

Public Abstract

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In this dissertation, I analyze over twenty years of the United States Single Payer Movement. I began this analysis with the following questions in mind -- What is the Relationship between opportunity and grassroots mobilization? How do activists understand opportunity? What is the role of narrative in this process? I grounded my analysis in a feminist epistemological and methodological stance, which is rooted in the understanding that all knowledge is located and that we can learn much by privileging the voices from marginalized positions. This research involved participant observation, semi-structured interviews, and content analysis.

This research has resulted in a significant contribution to social movement theory by further explicating the relationship between opportunity and grassroots opportunity. I argue that social movement actors develop understandings about the opportunities that they face through the practice of narrative. This narrative practice is an integral aspect in the process of pragmatic liberation, or the practice of liberation, through which social movement actors seek to empower themselves and a wider audience of constituents. Even during time periods in which there is less political likelihood that the movement will achieve its goals, movement activists are able to mobilize constituencies by constructing narratives of opportunity outside of the material realm. A more diverse system of narrative practice that is rooted in multiple types of opportunity facilitates greater diversity in movement mobilization.

During the Clinton Era of Health Care Reform, the narrative practice of single-payer activists was focused on countering the dominant narrative of political opportunity which concluded that single-payer was not politically feasible. This facilitated increased mobilization -- first to insert single-payer into the debate, then to support national single-payer legislation, and finally to support state-based single-payer initiatives. Although this period was defined as a failure by most, it was defined as a success by single payer activists who continued to mobilize until a period of abeyance that arose in part due to the hegemonic narrative of the Contract with America and the material changes in health care delivery that occurred.

On surface, the Obama era of health care reform seems to be very similar to the Clinton era, but single-payer activists actually experienced more marginalization during this period as many former grassroots supporters of single-payer rallied behind Health Care for America NOW (HCAN) and the new administration's push for health care reform. Although SP activists attempted to change the political narrative of opportunity for single-payer, they were not able to garner single-payer a substantial seat at the table and were systematically written out of the story of health care reform. However, this did not result in a decrease in activity, rather narratives regarding other types of opportunity as well as developments of material culture encouraged activists to mobilize in more radical ways -- to the point of arrest. The single-payer movement has continued to mobilize even following the passage of the Patient Protection and Affordable Care Act and this is largely related to the diversity of their narrative practice and its ability to produce hope even within a negative context.

These are important findings for social movements scholars concerned about the relationship between opportunity and grassroots mobilization, as it contributes to this discussion an in depth analysis of the important role that narrative practice plays in this process of pragmatic liberation. These findings should also be useful to social movement scholars concerned about the process of radicalization, which I have found is closely tied to narrative practice. These findings also contribute to the ongoing discussion dealing with the relationship between narrative and action; narrative and identity; and narrative and performance.

Narrative theorists should find this useful as they continue to develop the theoretical practice of narrative analysis. These findings also fill a significant gap in the literature dealing with health care reform by contributing a bottom up, or marginalized in, analysis of health care reform.