, reprinted in "Dole's Time or Past His Prime," Arizona Republic, 7 April 1996; Michael Kranish, "How Old is Too Old? At 72, Dole Feels Fit--But the Presidency is a Crushing Job," Boston Globe, 30 July 1995.

[sup46] Harden, "Dole Renews Age-Old Debate"; Trafford, "The Old Gray-Haired"; Connolly, "Sturdy Enough?"; Hanson, "Active Dole Says

Age Not an Issue," USA Today, 22 July 1996; Maureen West, "When is One Old?" Phoenix Gazette, 26 July 1996, reprinted in "New Take on What Defines Old," St. Louis Post-Dispatch, 5 August 1996; Tait Trussell, "Voter Concern Over Dole's Age is Off the Mark," Orlando Sentinel, 11 August 1996.

[sup47] One indication of the prevalence of this negative view is the fact that thirty-six of the forty-one articles that cited public opinion polls interpreted the data to indicate that most people think Dole is too old.

[sup48] Harden, "Dole's Birthday Renews Age-Old Debate"; Trafford, "The Old Gray-Haired."

[sup49] Trafford, "The Old Gray-Haired." (Emphasis added.)

[sup50] Harden, "Dole Renews Age-Old Debate"; Trafford, "The Old Gray-Haired"; Hanson, "Active Dole Says Age Not an Issue"; Maureen West, "When is One Old?"; Tait Trussell, "Voter Concern Over Dole's Age is Off the Mark."

[sup51] Two in five older Americans believed that because of his age Dole would be less able to handle the rigors of office (Jack Nelson, Los Angeles Times, May 5, 1995). When asked to comment about Dole's age, some said: "I think he's great. I like him a lot. But I'm afraid he won't make it the four years." (B. Dart, Austin American Statesman, 16 March 1996). "I'm 73 years old Anybody my age, you just can't do it." (W. E. Gibson, Sun-Sentinel [Fort Lauderdale], 6 November 1996).

[sup52] Partisanship is indexed by combining the responses to a two-item sequence. The first item asks if the respondent "generally" thinks of herself as a Republican, a Democrat, or an independent. Independents and those who are unsure are then asked if they are "closer" to one or the other major party; those who are closer are classified as "partisans." The resultant index runs from "Republican" to "Democrat" with "Independent" as the middle category.

[sup53] Ideology is measured by the following item: "How would you describe your views on most political matters? Generally, do you think of yourself as liberal, moderate or conservative?"

[sup54] Clinton approval is measured by the response to the question, "Do you approve or disapprove of the way Bill Clinton is handling his job as president?" Congress approval is the response to a similar item: "Do you approve or disapprove of the way Congress is handling its job?"

[sup55] Attention to the campaign ranges from "a lot" to "none," based on answers to the question: "How much attention have you been able to pay to the 1996 Presidential campaign--a lot, some, not much, or no

attention so far?"

[sup56] The CBS/New York Times Poll records the respondent's age as a continuous variable ranging from 18 to 98.

[sup57] The 16-18 August poll did not seek the respondent's opinion on how Congress was "... handling its job" and it is set aside in the analyses that follow.

[sup58] Details of the regression analyses may be obtained by writing the authors in care of this journal.

[sup59] Katharine Q. Seelye, "A Grand Old Party Animal Tries Courting Younger Voters," *New York Times*, 21 January 1996.

[sup60] Katharine Q. Seelye, "State of the Union: The Response: Dole Says President Defends Old Elites Seeking Largesse," *New York Times*, 24 January 1996.

[sup61] Nancy Gibbs, "What Dole is Doing Wrong," *Time*, 5 February 1996.

[sup62] Sam Fulwood and Richard A. Serrano, "Dole's Performance Raises Some Doubts," *Los Angeles Times*, 25 January 1996.

[sup63] R. W. Apple, Jr., "Forbes Gathers Strength as Other Republicans Try to Wait Out Storm," *New York Times*, 29 January 1996.

[sup64] *Ibid.*

[sup65] Kevin Sack, "Three Republicans Seek a Boost in Louisiana," *New York Times*, 28 January 1996.

[sup66] Gibbs, "What Dole is Doing Wrong."

[sup67] Adam Nagourney, "Dole Tilts With Foes, Suggested and Real," *New York Times*, 31 January 1996.

[sup68] Apple, "Forbes Gathers Strength as Other Republicans Try to Wait Out Storm."

[sup69] Adam Nagourney, "Dole (Yes Dole) Plays the Age Card in Iowa," *New York Times*, 5 February 1996.

[sup70] Richard L. Berke, "Dole Tops the Field in Iowa Caucuses," *New York Times*, 13 February 1996.

[sup71] Nancy Gibbs and Michael Duffy, "Battling the Party Crashers," *Time*, 19 February 1996.

[sup72] R. W. Apple, Jr., "Buchanan a Narrow Victor Over Dole in New

Hampshire," New York Times, 21 February 1996.

[sup73] R. W. Apple, Jr., "How 'Front Runner' in GOP Race Had a Flat Tire in New Hampshire," New York Times, 22 February 1996.

[sup74] Ernest Tollerson, "Bowing Out: Forbes Quits and Offers His Support to Dole," New York Times, 15 March 1996.

[sup75] Richard L. Berke, "Dole Continues to Roll Towards GOP Nomination," New York Times, 20 March 1996.

[sup76] Adam Nagourney, "Republicans Wondering Which Dole Will Emerge," New York Times, 16 March 1996.

[sup77] Adam Nagourney, "Dole Appeals to 'Reagan Democrats'," New York Times, 15 March 1996.

[sup78] The "trial-heat" item reads: "If the election were being held today, would you probably vote for Bill Clinton or would you probably vote for the Republican candidate?" Respondents who replied "can't say/other/don't know/no answer" were asked, "Well as of today would you be more likely to vote for Bill Clinton or more likely to vote for the Republican candidate?" Those who named Clinton on either probe are counted as Clinton voters; those who said the Republican on either probe are counted as Republican votes.

[sup79] CBS-TV/New York Times Poll did not continue to ask about Dole's age after the beginning of September. In order to carry the analysis forward to account for the vote in November, we have created a measure of opinion of Dole's age using responses to the National Election Study's (NES) open-ended candidate likes/dislikes questions. Any respondent who on any of the five recorded mentions cites Dole's age (codes 450 and 451) as a reason for disliking him is scored "1" on the measure, otherwise the respondent is scored "0."

[sup80] The National Election Study is sponsored by the National Science Foundation. It provides the principal academic/scientific instrument for studying voting behavior. Neither the NES nor the InterUniversity Consortium for Political and Social Research, which archives NES data, bears any responsibility for the uses to which the survey data are put.

[sup81] Abrams, "Should a Senior Citizen Be President:" Atlantic Monthly, in press.

[sup*] Kami Hayashi, research assistant to Herbert L. Abrams, made a major contribution to this article by organizing much of the material on which it was based with a fine intelligence, skill, and a full understanding of our goals.

TABLE 1 Number of Magazine, Television News, and Newspaper Stories that

Contained at Least a Paragraph of Information on Dole's Age and Health
between Each Poll

Legend for chart:

A=Period between polls
 A1=Magazine Articles[supa]
 B1=Television News Stories[supb]
 C1=Newspaper Articles[supc]
 E1=1 January 1995 to 18 January 1996
 E2=18 January to 22 February
 E3=22 February to March 10
 E4=10 March to 31 March
 E5=31 March to 11 July
 E6=11 July to 3 August
 E7=3 August to 16 August
 E8=16 August to 2 September
 E9=2 September to 4 November 1996

A	Dates	A1	B1	C1
Before poll 1	E1	8	4	11
1 and 2	E2	2	0	4
2 and 3	E3	0	0	2
3 and 4	E4	0	1	7
4 and 5	E5	0	1	5
5 and 6	E6	0	5	11
6 and 7	E7	0	2	0
7 and 8	E8	0	1	0
After 8	E9	1	1	3

[supa] Collected from a Lexis-Nexis search of Time, Newsweek, and USNews and World Report magazines.

[supb] Collected from a search of ABC, CBS, NBC, CNN transcripts compiled in the Vanderbilt Television News Archive.

[supc] Collected from a Lexis-Nexis search of the New York Times, Washington Post, and Los Angeles Times.

TABLE 2 Index of Coverage (Stories per Week) per Newspaper in the Period
between Each Poll[supa]

Legend for chart:

A2=Period between polls
 B2=NY Times, Washington Post, LA Times
 C2=Regional papers and selected news services[supb]
 F1=1 January 1995 to 18 January 1996
 F2=18 January to 22 February
 F3=22 February to 10 March
 F4=10 March to 31 March
 F5=31 March to 11 July
 F6=11 July to 3 August
 F7=3 August to 16 August
 F8=16 August to 2 September
 F9=2 September to 4 November 1996

A2	Dates	B2	C2
Before poll 1	F1	0,07	0.04
1 and 2	F2	0,27	0.07
2 and 3	F3	0,27	0.06

3 and 4	F4	0.74	0.18
4 and 5	F5	0.11	0.06
5 and 6	F6	1.12	0.61
6 and 7	F7	0	0.19
7 and 8	F8	0	0.15
After 8	F9	0.11	0.15

[supa] The index was created to be certain of comparable coverage of poll periods of unequal length. Numbers in columns represent the total of articles during the stipulated period, divided by the number of weeks in the period, divided by the number of newspapers in the sample. Thus, from 11 January to 22 February 1996 there were five articles (in the New York Times, Washington Post, Los Angeles Times), divided by five weeks, divided by three newspapers--or 0.27 stories per week per newspaper.

[supb] Chicago Tribune, USA Today, Boston Globe, San Francisco Chronicle, Plain Dealer (Cleveland), Arizona Republic, Star Tribune (Minneapolis), Atlanta Journal, St. Louis Post-Dispatch, St. Petersburg Times (Florida), Orlando Sentinel, Seattle Times, Gannet News Service, and Reuters North America.

TABLE 3 Content by Topic of Prestige and Regional Newspaper Articles[supa]

Period between polls	Dates	Total	Dole Age	Dole Health	Clinton Health[supb]
Before poll 1	1 January 1995 to 18 January 1996	52	19	4	29
1 and 2	18 January to 22 February	9	5	0	4
2 and 3	22 February to March 10	5	5	0	0
3 and 4	10 March to 31 March	47	26	21	0
4 and 5	31 March to 11 July	19	16	3	0
5 and 6	11 July to 3 August	15	15	0	0
6 and 7	3 August to 16 August	5	4	1	0
7 and 8	16 August to 2 September	9	9	0	0
After 8	2 September to 4 November 1996	46	30	16	0
	Total	207	129	45	33

[supa] Articles which contained information on both Dole's age and health were counted once in each column. (There were eighteen such articles.) Collected from a Lexis-Nexis search of the New York Times, Washington Post, Chicago Tribune, Los Angeles Times, USA Today, Boston Globe, San Francisco Chronicle, Plain Dealer (Cleveland), Arizona Republic, Star Tribune (Minneapolis), Atlanta Journal, St. Louis Post-Dispatch, St. Petersburg Times (Florida), Orlando Sentinel, Seattle Times, Gannet News Service, and Reuters North America.

[sub] Articles about the release of Clinton's medical records/health.

TABLE 4 Distribution on the Question, Over the Course of the Year, "If Bob Dole is elected president he will be 73 years old when he takes office. Do you think his age will help him to be an effective president, or do you think his age would be an obstacle to being an effective president, or wouldn't his age matter than much"?[sup]

Poll Dates	it Would Be an Obstacle	it Wouldn't Matter	it Would Help	N
18-20 January	30	64	6	1052
22-24 February	35	61	4	1198
10-11 March	34	61	6	1239
31 March-2 April	29	66	6	1245
11-13 July	35	58	7	962
3-5 August	23	67	4	1154
16-18 August	23	67	10	1133
2-4 September	25	69	6	1273

[sup] Entdes are the percentage of the sample "N" giving the indicated response.

TABLE 5 Ratio of Respondents Considering Dole's Age an "Obstacle" to a "Help"

Jan	Feb	March	Apr	July	Aug	Sept
4.83	8.25	5.89	4.87	5.00	6.43	3.97

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