

EVERYBODY IN AND NOBODY OUT
OPPORTUNITIES, NARRATIVE, AND THE RADICAL FLANK IN THE MOVEMENT FOR
SINGLE-PAYER HEALTH CARE REFORM

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FLANK IN THE MOVEMENT FOR SINGLE PAYER HEALTH CARE REFORM

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Abstract

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.

Chapter 1

The Story of Ants: Opportunity and The Narrative of Health Care Reform

I'd like to tell you a story. I'd like to tell you a story about ants. You see, there was this community of ants. It was a normal community, like any other community, with ants going about their little ant business. Some ants were teachers, some ants were janitors, some ants were doctors, and yes, one ant was the President. Although many enjoyed abundance in this community, many also suffered due to inequality in access to the basic resources needed for living. One day, a very small segment of this ant community determined that they could solve this problem, the inequality in access to basic resources, if they could only climb the tallest building, (which was really just a table leg), because on top of this building there were enough resources for the entire ant community. If they could only get to the top. So, they decided to climb. Most of the ant community did not notice or account for the mission of this segment of the ant community until they were high enough to be visible above the hustle and bustle of the rest. Once they did notice, after first ignoring them in the hopes that this minor annoyance would just go away, they began to laugh saying "You silly ants! That building is too tall. You ants are too weak to ever possibly be able to get to the top! Come back down and perhaps we will give you a scrap to eat". Although it was difficult, most of the climbing ants ignored this, although some did go back down to the floor with hopes of coming to a compromise. As time went on, and the ants got higher and higher, the laughter of the ants on the ground turned to jeers of anger. "You idiots" they said, "How could you possibly expect to reach the top when it is SO HIGH and you are SO WEAK, you might as well come back down, you must be tired, and just look at the sweet things we are eating down here!" And indeed, many of the climbing ants were tired, and began to believe that they were too weak to go on. Many dropped back down to the floor in defeat, waiting for the scraps that would supposedly quell their hunger for the time being. As time went on, and the ants got higher and higher, more and more of the climbing ants fell, or succumbed to the jeers of the ants of the floor. But, one little ant, the littlest ant indeed, kept climbing. Even as the others screamed "you are too WEAK, you are too SMALL, and the building is far too TALL" the little ant kept climbing. Eventually, the tiny tired ant reached the top of the tallest building, which was really just a table leg, proving to the others that it could be done, even by a DEAF little ant like her.

I first heard the story of the ants when Mimi Signor addressed the attendees of the 2009 Health Care NOW national strategy meeting and then again as she accepted

the Paul Wellstone Award for Community Activism on behalf of Missourians for Single-Payer (MoSP). As the legislative chair and Vice President of MoSP, Mimi knew how the little ants were feeling as she accepted this award over a year after she had first told this story to a conference hall full of activists attempting to redirect the health care reform debate that was raging in D.C. at that time. She later explained to me that she had told the story as much for Julia Lamborn, President of MoSP (who was also there to accept the award), as she had told it for the crowd of sociologists from the Association for Applied and Clinical Sociology (which was giving the award). This storytelling took place in October of 2010, after the passage of the Patient Protection and Affordable Care Act and on the eve of an election that would likely return power to the Republican Party. In other words, during a time in which the chances of successfully achieving their goal of Single-payer health care were very bleak.

I decided to start with the telling of this story because it not only symbolically summarizes the story of the movement for single-payer healthcare, or because it illustrates the relationship between opportunity, pragmatic liberation, and action, but also because it draws attention to the important role that narrative story-telling plays in the movement for single-payer health care. Narrative has long been recognized by social scientists as important to the process of identity (Linde 1993; Holstein and Gubrium 2000; Harnett and Bathmaker 2010), as a mechanism for framing a debate dealing with social change, and as an important means through which social movement organizations (SMO's) can draw the public to support their cause (Polletta 1998; Polletta

2006; Lehrner and Allen 2008; Atkinson and Cooley 2010; Powell 2011; Wahlstrom 2011).

Narrative differs from other forms of discourse that are important to social movements (i.e. “causal arguments, expressive pleas, and lists of costs and benefits” (Polletta 1998, 420)), in several ways. Unlike these other forms of discourse, such as framing, which will be discussed in more detail in the following chapters, narrative is unique in that it is chronological, meaning that it has a story arc with a beginning, middle, and end (Herman 2009; Elliot 2005). The pieces of this chronological narrative are not always temporally chronological, but the pieces are put together by the teller in order to form a causal argument (Reissman 1984) and “simultaneously explain and evaluate, account for the past and project a future” (Polletta 1998, 428). However, unlike frames, prescribing an outcome is not an integral element of narrative practice. Rather, the end of the narrative may remain ambiguous and this can increase its mobilization potential (Polletta 1998), while also increasing the potential for narrative conflicts.

The elements of stories are “told to make the seemingly disparate and strange into something coherent and meaningful” (Keohane and Kuhling 2010, 108). These elements result in the formation of a “plot” which logically links occurrences in order to form an evaluative story (Polletta 1998). Unlike other forms of discourse that are supposedly objective and supposedly deliver hard facts free from evaluative argument (i.e. news broadcasts), narrative is always meaningful and intentional (Polletta 1998; Herman 2009; Harnett Bathmaker 2010). It is a discourse through which the teller can

make evaluative arguments. There are many genres of narrative including stories, scientific arguments, and explanations of the life course (Linde 1993; Elliot 2005; Baker 2007) and each of these forms result in meaningful evaluative conclusions.

While framing theorists have traditionally subsumed narrative practice to framing projects, the importance of the narrative context in which framing projects exist is an important assertion made by narrative theorists (Polletta 1998). “Socially dominant” narratives constrain and motivate other forms of social discourse and challenging these narratives is a central aspect of what social movements do (Baker 2007; Lehrner and Allen 2008; Keohane and Kuhling 2010). For example, the frame “national health care is socialized medicine”, which is often used by single-payer opponents, arises out of the historically specific narrative of the Red Scare and is based in the hegemonic political economic narrative of free-market superiority. These forms of organizational discourse, including supposedly objective types, are always embedded within the narratives that are dominant within the context in which they are being told. This makes accounting for the context in which narratives are told, and not just the narratives themselves, an integral component for the analysis of narratives.

This project draws on previous discussions of the role of narrative in movements for social change and seeks to build on these understandings by examining the processual space between opportunity and action. I seek to better understand the relationship between opportunities for reform and the action of grassroots activists. What really results in “cognitive liberation”? Doug McAdam (1982) argued that potential social movement participants only act when they as individuals collectively define a

situation as both unjust and open to change. While this concept moved social movement theory past the structural determinism of resource mobilization theory, it still leaves the determinist dichotomy between structures of opportunity and activism intact. McAdam also admitted that the study of cognitive processes is a methodologically difficult task, and perhaps this is at least part of the reason why the concept of cognitive liberation has become little used in contemporary social movement texts. However, McAdam's assertion that the ways in which actors *define* opportunity is a central aspect of the process of mobilization is still valid. Does this cognitive liberation occur when there is positive opportunity in the structures of the state? How is this opportunity understood by activists working at the grassroots level? The narratives of opportunity that are told by activists, sometimes in direct contradiction to the narratives told by those in elite positions of power, play an extremely important role in this process.

I theoretically reframe this as a discussion of *pragmatic liberation*. This conceptual frame goes beyond the theoretical foundation of "cognitive liberation" in many ways. Rather than conceptualizing liberation as something that occurs when activists become cognitively aware of the increased opportunity for reform – a semi-deterministic relationship, I examine liberation as an interaction between activists and opportunities that are present (or not present) in their environment. Activists don't just act on opportunities as they become cognitively aware of them, but they actively work to create them both materially and through the practice of narrative. Narrative practice is a central element in the process of mobilization as activists construct *narratives of*

opportunity through which they can encourage (or discourage) further actions.

Furthermore, pragmatic liberation is not limited to times of political opportunity, but is also related to other types of opportunity that activists experience in the environment of opportunity (i.e. cultural, economic, and grassroots). As activists become increasingly marginalized within this environment of opportunity, the practice of narrative takes on increasingly radical forms as activists attempt to affect the interlocking opportunities that confront them. These ideas will be further unpacked in the following chapter.

This project is not only designed to better understand the role that narrative plays in the lives of grassroots social movements, but also to add to the existing narrative about health care reform. Most of the literature dealing with health care reform, as I will discuss below, forms a very state centered narrative account of movements for this type of reform. Reading this narrative, one would believe that “movements” for health care reform occur only when political leaders decide that the time is ripe for it. The research presented here will show that this is not the case. I will show instead that the movement for universal health care, and indeed the movement for single-payer health care, has a relatively long history that transcends specific presidents, periods, or political epochs and is as connected to factors that lie outside of the state as it is to factors that lie within it.

The Narrative of Health Care Reform

Until recently, the literature dealing with health care reform in the United States virtually ignored or discounted grassroots efforts for health care reform. This is a serious error in a context which history has shown requires mass mobilization to achieve

progressive social change (Piven and Cloward 1993, Hoffman 2010). This narrative, which is rooted in a discussion and critique of the United State welfare state, makes important contributions to a complex understanding of health care reform. Although it cannot fully explain this phenomenon, summarizing and critiquing the previous contributions to the story of health care reform in the United States is a necessary place to start.

The Weak Welfare State and Health Care Reform

Although the United States is arguably one of the richest nations in the world, its welfare state lags behind that of other industrialized nations (Skocpol 1992; Piven and Cloward 1993, Quadagno 1994, Esping-Anderson 1999). This should be of great concern to any supposedly democratic society, because democracy includes not only civil and political rights, but social rights as well (T.H. Marshal 1950; Quadagno 1994). Indeed, “democracy and the welfare state are sewn from the same fabric” (Epsing-Anderson 1999, 8). A welfare state, which is an integral element in the democratization of social rights (Quadagno 1994), encompasses the collective social safety net of a society or nation (Esping-Anderson 1999). Even as the United States is still lagging behind, other post-industrial economies have experienced a “crisis of the welfare state” and may be “doomed to a life of endless crisis” with changing maladies due to changing social, economic, and political conditions (Esping-Anderson 1999, 2). The most recent shift was to a global economy which at one time compelled Europe, and the rest of the world, to “embrace American-style deregulation” (3). A central element of strong welfare states found around the world is a universal system of health care provision.

There have been few successes in the United States when it comes to the welfare state. Even the successes are critiqued for their failures. Social Security is widely cited as one of the major victories and advancements in the American welfare state. Although it did widen the social safety net, American Social Security also represents a turn away from a maternalist welfare state (Skocpol 1992), it only resulted in one national program of “contributory retirement insurance” (Skocpol 1992, 5), and due to the AMA’s opposition, the health care portion of the bill was dropped (Kronenfield 1993, 135; Hoffman 2008). Additionally, although the Townsend Movement played a major role in spurring public pressure for an elderly allowance system, social security did not actually benefit the elderly who were involved in the movement” (Piven and Cloward 1973, Amenta and Zylan 1991). Although Social Security still finds strong public support (Quadagno in Lo 2002, 96) due to middle class universalism, it had become part of the “entitlement crisis” of the 1990’s. The ideological construction of Social Security has been used as a weapon because “instead of being defined as a social insurance program that provides income security across the life course, social security has become part of an ‘entitlement crisis’ that threatens the American dream and undermines the future of the next generation” (98). This, in part, spurred cuts to other social program “successes” such as Medicaid. Today, social security and its descendents (namely Medicare and Medicaid) are again in danger due to the “deficit crisis” that dominates much of the debate surrounding a balanced budget.

The story of health care reform in the United States is intimately tied to the history of the welfare state. Health care provision is a major element in welfare states around the world. The United States' welfare state has gone through many cycles of expansion and retraction. Debate over health care provision is always a major factor during these cycles. Much of the literature dealing with health care reform focuses on the climax of these cycles, usually represented by the leadership of a politician in efforts for reform. This seriously limits the power of these explanations as it ignores the ongoing work that continues at the grassroots level, between these climactic periods in the story.

Several of the explanations that have been given for the weak American welfare state have also been given for the lack of a universal health care system in the US. These explanations range from a focus on class dynamics in the United States to a focus on the characteristics of the political system, to a focus on the manipulation of public opinion through media outlets (Starr 2010). All of these explanations are important and tell us something about the problem. While studies dealing with the development of some aspects of the American Welfare State do discuss the importance of grassroots activism in achieving these programs, such as Edwin Amenta's discussion of the relationship between the efforts of the Townsend movement to push for old age insurance and the development of social security, a detailed study of grassroots efforts for health care reform is yet to be completed as most research on health care reform takes a top down approach to this research . Although these explanations do deal with multiple facets of the American experience, such as its unique political, economic, and

cultural context, their top down approach to understanding the unique American history of health care reform leaves many questions unanswered and thus limits the understanding that can be derived from this approach and the story that it uncovers. Beatrix Hoffman (2008) shares this criticism of the literature on health care reform and argues that more focus should be placed upon grassroots efforts for reform because this type of mobilization is so important for enacting progressive social change within our resistant political and social environment.

One of the most emphasized causes of failed health care reform in the United States is that of the unique federalist structure of the American political system. Although this structure is more open to the efforts of political outsiders than more centralized systems (Levitsky and Banaszak - Holl 2010), the division of power in the American political system (between states and the federal government, between the three branches of government, between interest groups and the public) and the resulting 2 party political system make it very difficult for progressive social change to occur in this context (Marmor 1990; Etheredge 2003; Amenta 2006; Almgren 2007; Gonzales 2010; Hacker 2010). Skocpol (1994) focused her analysis of the failure of the Clinton health security attempt on the interplay at the state level. She explained that “both unanticipated foreign eruptions and a protracted legislative imbroglio intervened to undercut the forward momentum on health care reform that seemed to be there in late September and early October” (78) and argued that “the changing organizational and resource patterns in U.S. politics and society make certain kinds of political communications, mobilization, and alliance formation more or less feasible”

(84). Because of this the democrats were in “disarray” and unable or unwilling to support the democratic president in his push for health care reform. The democrats also no longer had “a locally rooted infrastructure of loyal local (“machine”) organizations and allied broadly focused groups, especially labor unions, through which concerted grassroots campaigns can be run” (88). These factors of state and political institutional organization played a role in limiting the activities of politicians and party officials, and thus limited the support for Clinton’s plan for health security.

Although important for understanding variation in health care regimes around the world, the institutional path dependency framework, most visibly proposed by Epsing-Anderson (1990), is not as valid or illuminating in the case of health care. Some conservative regimes have a large percentage of health care paid for through the private sector and some liberal regimes (such as Canada and the UK) have universal systems. These state level frameworks cannot fully explain variations in health care around the world (Quadagno 2010). Although these discussions are very important to understanding the drive for health security in the United States, their macro political and institutional focus does not adequately account for the relationship between grassroots mobilization for reform and these macro institutional factors.

Another important element in arguments dealing with health care reform in the United States is the importance of the unique socio-economic context in which they exist. Navarro (1994) argued that there is a relationship between the institutional paths discussed by Epsing-Anderson and class power relations within a country. He explained that “whether or not a country had an NHP depended on the correlation of class forces

in that country. The differences in the correlation of class forces also explain the evolution of the different types of funding and organization of health services, in particular, the corporate and the liberal models” (180). In liberal regimes “social and health policies have reflected primarily the aims of the capitalist class”(180). The discussion of class and class politics is a major component in the discussion of health policy in the United States. Marmor (2000) argued that “the debate over Medicare was in fact cast in terms of class conflict, of socialized medicine vs. the voluntary “American way,” of private enterprise and local control against “the octopus of the federal government”” (73). Polarization between classes occurred during this attempt for an NHP and this greatly affected the outcome of implementing Medicare and Medicaid, but not implementing a universal system.

A central figure in these class relations are the unions that fight for the rights of workers. One explanation for a weak welfare state has been the “exceptional” feature of the weak working class in the U.S. This explanation argues that the sequence of democratization and industrialization occurred differently in the United States than in the Western European nations - with suffrage and democracy occurring before industrialization. Thus the working class did not form a class consciousness and solidarity by mobilizing for basic democratic rights (Piven and Cloward 1993). This resulted in an “exceptional” institutional framework for unionizing that differs from the framework in other advanced democracies (Johnson 2008). Because of this the US still “leads advanced capitalist countries in measures of labor weakness” (Piven in Lo 2002, 27). Unions are weaker in the United States than in the countries of Western Europe for

several reasons, two of the most significant being the lack of an “organic linkage between the labor movement and a political party that historically has primarily represented the interest of the working class and allied popular forces” and the passage of the Taft-Hartley Act which “forbade the working class to act as a class” (Navarro 1994, 178 & 184).

There have been many criticisms of this perspective, including its ignorance of the connection between racial divisions and weakened working class politics. Jill Quadagno (1994) argued that welfare became associated with the “war on poverty”, which focused on ability to work rather than right to work and was highly racialized. Thus welfare became racialized and racial antagonisms resulted in the increased dislike of welfare and distrust of welfare recipients. Welfare became not a social responsibility, but a targeted program associated with the stereotype of weak and lazy black people. Ronald Walters (In Lo 2002) examined race and the backlash against welfare during Reagan and Clinton administrations arguing that

by the end of the decade of the 1960’s, the welfare program had grown to contain a substantial number of blacks, and the reaction to that, together with the black politics of the 1960’s, led to the emergence of a strongly conservative political movement, which utilized the welfare program as an icon of those things it found abhorrent about the Democratic Party. (Walters found in Lo 2002, 37)

This “juxtaposition of race and welfare dependency” (39) limited the possibilities of welfare state expansion because this process also served to further fragment the working class and labor unions through racial antagonism.

Victoria Johnson (2008) also critiques the American Exceptionalism argument for being overly deterministic and “integrates culture into the fabric” (6) of her analysis

dealing with the influence of political culture in the process of labor strikes. Through her comparative historical analysis of two labor strikes – in Seattle in 1919 and San Francisco in 1934 – she builds an argument that goes beyond the “American Exceptionalism” argument for union decline and discusses the ways in which politics, culture, and economic forces intersect and impact collective action.

A mobilized working class and strong union support have been important characteristics in successful movements for the development of Universal Health Programs around the world. According to Navarro (1994), “the establishment of an NHP in any country is related primarily to the establishment and influence of the labor movement in that country, realized through labor’s economic (unions) and political (parties) instruments” and “the different types of funding and organization of health services are explained primarily by the degree to which the differing class aims in the health sector have been achieved through the realization of class power relations” (1994). Health care is a significant issue for unionized workers who

find themselves caught in a double bind: at the same time that relentlessly rising health costs cut into take-home pay, the increase in total compensation packages means jobs are lost to nonunion competitors whose advantage often lies in the less generous health benefits they provide their employees. (Weil 1997, 30)

Although unions have at times pushed for a universal health care system (Hoffman 2008), “a significant share of the blame for the failure of national health insurance to take hold in the United States can also be laid at the feet of organized labor” (Almgren 2007, 306) due to the role that health benefits play in union recruitment, the conflicting interests of workers, and the unyielding union organizations that have resulted from

this. Although most unions were in steady decline during the last half of the 20th century, a recent increase in efforts to increase membership in unions and a shift to “social movement unionism” has had important ramifications for the movement for health care reform (Martin 2008).

The business or capitalist class has also played a significant part in defeating reform attempts for universal health care. Beth Mintz (in Lo 2002) explained that “an important question in understanding policy formation on the general level, which has not been clarified is the role of the business community in the policy process” (211). Health care is an especially important issue to large corporations due to the employer based health care system in US. While big business actually supported health care reform in the early 90’s, it withdrew its support for Clinton health security plan due to the employer mandates that were central elements of the plan. Mintz argued that Skocpol’s (1994) view that “the Business Roundtable had been captured by a narrow, but powerful, segment of the big business community. Thus, instead of mediating among the different interests characterizing the corporate world, the Roundtable’s position reflected the needs of the few” (217) was erroneous. Mintz proposed an alternative view that “the defection of big business can be viewed as a unified action, based not on the ability of a narrow, self-interested segment to dominate the decision-making process, but on the uncertainty that the Clinton proposal generated for the big business community” (217). Both arguments indicate that big business plays a major role in the direction and outcome of health policy debates.

These discussions of the role of macro-economic factors, such as class relations, are very important to a holistic understanding of health care reform in the United States. However, they fail to reach a complete understanding in some very important ways. First, while their focus on the actions of business elites in past periods of reform is important for explaining the failure of these past attempts to achieve a system of universal health care, it ignores and cannot explain the mobilization that occurs at the grassroots level in spite of the overwhelming power of the capitalist class. It does not fully examine the relationship that business elites, many of whom are facing more and more costs in the American health care system, have with these grassroots groups.

The unique cultural context, or American exceptionalism, of the United States and its connection to both the political and economic system is another important element in explanations of the failure of American health care. Kronenfield (1993) argued that, in relation to health policy, “an important overall factor is the basic ideological orientation of the United States. There are two aspects of this: the economic system of capitalism and the political orientation of classical liberalism or ... individualism” (11). The Red Scare and the deliberate use of the fear of socialism were integral to defeating historical drives for a national health program (Marmor 1970; Quadagno 2005; Almgren 2007). During the Clinton health security attempt, ideology played an important role in its defeat (Skocpol 1994). Ideological retrenchment which “places a particular emphasis on private market solutions to issues of health care access and cost that is linked with an attack on the most politically vulnerable of federal health care entitlements -- the financing of health care for the poor” (Almgren 2007, 85),

occurred during the administration of George W. Bush. Opponents of the most recent drive for American health security, that of the Obama administration, were also able to effectively use these ideological tools, even going so far as to form a “tea party” in opposition to the “socialist” takeover of the United States.

Elite control of the media, and the ways in which it shapes public opinion, has also played an important role in the defeat of past movements for health care reform. The manipulation and portrayal of public opinion has been an effective strategy for elite groups with access to centralized media facilities. Indeed, one of “the most interesting results of the debate over [Clinton] health reform include[d] both the manipulation and the absence of public opinion as a force to be considered in the future of the American delivery system” (Mintz in Lo, 221). This, in part, resulted in the omission of single-payer and the realization of the public’s worst fears -- “limited choices of physicians and limitations on coverage” (221). Clarence Lo (2002) analyzed “how CNN broadcast opinion poll results” and argued “that it reported public rejection of the Clinton plan even before attitudes had really crystallized, and spotlighted the opposition once it did mobilize” (227). The discourse then shifted away from “insuring the uninsured to preserving the advantages of those who had insurance” (228). Public opinion can be shaped by which questions are asked and further manipulated by which opinions are reported. Also, although public opinion has shown strong support for more government involvement in health care it “can best be described as fragmented and ambivalent when it comes to solutions” (Almgren 2007, 297). These conclusions indicate that public opinion is an important but ambiguous and questionable element of health care politics.

These arguments dealing with the role of general factors such as American exceptionalism, in past attempts for reform are important, but they fail to recognize the significant importance that agency and local variation play in the cultural aspect of mobilization (Johnson 2008), specifically in the context of health care reform. Discussions dealing with the manipulation of public opinion, which point out the significance of elite control of centralized media, begin to move us beyond this problem. Yet they still focus on elite use of the elements of material culture. Today, there are more decentralized media outlets, such as the internet and independent film. The relationship between these “alternative media” (Atkinson and Cooley 2010) outlets and the mobilization for progressive health care reform must be considered in any holistic understanding of this phenomenon.

Grassroots mobilization for reform is an area in which the literature on health care reform is almost entirely lacking (Hoffman 2008). The literature on health care reform instead focuses on mobilization during the major political campaigns for health care reform. During each of the major attempts at reform thus far in United States history, there was a strong counter force that mobilized in order to stop reform from taking place. “In the first half of the twentieth century, physicians drew upon their cultural authority as healers to revive the red scare” (Quadagno 2005, 46). By using their cultural authority and the cultural fear of communism, the American Medical Association (AMA) was able to stop the multiple reform attempts that occurred during this time. Although the AMA was still actively against government sponsored medical care, union support was sufficient in the 1960’s to pass the Medicare legislation that

was so needed, but was not strong enough to push through a universal National Health Program (Navarro 1994). However, this served to solidify the dominance of private health insurance instead of undermine it (Quadagno 2005, 76). Importantly, racial desegregation served to allow “federal officials to monitor internal affairs, penetrating the barrier between providers and the federal government and undermining provider sovereignty in the pursuit of social justice” (92). After this, the cultural authority of physicians was weakened, and insurance companies with a large stake in continued private financing became the main opposition to publicly funded health care – the most vivid example of their counter mobilization being the mobilization against the Clinton Health Security reform attempt. Marmor (2000) disagrees with similar ideas about the role of the AMA arguing that the AMA was able to influence the agenda for discussion but “if the limits of debate were in part a result of AMA influence, legislative decisions were not. The succession of Medicare defeats arose from congressional power distributions whose effects the AMA could enjoy but whose character the AMA could only marginally effect” (77). Even the power of professional groups, such as the AMA, was at least in part rooted in the power of other economic stakeholders, such as the insurance industry.

Skocpol (1994) detailed the ways in which threatened stakeholders mobilized against Clinton health security. They were “determined to modify or eviscerate President Clinton’s proposal for comprehensive health care reform” and “swung into action without delay or doubt” (134). The Health Insurance Association of America mobilized through television and grassroots lobbying. They were able to do this quickly

because they already had resources and infrastructure before the battle began. While the Clinton team was secretive and cut off from the general population, the opposition activated pre-established networks and were able to combine “national efforts with locally oriented and socially embedded techniques to spread criticisms of proposed new health care reforms” (139), which involved a “combination of advertising, direct mailings, Washington lobbying, and grassroots activations” (141). The mobilization against health security developed into an ideological crusade against the Democratic Party. It was a plan not only to prohibit health care reform but to “embarrass Democrats and ensure a political turnaround that would enable conservatives to replace the ‘welfare state’ with ‘free-market initiative’” (142). This had lasting ramifications for the future of the health policy debate.

All of these issues have played a role in the most recent attempt at health care reform, that made by the Obama administration. Although there are not yet many published discussions of this time period, some interesting contributions to this narrative have been made that go beyond the issues discussed above. Levitsky and Banaszak - Holl (2010) begin to bridge the gap between social movements theory and health care reform by highlighting the importance of discussing the multi-institutional context in which health based movements take place. Yet they discount the existence of a movement for universal health care instead pointing out that no such movement exists. In the same volume, Jarman and Greer (2010) discuss the importance that coalition building has played in two state level movements for health care reform, as well as how the “paradox of purity” inhibits the formation of these coalitions. Mechanic

and McAlphine (2010) argue that a decrease in public trust of social institutions, such as medicine, makes building a movement for reform difficult. Skocpol and Williamson (2011) argue that several important factors, including the open strategy of the Obama administration and the contextual factor of economic crisis, were integral to the successful passage of the Patient Protection and Affordable Care Act, but do not adequately account for the grassroots mobilization that was also occurring at this time. Peter Dreier (2010) argues that groups that had an insider / outsider status, such as Health Care for America NOW, also played an important role in critiquing the insurance industry and eventually pushing the Obama campaign to treat the insurance lobby as the enemy, rather than as a partner in reform. These are important contributions that only begin to focus on the role of grassroots mobilization in health care reform.

One major element of the environment for health policy reform was virtually ignored, until recently, in most of explanations of health care reform is the role that grassroots groups for health care reform have played or will play in the health policy debate. Skocpol argues that the opposition was better able to mobilize during the Clinton reform attempt because they already had the networks and infrastructure needed to mobilize at the grassroots level and the democrats didn't due to the lack of unions or political "machines". What she does not account for is the grassroots mobilizing that had already been going on in support of health care reform -- mobilizing which made health care an issue not only in everyone's personal radar, but in their political radar as well. For example, months before Clinton made it to the White House, a rally was held in Little Rock to encourage the presidential candidate to make universal

health care part of his platform. When people being hurt by the health care system asked what they could do, there were activists there to explain to them the system and their options. Although the data to support this does not yet exist, it is logical to assume that this had an effect on public opinion (which had shifted to favor universal health care) as well as public motivation at this time. While recent works dealing with the Obama era of Health Care Reform place more emphasis on the grassroots mobilizing that was occurring at this time, this emphasis is minimal and still stems from a state level approach (Starr 2010, Jacobs and Skocpol 2010) or a powerful position in the movement for health care reform (Kirsch2012). Grassroots activism has been, until recently, almost entirely ignored in discussions of health care policy or critiqued for contributing to the failure of health security (Skocpol 1996, Hoffman 2008).

Piven and Cloward (1973) argued that reforms to the welfare state (at least in the United States) come not through top down directives, but from mobilization at the grassroots level and that the poor or disadvantaged within the system could only gain concessions when they were disruptive on a mass scale. Beatrix Hoffman (2010) agrees that health care reform requires grassroots mobilization, as well as presidential leadership. Hoffman (2008) argued that in order to address the question regarding the United States lacks of Universal coverage, we must also raise a question regarding the disconnect between grassroots support for universal care and the elite political campaigns that have been the focus of the literature dealing with health care reform. According to Hoffman, early efforts for reform, such as that of the Committee on the Cost of Medical Care (CCMC) in the 1920's and 1930's, focused on research and

intellectual debate, rather than on popular mobilization. These early movements continued to try to “make changes within the system” (Hoffman 2008, S71) and alienated their grassroots base. Hoffman goes on to argue that “the relentless opposition of medical, business, and insurance interests pushed reformers to design health care proposals around placating their opponents more than winning popular support” (Hoffman 2008, S72) and that “reformers put their faith in expertise and professional lobbying rather than popular activism” (Hoffman 2008, S72). She also points out that although many multi-issue groups have supported single-payer in the past, their primary goals have usually taken on an incremental focus. Hoffman affirms my assertion that future research on health care reform must focus on grassroots health care activism and move away from focusing on elite campaigns for health care reform. If this understanding guides research, the question becomes not why were state level actors unable to mobilize at the grassroots level but what factors in the environment of opportunity constrained or prohibited, and more recently facilitated, the continued mobilization of grassroots organizations? The story of health care reform should not stop and start with presidential directives for it, but should illuminate the mobilization that has continued at the grassroots level during and between these attempts.

The Single Payer Story: Chapter Summary

The research presented here is an attempt to tell this story. The recent passage of the Patient Protection and Affordable Care Act is considered by some to be an expansion of the social safety net and by others another example of the “ironic outcome” of health care reform in the United States, in which movements for universal

health care result in the further concretization of the place for private health insurance in the American health care system (Quadagno 2006), but not in universal health care. In any case, understanding what happened at the grassroots level during this time period, while connecting it to a complex history, is important. Understanding this story has also led to a better understanding of the process that occurs between opportunity and grassroots mobilization. The narratives of opportunity told by activists are of primary importance in this process. It is through the practice of narrative that activists become pragmatically liberated. This pragmatic liberation is rooted in a collective definition developed through the telling of narratives of opportunity and is related to the material conditions in which activist work, organize, and strategize. The following chapters will develop this process through an in depth analysis of the single-payer narrative.

In chapter two I will further develop the theoretical frame for this project, which I call the environment of opportunity model. This model accounts for the multiple types of opportunity that affect grassroots activism - including political, economic, cultural, and grassroots opportunity. This is an interactionist model that is predicated on the assertion that while it is important to understand the material conditions in which activism takes place, it is just as important to understand how activists define these material conditions through narrative practice, become pragmatically liberated, and then develop unique strategies and tactics to take advantage of their definitions of these conditions.

In Chapter three, I discuss the methodology and methods that formed the basis for the data presented here. This methodological framework is rooted in a feminist epistemological stance that knowledge is located and that all voices are important to consider when studying social phenomenon. It is also rooted in a feminist critique of knowledge and power as I argue that this data is significantly telling about the movement for health care reform as a whole because it is rooted in a marginalized perspective within this movement. I also include a reflexive discussion of my place within the movement and my changing status from Stalker to Board Member.

Chapter four is the first empirical chapter in which I introduce the organizations that are the focus of this study by discussing in detail the relationship between their origin stories, organizational identity, organizational form and organizational practice. Although Health Care NOW (HCN) and Missourians for Single-Payer (MoSP) share the overall and focused goal of implementing a single-payer system in the United States, their origin stories have resulted in some interesting differences in identity, form, and practice. Through their origin stories, both organizations link their identities to past successful movements. MoSP's origin story is based on the "Canada Model" of health care reform and links this organization to the successful passage the Canadian medicare system. The origin story of HCN links this younger national grassroots organization to the Civil Rights Movement of the 1960's and supports their identity as the "New Civil Rights" movement. These stories and the identities developed from them are both constraining and enabling. I argue that while focused identities (i.e. "we are single-payer") are constraining, they are also necessary because they result perseverance in a

segment of the overall movement, even during times of decreased opportunity for reform. This allows the movement for a specific reform (single-payer) to “keep on keepin on” and in some cases to build momentum, even during times in which it is unlikely that they will reach their focused goals.

In chapter five I examine the narrative practice of the single-payer movement during the Clinton era of health care reform. At this time, the narratives of opportunity that were constructed by movement activists focused on countering dominant narratives of political opportunity that concluded with the “political infeasibility” of single-payer. Single-payer activists worked to change this narrative in order to put single-payer on the table. While the movement was very active at this time and a valiant effort was made, the single-payer movement was not able to push single-payer into the debate. It still remained quite active following the failure of Clinton Health Security by focusing on state level reform attempts.

In chapter six I redirect my focus to narratives of economic opportunity by examining the impact of the hegemonic economic narrative that developed during the remainder of the Clinton administration – The Contract With America. This narrative, in conjunction with drastic material changes to health care delivery in the United States and the “turn against government” that resulted after the failure of Clinton Health Security, served to undermine the efforts of the single-payer movement. Single-payer activists were not initially successful at constructing narratives of opportunity that would successfully result in pragmatic liberation at this time. The single-payer movement entered a period of “abeyance” in which many single-payer organizations

redirected their focus toward incremental measures or toward protecting pre-existing programs (i.e. Medicare). However, while the increased corporatization of insurance and the development of managed care initially stymied the single-payer movement, it eventually resulted in increased economic opportunity as economic actors who were the most heavily affected by this material shift (i.e. health care professionals and unions) became more supportive of a larger role for government in the health care system. The narratives of this opportunity were able to begin the process of pragmatic liberation that would continue into the G.W. Bush administration.

In Chapter seven, I focus on the impact that the decentralization and democratization of media on both the narratives that single-payer activists construct and on the ways in which they share these narratives. This process, which took place in the late 1990's and arose through the development of internet and digital video technology, is an important example of the increasing cultural opportunity that single-payer activists experienced at this time. Activists not only had new ways in which to share their narratives, but through the development of documentary films, specifically *SiCKO*, they also gained important cultural agents who were supportive of their single-payer goals. Single-payer activists who were operating in the very negative political context that the Bush administration represented, were able to become pragmatically liberated by successfully constructing narratives of cultural opportunity.

In Chapter eight I focus on the narratives of grassroots opportunity that activists constructed during the Obama era of health care reform. These narratives of grassroots opportunity are an important location for further unpacking the intersection of political,

cultural, and economic opportunity. Single-payer activists were initially able to successfully define this as a period of greater grassroots and political opportunity and thus increase their mobilization efforts. Competition within the movement for health care reform and the rejection of the single-payer position by political elites resulted in the further marginalization of the single-payer movement as it became the “straw man” for Obama’s reform agenda. This increasing marginalization resulted in the single-payer movement’s use of more radical narratives and tactics. I conclude this discussion by examining the impact that the passage of the Patient Protection and Affordable Care Act had on the single-payer movement. Rather than this event resulting in another period of “abeyance”, this resulted in an increased emphasis within the single-payer movement on “building the movement” in preparation for the next period of health care reform.

Finally, in chapter nine I compare and contrast the narrative practice that occurred during the Clinton Era of health care reform and the Obama era of health care reform. The eras greatly differed due to the diversity of the systems of narrative practice that the single-payer movement was able to develop in relation to economic and material conditions. I conclude by discussing future possible directions for the single-payer movement and for the study of health care reform.

Chapter 2

The Environment of Opportunity Model: Power, Opportunity, Narrative, and Pragmatic Liberation in the Process of Social Change

While many theoretical traditions inform this study, it is primarily grounded in and seeks to develop the conceptualization of the relationship between environmental opportunities and grassroots mobilization. The *practice of narrative* is an integral aspect of the process of *pragmatic liberation* which facilitates specific grassroots activities in which social movement actors engage.¹

The telling of stories, or *narratives of opportunity* which define and construct the activist's understanding of the environment of opportunity, is integral in the process of mobilization. Defining opportunity through narrative is particularly important for groups whose position is marginalized within progressive movements for reform. These relatively powerless groups find strength and empowerment through these narratives in which they define their experiences and reconstitute the opportunity for reform. Organizations must also be able to adapt to these narratively defined opportunities in order to continue the ongoing process of pragmatic liberation and encourage further grassroots mobilization. Each of these key concepts – environment of opportunity, narratives of opportunity, and pragmatic liberation will be further explained and defined below. First, I will establish the conceptual grounding of this theoretical development – starting with a discussion of the underlying theory of power important to these theoretical conclusions.

¹ Table 1 visually illustrates this relationship.

Power and Social Change

Power is a central conceptual element of any discussion of politics or public policy. Two major questions for political theorists and researchers are - who holds power and what kinds of power do they hold? The meaning of power has been in dispute within the social sciences with two meanings coming to the fore. Power can be defined as the “overall capacity of a group, class, or nation to be effective and productive” or as “the ability of a group, class, or nation to be successful in conflicts with other groups, classes or nations” (Domhoff 2002, 9). Although feminist scholars have encouraged us to redirect our collective focus on the former type of power (hooks 1984), societal attention and thus political studies have focused on the latter type which is also called power over or distributive power (Domhoff 2002). Still, there are many and varying different arguments dealing with power in the political system of the United States.

For many years, pluralist theories of power dominated explanations of the American political system. In this conception of democracy, power is widely dispersed among competing interests. Several types of resources are important -- social standing which is “difficult to exploit as a resource of influence because of a number of important institutional limits” (Dahl 1961, 230), money, and legality or that “any group of people having special access to legality is potentially influential with respect to government access decisions” (247). In relation to the money as a resource, Dahl makes the argument that while the lack of this resource can be a problem having too much of it can also indicate a problem. This, according to Dahl, is due to the fact that there are

more people at the low end than the high end of this resource and that, in a pluralist system, there is strength in numbers. This perspective has been critiqued for not accounting for groups outside of the pluralist system (Gamson 1990), for not accounting for the return of polarization (Epsing-Anderson 2000), and it has also been heavily critiqued by theorists in the political economy tradition.

There are two frameworks that stem from ideas about the political economy (Epsing-Anderson 2000). The first addresses politics and power in class terms. There are many Marxist models of the political economy including the class dominance models of Mills and Domhoff (Lo 2002). For example, Domhoff argues that the power elite is made up of top officials in three interconnected social networks -- the social upper class, the corporate community (connected through interlocking directorates, and the policy-planning network. Indicators of power in this framework are -- who benefits (indicated by value distributions), who governs (indicated by who occupies important institutional positions of decision making) and who wins (indicated by who “successfully initiates, modifies, or vetoes policy alternatives” (Domhoff 2002, 12). The second framework addresses institutional thought and stems from the work of theorists such as Max Weber and Karl Polanyi. While it “often shares with Marxism a keen eye for issues such as power, inequalities, and conflict” , it “does not automatically assume that ‘class struggle’ is the motor of change or that capitalist institutions, per definition, are repressive”, rather it is sensitive to “historical transformation and cross-national variation” (Epsing-Anderson 2000, 11). Both the pluralist and the political economy (to a certain extent) traditions have been criticized for focusing on material aspects of

power, or direct coercive control. Rather than focusing on the material aspects of power as determining factors in grassroots mobilization, I argue that social movement actors actively work to empower themselves through the construction of knowledge, which is achieved through the process of narrative.

Many theorists of power and politics have stressed the role that ideology plays in this social dynamic. Lukes (1974) went beyond the first (which focuses on which decisions are made) and second (which involves “examining both decision-making and non-decision-making” (18)) dimensions of power to discuss the third dimensional view of power which examines the power to “prevent people, to whatever degree, from having grievances by shaping their perceptions, cognitions, and preferences in such a way that they accept their role in the existing order of things” (24). This is the realm of ideology. Edelman (2001) critiqued the actual effect of politics saying that ideology, language, and images, among other things, hide the fact that very little social change is actually achieved through politics. Even public opinion is “a construction, not an observable entity” (53). Indeed “ideology does not merely reflect experience. It can also be a powerful force in the politics which shapes the institutions which in turn mold experience” (Piven in Lo 2002, 29).

An issue that is very much related to that of ideology and power, is the connection between knowledge and power. Foucault discussed the power that comes from having knowledge in organizations (Foucault 1975). Habermas (1970) discussed how the “progressive ‘rationalization of society is linked to the institutionalization of scientific and technical development. To the extent that technology and science

permeate social institutions ... old legitimations are destroyed". In this way technical experts and the information they produce influence the decisions of politicians and their policies in a democracy. Many feminist theorists have also critiqued the production of knowledge as a system of power (Smith 1999, Collins 2000, Mohanty 2003). Discourse rooted in systems of knowledge not only privileges those with access to it, but also frames the ways in which people understand who they are and the world in which they live (Foucault 1975, Rose 1998). Narrative is the concrete form of language through which we understand discourse, systems of knowledge, and systems of power.

Narrative and Power

Narrative is integral in systems of power. It is the dominant form of discourse through which we understand the world and our place within it. We develop our understandings about not only the world and our experiences in it, but also about ourselves. Identity is not static, rather it is a fluid understanding of the self which is expressed and understood through the telling of life course narratives (Linde 1993; Holstein and Gubrium 2000; Wisniewski 2007). The act of storytelling, or causally linking life experiences, is an integral part of who we are as social beings and is thus very powerful.

While the telling of personal narratives allows us to explain and understand who we are, this act of storytelling is embedded within macro narratives that constrain and motivate action within a given culture (Polletta 1998; Gutierrez - Jones 2001; Hossfeld 2007; Baker 2007; Lehrner and Allen 2008; Keohane and Kuhling 2010). These hegemonic narratives both constrain action and are produced and perpetuated through

action. For example, the narrative of the supremacy of free market capitalism that dominates our global economy is both a creation of agents operating through various institutional means (Twaddle 2002) and a structure reinforced by specific institutional practices and policies (Polletta 2006). Narratives that begin as a specific located account of events, such as the narrative of the “War on Terror”, become embedded in actual institutional practices and policies (Baker 2007). This results in a cyclical process which reifies these narratives in very powerful ways.

Although all people are storytellers, some are in social locations that give their stories more power. Storytelling is embedded within systems of inequality (Polletta 2006; Hossfeld 2007, Pruitt 2011). Storytelling which is told through academic argument is respected as more legitimate than stories that are told in a literary fashion. The former is put solidly in the realm of reason, a respected and masculinized status, and the latter is relegated to the realm of emotion, which is feminized and thus delegitimized in a patriarchal world. Forms of storytelling which exist outside of academia and science, such as rap, often entail complex analyses of the social world (Hill-Collins 2000), but they are still discounted by much of the world. The social location of the story teller can serve to marginalize the story teller and thus the stories that they tell. This is also a mutually reinforcing cycle as those in marginalized positions are often not allowed access to the sites of “legitimate” story-telling.

Those in marginalized positions also have unequal access to the dominant modes of relaying narratives to others. While most everyone has the ability to relay stories and understandings orally, even the very basic avenue of both telling and relaying narratives

- written work - is not available to everyone. The relationship between inequality and literacy is not only an important element in global inequality, it is rampant within the richest countries of the world (Rahman et. al. 2011). As technology advances, more avenues through which narrative can be told are created. Historically, this resulted in narrative forms that were inaccessible to much of the population (such as television), but the recent advance of the internet as well as the decentralization of other types of media, has resulted in avenues through which even the marginally disadvantaged can reach a wider audience. New forms of “alternative media” (Atkinson 2009; Atkinson 2010) have increased the “narrative capacity”, or the ability of organizations to efficiently circulate narratives, of marginalized populations (Atkinson and Cooley 2010).

While narrative forms are unequally accessible, the telling of narrative is an important activity in the process of challenging the status quo. While hegemonic narratives often work to preserve the status quo, narrative can be used to challenge these dominant stories (Henery 2011). Narrative is used in strategic ways by those seeking social change, as well as by those seeking to preserve the status quo (Loseke 2007). The conscious and strategic telling of narrative through democratized media has supported the continued efforts of groups working for progressive health care reform. Narrative is an important means through which marginalized populations challenge socially unjust situations and recruit supporters to their cause (Polletta 1998; Polletta 2006; Lehrner and Allen 2008; Atkinson and Cooley 2010; Powell 2011; Wahlstrom 2011). Although,

for disadvantaged groups, narrative comes with risks as well as benefits. The story lines available to modern American activists make it more

difficult to tell a story of long-term endurance than one of short-term triumph and more difficult to argue that to 'keep on keeping on' is success. (Polletta 2006, 3)

the process of sharing narratives, such as the story of the ants, is an important way in which activists in the movement for single-payer continue to struggle to reach their goal, even within an environment of seemingly negative opportunities.

Opportunity and Social Change

Agents of social change work within specific contexts with geographically, culturally, and historically specific opportunities which can either facilitate or inhibit their efforts. Marginalized groups must become empowered within these ***environments of opportunity***, which often threaten to strip them of their power. While positive openings within in these environments can help to liberate and empower activists, activists must also find ways to empower and be empowered during the periods in which the environment is very negative to their cause. This "keep on keepin on" that occurs during negative periods of opportunity involves strategic narratives that encourage continued action while recognizing the obstacles to that activity. This phenomenon makes understanding the importance of context and environment to social movement activity of primary importance.

The advent of social movements research focused on political opportunity represented the recognition that understanding the context in which a movement existed was important to understanding the movement itself (McAdam 1996, Tarrow 1998, Jasper 2001). This represented a further shift from theories of collective behavior that stressed the irrationality and pathology of actors and an important shift from

resource mobilization theory, which stressed the organization of the movement itself. Tilly's (1978) "polity model" was the first realization of this framework. Although his model was "resolutely structural" (Tarrow 1998, 18), later theorists such as Doug McAdam (1982), used the concept of political opportunity structure to develop a more processural model -- the political process model.

The two central assumptions of the political process model are that "a social movement is held to be above all else a political rather than a psychological phenomenon" and that "a movement represents a continuous process" (McAdam 1982, 36). These assumptions represent a change in orientation from the earlier theories of social movements or collective action. Political process focuses on "institutionalized political processes" (36), rather than an irrational and contagious breakdown of social norms or the highly organized bureaucratic structure discussed by resource mobilization theorists. Social action is theorized not as a static arrangement, but rather as a dynamic and interactional process between many factors that exist in the social and political environment.

More recently, theorists have attempted to synthesize the resource mobilization, political opportunity, and framing approaches to the study of social movements. (McAdam et al. 1996; McAdam, Tarrow, and Tilly 2001; McCarthy and Zald 2002). While this process of synthesis moved social movement theory toward a more complex and holistic understanding of social movements, several criticisms have been made about the political opportunity and synthesis approach to social movements.

Scholars have increasingly begun to focus on a discussion of opportunity that is not limited to political opportunity. Wahlstrom and Peterson (2006) argue that a complete analysis of social movements should account for the intersection of political, cultural, and economic opportunity. In the most recent collaborative exploration of health related social movements, Banaszak-Holl et al. (2010), argue that a multi-institutional approach is needed to understand the impact of social movements on health care reform. They, and the authors in their text, argue that in health related movements, challenges to political power often occur outside of the political realm. Health related social movements challenge power in professions, corporations, and hospitals to name a few. For this reason, they argue, state centered approaches to the study of social movements are not sufficient for the study of movements for health care reform.

In this study, I seek to add to these important theoretical findings by unpacking the relationship between action and not only political opportunity, but cultural, economic and grassroots opportunity as well. Although other types of opportunity also exist (such as gendered opportunity (McCammon et al. 2001) these four types seem to be the most relevant and inclusive of different forms of social movements. While these types exist as distinct elements, where and how they intersect is also a factor that will be considered in this study. I will now elaborate on these four types of opportunity, which will be integral to the remainder of this text.

Political Opportunity

Although political process moves towards a more relational analysis of social movements, it still focuses on the “structure of political opportunities”(40). Structural-functionalist, Robert K. Merton, developed the concept of opportunity structure in 1968 (Goodwin and Jasper, 1999). The political opportunity structure constrains social movement activity and openings in the structure facilitate it (McAdam 1982, McAdam et al. 1996, Tarrow 1998). When this structure becomes more open to social change, social movement activity increases because successful outcomes become more feasible. Doug McAdam (1982), who first developed the Political Process Model, pointed out that “any event or broad social process that serves to undermine the calculations and assumptions on which the political establishment is structured occasions a shift in political opportunities”(41). These shifts, sometimes caused by crisis, in political opportunities create openings for successful social movement activity. When discussing the civil rights movement, McAdam points out how, in the early 1900’s, events “facilitated the development of the black movement by profoundly altering the “shape” of the political environment confronting blacks”(72). This, according to McAdam, allowed for black insurgency. Historical events can reshape the political environment or the structure of political opportunity.

Times of seemingly positive political opportunity result in various outcomes. Meyer and Minkoff (2004) found that “when there is some indication that movement concerns are a presidential priority, activists are less likely to establish new organizations and more likely to press their claims using protest” (12). Amenta (1998,

2006) argues that political opportunity is mediated by meso level factors, such as localized patronage politics, and that the outcomes of positive opportunity are largely dependent on how well the tactics and strategies of SMO's match the particularities of the opportunity. Other theorists raise the question "Opportunity for Whom" and argue that political opportunity affects different types of organizations and different types of activist in very different ways, even if they share an overall goal (Meyer and Minkoff 2004, Ramos 2008). Political opportunity does not always precede movement action and the ways in which activists define and thus interact with the opportunities presented to them further affect the opportunity for change.

There are several key distinctions between thinking of political opportunity as a structure, or POS, and my conceptualization of political opportunity as one element in the in the environment of opportunity. First, this framework removes political opportunity from its privileged position. It is merely one type of opportunity among other equally important types of opportunity for the collective action that is necessary for social change. Second, it breaks down the structure agency binary so prevalent in the POS framework, even those based on a processural relationship between actors and structure. Important actors in narratives of opportunity, political agents, are important motivating forces for activists even within the context of a negative political opportunity structure. Finally, it accounts for the fact that political opportunity, of the positive or negative sort, has varying outcomes largely dependent upon the definitions and thus actions of agents and activists within an environment composed of various types of

opportunity. This definition, which is developed through narrative, has important implications for pragmatic liberation, empowerment, and thus action.

Gamson and Meyer (in McAdam et al. 1996) pointed out that “the concept of political opportunity is in trouble, in danger of becoming a sponge that soaks up virtually every aspect of the social movement environment - political institutions and culture, crises of various sorts, political alliances, and policy shifts” (275). One way to address the criticism that political opportunity is becoming a “sponge” is to unpack this concept by recognizing that political is not the only type of opportunity that exists for a social movement, even those directed towards changing state level policies. Indeed political opportunity theories are “unlikely to be a useful tool for all the cases -- for example, analyzing cultural or artistic movements that do not make political claims” (Meyer 2004, 132). Other social researchers have pointed to the need to examine other types of political opportunity not embraced by the polity framework (Amenta and Zylan 1991; Banaszak-Holl et al. 2010) or other types of opportunity structures such as the discursive opportunity structure which is “the framework of ideas and meaning-making institutions in a particular society” (Ferree et al 2002, 62) and yet is still considered to be “part of the broader political opportunity structure” (Ferree et al. 2002, 62). Theorists have discussed other types of opportunity that social movements encounter such as economic (Luders 2006, Wahlstrom and Peterson 2006) and cultural (Miceli 2005; Wahlstrom and Peterson 2006).

Although these theories address other elements of the environment of opportunity in which social movements exist, such as cultural frames and business

organizations, they subsume these to the concept of political opportunity. In short, they privilege the political over other types of opportunity that exist in a social movement's environment. Although privileging the political may seem as much common sense as it has been argued theoretical sense for movements focused on state level changes, this is erroneous in a political context that limits the chance of success for movements working for progressive social change. As discussed earlier, scholars who have dealt with the issue of health care reform have argued that our political institutional framework, our political ideologies, and the political apathy arising from these factors all prohibit the implementation of progressive social change. Yet, this country has not remained in a static state, progressive social change has occurred. Mobilization at the grassroots level is a key factor to any progressive social change (Cloward and Piven, 1979; Piven and Cloward 1993; Hoffman 2010), yet research on health care reform has only begun to fully unpack this issue. The important question is to ask what other factors in the environment of opportunity facilitate or inhibit progressive social change. These factors can never be taken out of the context of their interactive relationship with political opportunities, yet they should not be subsumed to these often ineffectual types of opportunity. One must consider the interaction between the entire environment of opportunity and the activities of grassroots organizations. The movement for health care reform is an exemplary case through which to study this relationship.

Cultural Opportunity

Cultural opportunity is also an important aspect of the environment of opportunity. The inclusion of culture within political process frameworks it typically

limited to the discussion of the ways in which “framing” is used by social movement actors in order to define the problem, a solution, and to mobilize a larger constituency to work towards this solution (Snow and Benford 2002). This research focuses on the development of collective action frames which are “action-oriented sets of beliefs and meanings that inspire and legitimate the activities and campaigns of a social movement organization” (Snow and Benford 2002, 614). While dominant cultural frames, which represent the discursive environment in which the process of framing occurs, as well as dominant cultural narratives, are important aspects of cultural opportunity, there are many other important aspects of cultural opportunity to consider, such as aspects of material culture and cultural agents.

Wahlstrom and Peterson (2006) pointed out the importance of “the dominant cultural frames” on economic as well as political opportunity. Framing wars often occur between social movements seeking progressive social change and conservative movements protecting the status quo (Miceli 2005). The media plays an important role in these framing wars because it is the avenue through which the frames reach the public (Jasper 1997). These frames are integral to the mobilization of a movement, because such mobilization is unlikely without frames or common viewpoints (Snow and Benford, 1992). These frames are often a “product of leaders’ planning and strategizing about how best to portray social problems and articulate courses of action” (Payerhin & Zirakzadeh, 2006). Leaders producing frames utilize ideas and symbols that already exist in the wider culture in order to legitimate their particular goals (Payerhin & Zirakzadeh, 2006). Frames are often discussed solely as agentic elements (constrained

by external cultural schemas), but frames can also become “mutually reinforcing constraints” because they can be inflexible, polarizing, and do not allow for discourse with or involvement of actors who do not fit in to polarized categories (Miceli 2005), when they are involved in framing wars. This illustrates the structural characteristic of frames which exist within the social movement. Organizational ideologies and identities (often based on the shared framing of a situation) also shape and constrain the frames that are produced by SMO’s (Reese and Newcombe 2003). Discussion of culture or cultural opportunity in social movement scholarship is heavily biased toward the issue of framing and ideology. There are other important aspects of cultural opportunity.

When we disconnect cultural opportunity from political opportunity, other types of cultural opportunity become apparent that are not dependent on the issue of framing. While the connection between popular culture and politics has been largely limited to the ways in which politicians use popular culture to reach their constituents (Street 2000), the role that pop cultural icons play has been largely unaddressed (Meyer and Gamson 1995). **Cultural agents** (Karam 2010) can act to promote or prohibit progressive social change through cultural, not political, means. The role that celebrities play in the mobilization of resources (Meyer and Gamson 1995) and in calling attention to a specific cause (Glynn et al. 2007; Leung 2009) has recently become a focus for some scholars of social movements. In this study, I will specifically discuss the role that cultural agents play in narratives of opportunity, both as characters within these narratives and as co-constructors of these narratives. For example, the record “Ronald Regan Speaks Out Against Socialized Medicine” was a very successful tool in the 1960’s

for those mobilizing against a National Health Program. Ronald Reagan, the actor not yet the politician, was a very successful cultural agent who mobilized the opposition against a universal national health program through the use of this specific narrative which was rooted in the hegemonic narrative of free-market capitalism. Every historical era has cultural icons whose voices have power that transcends their specific milieu. While some cultural icons become important cultural agents for only specific political perspectives (i.e. Michael Moore), some transcend these political affiliations. One current icon who has this type of “cultural authority” is Oprah Winfrey whose actions have resulted in a body of academic literature which explains the “Oprah Effect” in relation to products, politics, and social change (Peck 2002; Butler 2005; Baum and Jamison 2006; Carroll et al 2007). During times of low political opportunity, single-payer activists have focused on relationships with and stories about cultural agents in order to continue to mobilize their constituents and increase their numbers.

The democratization of the media has been facilitated by the development of new types of material culture through the invention of ever more complex communication technology. The creation of first hand held camcorders and then digital video recorders has given the power of video story-telling to an ever widening population of people (Buckingham et. al 2007; Hancock 2011; Jones 2011; Lowood 2011). Those who take advantage of this democratized media are able to share their videos, documentaries, and actions through the new social universe of the internet. The internet has become a very important resource for marginalized groups that challenge

the status quo (Rushkoff 2003; Bimber 2003; Bennett 2003; Pickard 2008; Rohlinger and Brown 2009; Earl and Kimport 2011; Stoddart and MacDonald 2011).

While these developments in material culture have been discussed as a resource that facilitates mobilization, material culture as a constraining force needs to be discussed in a more detailed way. Aspects of material culture are also important to consider not just as resources, but as aspects of the structure of cultural opportunity. In various historical time periods different aspects of material culture dominate and they are not equally accessible to all groups of people – thus they enable some groups while constraining others. In the health care reform periods of the past, the dominant elements of material culture, such as radio and especially television, were highly centralized and only available to relatively elite individuals and groups who were able to not just access them but to have the knowledge and resources to use them in beneficial ways. The radio was beneficial to progressive reform during the era of the New Deal and FDR's fireside chats (which resulted in social security but not universal health care as was intended). However, the dominant media of the later 20th century – television – has been steadily inaccessible to grassroots social movement organizations. Corporate interests have more funds for television spots, have more clout with the mainstream media, and have the ability to hire professionals with the know how to use these resources. This represents negative cultural opportunity because the material artifact that is so important in modern culture - and thus in social movements, is unavailable to social movement activists without the resources to use them.

The recent advance of decentralized material culture has made this avenue for mobilization more available to disadvantaged populations. The development and dominance of the internet as an aspect of material culture has increased the cultural opportunity for those who are able to nimbly use this resource. The internet has resulted in a democratization of information which allows low budget SMO's not only to acquire more information, but also to spread information more quickly and to a wider audience. (Street 2000; Carty 2000). This new form of organizing has also facilitated an increase in activism in non political arenas (Earl and Kimport 2009) and created a safe place for organizing (Hands 2011). The rise of independent film making, in conjunction with new more easily available film-making technology such as digital video cameras, has also made popular and widely used aspects of material and popular culture available to a wider population (Rushkoff 2003; Bimber 2003; Bennett 2003; Pickard 2008; Rohlinger and Brown 2009; Earl and Kimport 2011). However, not all SMO's experienced this change in material culture in the same way. The internet and digital media technology are only useful to those who know how to use them. Groups that do not know how to use this technology must either adapt in order to overcome this "digital divide" or they will find themselves unable to compete with more tech savvy organizations. The process through which organizations adapt to these changes in cultural opportunity is facilitated by alliances with tech savvy organizations and by mobilizing members who were born during the digital age. These relatively new aspects of material culture have been very important to the continued activity of grassroots groups in the movement for health care reform, in part, because they allow

marginalized activists to share their narratives with a wider population. However, the usefulness of these new aspects of material culture is also related to the characteristics of the population (such as economic status and age) that the organization is working to mobilize.

Economic Opportunity

Economic opportunity is also an important factor in the environment of opportunity. Several issues are important components of the economic opportunity that a movement faces. The amount of financial resources that an organization is able to mobilize, and the relationship between this issue and organizational structure, became a central focus of social movements theory with the development of the Resource Mobilization paradigm (McCarthy and Zald 1977). Other theorists have moved beyond this organizational focus of economic opportunity to consider the ways in which economic actors can facilitate or constrain actions. Elite economic actors - such as businesses, unions, and professional organizations – not only facilitate organizations by providing the financial resources necessary for action, they can also constrain action by financially sponsoring the competition or using their financial resources to utilize dominant aspects of material culture. Finally, macro level economic factors, such as the stability of the economic system and thus the dominant economic narratives, are also an essential factor of economic opportunity.

The development of resource mobilization theory in the 1970's represented a shift toward discussing social movements as rational actors that were better able to mobilize resources when organized in efficient ways (McCarthy and Zald 1977, McCarthy

and Wolfson 1996). Resource Mobilization theorists do not only discuss the ability of social movement actors to mobilize material resources (i.e. money), but they also place much importance on less material resources such as social capital (Ling 2006). The social networks and social integration of social movement activists are very important resources for a social movement, especially in its early pre-organizational stage. The ability to mobilize these resources is also related to the ability of an organization to reach a wider audience through mainstream media (Amenta et. al. 2009). More recent studies using a resource mobilization framework have examined the relationship between external factors (such as a responsive media), the ability for an organization to mobilize internal resources (Balch 2006), and the process through which organizations strategically allocate those resources (Martin 2008). The amount of resources that a social movement organization is able to mobilize is an important indicator of economic opportunity.

Some social theorists have moved beyond this discussion of organizational resources to a discussion of the impact of economic actors on social movement activity. The sponsorship of economic actors and organizations can be especially important for SMO's that represent a marginalized population or marginalized perspective (Cress and Snow 1996). Luders (2006) bases his framework of economic opportunity on three main propositions

First, economic duress is a major proximate cause behind the decision of economic actors to make substantial concessions to movement demands; second, two general movement-imposed costs can be distinguished, and the uneven vulnerability among economic actors to the costs produces distinctive responses; and

third, economic sectors vary in their exposure to the costs movements generate. (965)

Based on these propositions, Luders developed a typology of economic actors that “weigh the effects of accepting or resisting change, and they accommodate if they regard the costs of resistance as outweighing the costs of acceptance” (966) and makes a distinction between disruption costs and acceptance costs. What Luders doesn’t address are the costs that a business might pay by existing in the current environment without change, such as GM paying 1500 dollars per each car on health care benefits (Jacoby 2005). I am calling these **conformity costs**. These conformity costs for large and small businesses have resulted in a more positive economic opportunity environment for groups working to reform the health care system.

Luders develops a typology of economic actors that includes – accommodators, vacillators, conformers, and resisters. Each of these types may be found when discussing the Movement for Single Payer. Accommodators “will act before others to advocate concessions, sway community sentiments in favor of reform, or serve as brokers of agreements” (968). Professional groups and unions, such as the Physicians for a National Health Program (PNHP) and the California Nurses Association would fall into this category. Although the disruption and acceptance cost for these economic and professional actors have historically not been high, indeed the AMA and AFL worked against UHC in the past (Quadagno 2005, Almgren 2007), there have been increasingly significant costs for conformity with the current system. The second type is vacillators who are vulnerable to “both the costs of movement success and movement-initiated disruptions” (Luders 2006, 968). Large businesses, like GM, would fall into this category

because their conformity costs are high, yet if health care reform puts more pressure upon businesses to provide insurance rather than less, then they stand to incur heavy acceptance costs and thus might withdraw their support. This is what happened during the Clinton Health Security attempt during which big business withdrew its support for reform (Skocpol 1996). Hospital associations might also fit into this category as vacillators. The third type are conformers that are “unaffected by either movement success or disruption” (Luders 968). Not many economic actors would fall into this category because health care itself is such a large component in the economic environment. The final type is resisters that “offer durable opposition to the movement” (969). Insurance and pharmaceutical companies are currently the major resisters to the movement for health care reform, and also the largest contributors to campaign funds and lobbying activities in D.C. It is important to remember, that in the environment of opportunity, there are agentic elements, as well as structural elements, in each of these categories.

The research that has followed Luders’ discussion of economic opportunity has mainly focused on the interaction between SMO’s and the resisters, or corporate entities who counter mobilize to protect the status quo (Brayden 2008; Weber 2009; Brayden and Pearce 2010). My environment of opportunity framework puts equal importance on other economic stakeholders such as unions and organizations of professionals (such as the American Medical Association). This increases the number of economic agents that should be considered when trying to understand the outcomes of a social movement.

Previous research on economic opportunity has largely limited their definitions of economic opportunity to the meso and micro level (Wahstrom and Peterson 2006; Brayden 2008, Weber 2009). Macro level structural factors are also important to consider. Progressive reform in the past, such as that of Social Security, has historically occurred in eras of economic unrest due to economic recession or depression (Hoffman 2010). Economic crisis (i.e. the Great Depression) has often resulted in the questioning of the legitimacy of the capitalist system (Johnson 2000) and the narrative of the supremacy of the free market economy. Economic opportunity is very much connected to cultural and political opportunity because “markets are social constructions that reflect the unique political-cultural construction of their firms and nations” (Fligstein 1996, 670). Each of these types of opportunity is an important aspect of the environment of opportunity and intersect in the grassroots opportunity that confronts social movement actors.

Grassroots Opportunity

The final type of opportunity in the Environment of Opportunity that I will discuss here is that of grassroots mobilizing. Meyer (2004) defined mobilization as a distinct outcome of some forms of political opportunity or lack thereof, but I argue that it is a type of opportunity distinct from political opportunity (see also Cornwall 2007). Grassroots opportunity exists when there is active interest and participation of members, non-members, and new members in a social movement; when grassroots mobilization is seen as a legitimate outlet for political action; and when there are grassroots resources available to take advantage of this. Although this opportunity

exists as a distinct type of opportunity, it is an excellent location to unpack the intersection of all types of opportunity within the environment of opportunity.

Mobilizing structures which are “those collective vehicles, informal as well as formal, through which people mobilize and engage in collective action” (McAdam et al 1996, 3), also exist as elements of grassroots opportunity. The mobilizing structures may exist outside of the movement in the environment of opportunity (i.e. networks of activists who come together and form alliances) or within the movement itself (i.e. the actual organizational characteristics of the SMO). These mobilizing structures can also be constraining and can limit movement activity when they are very narrowly defined (Miceli 2005).

The active participation of new recruits cannot be explained by solely focusing on aspects of political opportunity. Periods of positive political opportunity have in the past resulted in negative grassroots opportunity, while periods of negative political opportunity have resulted in positive grassroots opportunity (Hern 2005). Emotions have recently reentered theorizing about political movements (see Jasper 2001). Anger has been discussed by feminist scholars as a driving force for political action (Hercus 1999). Emotions should not be discounted as irrational and not relevant to political activity. Indeed, emotional transformation is an integral element to mobilization (Collins in Jasper 2001) as moral and political shocks often spur participation (Jasper 1997, Goodwin et. al 2001; Rohlinger and Brown 2009). The emotional status of possible constituents is an opportunity that exists beyond the internal environment of SMO's. Emotions drive rational participation in political action and periods of emotional

upheaval (such as the recent economic recession) represent significant grassroots opportunity for SMO's able to act upon it.

Although grassroots mobilization is recognized in social movements theory as an integral element for progressive social change, the importance of the "radical flank" (Haines 1983; Freeman 1985) has largely been forgotten, or purposefully eliminated, from our collective history (Amenta 2006). The public which represents grassroots opportunity is largely ignorant of the important role that social movement groups, such as the Townsend Movement, played in the development of our limited welfare state. The mainstream media often sensationalizes political action that occurs outside of the realm of institutional politics in ways that make grassroots political action seem illegitimate (Gitlin 1980). At the intersection of political opportunity, cultural opportunity, and grassroots opportunity there lays the possibility for the legitimization of grassroots political activity in the eyes of the public. These periods of legitimacy represent the increased opportunity to mobilize a public that has been taught to discount the activities of SMO's as radical and ineffectual.

In order to take advantage of periods of grassroots opportunity, there must be resources that are accessible to both the social movement organization and the public. This is where grassroots opportunity and cultural opportunity intersect. The accessibility of the dominant form of material culture to the social movement group *and* to the interested parties outside of the SMO will largely determine whether or not the SMO is able to take advantage of periods of grassroots opportunity. Past research on health care reform has not fully addressed the important role that grassroots

opportunity, as well as grassroots organizations, has played in the success or failure of health care reform. Social movement actors understand, define, and liberate their constituents through the practice of constructing narratives about the opportunities that they are experiencing.

Pragmatic Liberation

The relationship between environmental opportunities and grassroots mobilization is a primary focus for social movement scholarship, yet the process that occurs between these two issues is still an area of ambiguous debate. McAdam (1982) argued that individuals must become “cognitively liberated”, or they must first become aware that an injustice exists and must then become aware that the opportunity to change this injustice through collective action also exists, before they will act in order to push for social change. This concept was not adequately addressed in other studies using the political process framework, in part due to the epistemologically difficult task of addressing collective cognitive processes. In this study, I examine the process of ***pragmatic liberation*** which occurs through the more epistemologically accessible practice of narrative construction. Pragmatic liberation is the process through which agents of social change actively work to define conditions in ways that will encourage increased mobilization – it is a practice, not a condition.

While understanding the structures of concrete opportunity is integral to any understanding of social change, the process through which these structures are understood and acted upon is a foundational element in the process of social change. Over emphasis on concrete structures is perhaps the greatest weakness of Political

Process Theory, in part because it biases social movement research towards structural analysis and away from cultural analysis, (Goodwin and Jasper 1999). Fernandez (2008) argues that a “post structuralist” approach is needed to fully understand the connection between opportunity and culture. I too argue that the structural bias in social movements theory is problematic because it does not adequately address the role that agents of opportunity play in the lives of social movements, not just as indicators of the structure of opportunity, but as active agents of opportunity. My criticism is not that structures, which constrain and motivate action don’t exist, but that the line between structure and agency is not as set as it appears to be in the political opportunity model which puts the social movement on the agency side and the polity on the structure side. Constraining structural factors exist within social movements (as mobilizing structures) and perhaps more importantly agents exist in the environment of opportunity, with some agents crossing the line between. These agents play important roles in the practice of narrative and thus in pragmatic liberation.

McAdam (1982) developed the concept of cognitive liberation to address the issue of agency within a structure of opportunity. Cognitive liberation occurs when the participants within the movement not only become aware of the opportunity structure, but also attach meaning to it. According to McAdam, liberation occurs when the opportunity structure is defined as open to the goals of the social movement in a shared process of framing. As McAdam states “one of the central problematics of insurgency, then, is whether favorable shifts in political opportunities will be defined as such by a large enough group of people to facilitate collective protest” (48). According to

McAdam, these meanings must be defined and shared by a large number of people in order for movement activity to occur - there must be pre-existing networks of people who share the frame and pass it along. This increases the “narrative capacity” (Atkinson 2010) of the social movement and thus these networks are essential to mobilization. Activists first must become aware of positive opportunity, then define it as such and somehow encourage others, both members and non members, to share this definition.

While McAdam’s discussion of cognitive liberation is illuminating, it maintains a dichotomous view of structure and agency. Social movement activists become aware of positive or negative opportunity and this awareness of concrete factors determines, in part, their actions and mobilization. The actual process through which pragmatic liberation and empowerment occurs is much more complex. I contend that while concrete forms of opportunity do exist, these are not determining factors in the process of mobilization. The line between structure and agency disintegrates when one considers the process of pragmatic liberation. My conceptual focus on ***pragmatic liberation, or the practice of liberation***, breaks down the binary between structure and agency. Social movement actors construct the structure that they are acting upon through the practice of storytelling. ***Agents of opportunity***, or elite actors within the environment of opportunity, also play a central role this process, both as characters in the narratives of activists and as co-constructors of these narratives. Liberation is not just something that happens to activists, it is something that they actively work to create – it is a practice, not a condition. Integral in this process is the telling of stories. Much like the performance of the fiction of gender makes it real (Butler 1990) or

discourses of discipline become internalized in the self (Foucault 1975), narratives both react to and create experiences of opportunity. As activists share stories about their experiences in order to understand them, they also challenge, reify, and recreate the actual opportunities that they are experiencing.

In this way, those who construct these narratives of opportunity are perhaps the key element to consider when the goal is understanding successful mobilization, which in many cases becomes the ability to “keep on keepin on” or to continue to climb the table leg in the midst of negative opportunity. While structures of opportunity are understood through the narrative telling of these opportunities, material structures and access to resources are also a determining factor to which narratives are heard and to what groups of people have access to these narratives. Within a movement, there are many contending narratives of opportunity. Actors who support marginalized positions contend not only with narratives from outside of the movement, they also contend with narratives of opportunity from within the movement. For certain issues, specific narratives become formulaic (i.e. single - payer is politically infeasible) and activists are only continually mobilized in support of these marginalized positions if they can successfully share their narratives of positive opportunity. These formulaic narratives are rooted in hegemonic narratives (i.e. free-market capitalism) and times that challenge these dominant narratives create opportunities for narrative agency and pragmatic liberation.

Social movement organizations use several narrative forms when defining their experiences within a particular environment. As I previously discussed, this study will

primarily focus on *narratives of opportunity*, through which activists tell and share stories about the opportunities that they are experiencing, which has important implications for practical liberation and the specific ways in which activists act on these opportunities. These narratives are unique in that they construct experience as indicative of either positive or negative opportunity. These narratives often feature an important political, economic, or cultural agent as the primary protagonist of the narrative. These agents are just as important to the pragmatic liberation that may occur through the telling of these narratives as the structures in which they act. However, many other narrative forms, including origin stories (Polletta 2003; Pirok 2011), action narratives (Uebel 2011; Wahlstrom 2011), counter narratives (Henery 2011; Mackenzie 2011), and symbolic narratives also play a role in this relationship.

Organizations marginalized within progressive movements must be narratively nimble in the face of strong opposition. These members of the radical flank must construct radical narratives which exist outside of the narrative box that is grounded in state centered approaches to social change. This study unpacks this issue of narrative agency by examining the relationship between opportunity, narrative, and grassroots mobilization through the examination of the process of pragmatic liberation which can be viewed and analyzed through the practices of social movements. Liberation is not something that automatically occurs when individuals and groups become aware of predetermined structures, but it is an ongoing process rooted in the practice of narrative. Social movement actors actively seek to empower, encourage, and thus liberate themselves even when faced with the negative opportunity to reach their goals.

Chapter 3

From Stalker to Board Member: Navigating the Borderland of Scholar-Activism in the Movement for Health Care Reform

While previous studies of health care reform have utilized a top-down approach, this study represents a bottom up, or grassroots , approach to the study of health care reform. It has directed me to understand the macro level factors in the movement for health care reform from the micro level position of grassroots organizations working for single-payer health care. This marginalized position in the movement for health care reform has allowed me to see many elements of the environment of opportunity that would not have been visible to me if I had begun my research at the state or political level. The positionality that arises from this methodological stance has allowed me to make connections between the micro, meso, and macro levels of the movement for health care reform – specifically, it has allowed me to better understand the relationship between opportunity, narrative, and action.

Methodology

This research focuses on the movement for health care reform from the standpoint of the single-payer movement. The feminist critique of knowledge production is useful when considering the study of social movements. Because all knowledge is located, it is important to study systems of power from a marginalized position that has located knowledge of those systems. The movement for single-payer has occupied a marginalized position as the radical flank in the movement for health

care reform in the United States and has been largely ignored in discussions of this issue. Thus it is a good location in which to ground the study of health care reform.

The epistemology that feminist theorists have developed from this critique of knowledge recognizes that knowledge is always socially produced and is thus implicated in systems of power as well as affected by those systems of power. Knowledge is always located, but this does not mean that there is no common basis for knowledge or learning, nor does it mean that researchers should work “subjectively; rather, it means working from that site of knowing that is prior to the differentiation of subjective and objective” (Smith 1999, 49). For the study of social movements, this translates into problematizing the objectification of activists which treats them simply as numbers or illustrations, and instead directs us to recognize that activists are subjects who have their own expert knowledge to share about their involvement in the movement. This epistemology indicates that real understanding can only come through the recognition and study of the “lived experiences” of the agents of change involved in social movements.

This distinct epistemology has resulted in a methodology that stresses hearing the voices of women (i.e. those in marginalized positions), learning from their lived experiences, and studying the “relations of ruling” (Smith 1999) from the vantage point of marginalized populations (Harding 1983; Devault 1999; Smith 1999; Collins 2000; Mohanty 2003). In order to understand the “relations of ruling,” or the environment of opportunity, that constrains and motivates action one must not start from within those power structures - looking down from a privileged position.

Much of the social movement scholarship that operates within the framework of political opportunity begins research from the state level of movement activity. This macro level of movement activity is embedded in the relations of ruling and it is thus more difficult to see or fully understand them. Just as we often do not see privilege when we are embedded in it, we may not see power, relations of ruling, or the effects of opportunity from a privileged position. Understanding these systems of power from the vantage point of those marginalized within them requires studying their lived experiences by starting the study on the local and particular level (Devault 1999; Smith 1999; Collins 2000; Mohanty 2003). This means that it is imperative that social movement scholarship learns about the everyday lived experience of social movement actors by privileging the voices of social movement activists, which means treating them as equal subjects working within the environment of opportunity, rather than abstract objects to be examined.

Narratives, or the stories that activist tell about their experiences, are an important location for this type of analysis. ***Narrative analysis*** allows the voices of activists to be heard through their interpretations of movement events. The question then becomes not what happened, but how did the interpretations of what happened affect the activities and goals of social movement actors, and what does this tell us about the process of social change? Reismann (1993) explains that narrative always involves many levels of interpretation. First the interpretation of events by those telling the story, and second the interpretation of the story being told, by the audience.

Several common themes, as discussed by Elliot (2005) are found in narrative based research. Narrative based research places importance on the following,

1. The lived experiences of those being studied
2. The temporal nature of that experience.
3. The empowerment of research participants.
4. Process and change over time.

These characteristics make narrative analysis compatible with a feminist methodological standpoint. Because narratives always involve the process of interpretation, it is also important to recognize the effect that time and context has on the narratives being told and the interpretation of those narratives. In other words, narrative methodology must include an understanding and inclusion of the contextual elements of the narratives being told. The analysis of these narratives must always be located in the time and place in which they are told and also the time and place in which they are being interpreted.

Also important to this study is an awareness of the importance of development to the study of social movements and social change (Amenta 2003; Kane 2007). A study design which did not involve a historical component would not illuminate the relationship between a changing context, narrative, and action. My involvement in the movement for single-payer began in the spring of 2004 and continued until the fall of 2010. This extensive amount of time in the field, as well as my analysis of historical

documents that pre-date the start of my field research², has allowed me to include a longitudinal or historical component in my analysis of this movement. It has allowed me to compare the stories being told, and the ways in which they are being told, based on the historical period in which the telling occurred. The following methods were utilized with an awareness of the importance of temporal context.

Methods

Although the analysis of narratives has often involved a “life stories” approach through interviews with participants (See Linde 1993; Holstein and Gubrium 2000), examining narrative practice and thus pragmatic liberation has required the use of multiple methods. This study of narrative represents a qualitative case study approach to understanding the relationship between opportunity, narrative, and action. The specific cases that were the starting location of this examination are Missourians for Single Payer (MoSP) and Health Care NOW (HCN). A case study has been the appropriate research technique or strategy for this study because it involves a “detailed, thick, and holistic elaboration of the case,” which means not only studying the phenomenon or case, but also the context “in which it is embedded” and understanding the “interrelated activities and routines” of the actors (Snow and Trom 2002, 149). As explained above, understanding the context (historical, spatial, narrative) in which these organizations are embedded is integral to understanding the relationship between their activities, narratives, and the environment of opportunity in which they exist. In order to garner a holistic understanding of this interaction I have used a “triangulation of

² My historical data in the form of organizational newsletters, fliers, minutes, articles, letters, and emails dates back to 1990.

multiple methods”(Snow and Trom 2002, 150). This triangulation has tempered the impact of the limitations of each of the methods that were used – oral history / semi-structured interviewing, content analysis, and participant observation.

MoSP and HCN are cases of grassroots social movement organizations working for single-payer health care at the state and national level. This case oriented approach to the study of the Single Payer Movement is both “historically interpretive and causally analytic” (Ragin 1987, 35). I am not only seeking to understand the interpretive frames through which movement activists understand their activist work , but also how this narrative practice is related to activities, organization, and outcomes.

Other methodological plans, such as a quantitative analysis, even if it involved more cases, would not unpack the multiple issues involved in the relationship between context, perception, and action as it would not be as effective as allowing the voices of the activists, and the narratives that those activists tell, to guide the research and conclusions stemming from that research. A qualitative case study approach using multiple methods involving many types of data has allowed for a holistic understanding of the organizations involved in the study, as well as the importance of narrative in the movement for health care reform.

Participant Observation

The primary method used in this study is theory driven participant observation during which I have observed “and to some degree participate [d] in the action being studied, as the action is happening”(Lichterman 2002, 120). This method has been important because it “produces the most direct evidence on action as the action unfolds

in everyday life” (Lichterman 2002, 121). I began my participant observation with MoSP in the spring of 2004, before Health Care NOW existed as an organization. After Health Care NOW began holding meetings in the fall of 2005, I quickly included them in my research.

This participant observation has involved attending meetings in person, as well as attending meetings via conference calls. In person, I have attended public meetings, board meetings, rallies, state congressional hearings, and assemblies (about 70 distinct events and meetings). I also attended, via telephone, forty-one monthly conference calls held by Health Care NOW, which were attended by activists from all over the country and averaged 59 members per call. I recorded, and later transcribed, the discourse at many of these events. Along with these transcriptions, I recorded other observations in my field notes, such as non verbal communication. These practices, over a period of almost six years, resulted in a copious amount of field notes which I then organized using the analytical scheme presented below.

As a participant observer, I have followed the principles of “strong objectivity” (Harding 2002), rather than value-neutral objectivity. Proponents of “strong objectivity” recognize that research can never be value-neutral because those conducting the research are doing so from specific standpoints. Participant observation was once critiqued for its perceived lack of value – neutral objectivity, but is a continually growing method of social scientific research. Researchers coming from a feminist framework have argued that participant observation allows for a greater understanding of the lived experiences of participants, as well as allows for their voices to be heard (Cully and

Angelique 2003). Johnson et. Al (2006) argue that this form of active participation is valuable because it can lead to insights that would otherwise not have been apparent. In my research, I walk the line between participant and observer – between scholar and activist. This process will be discussed in greater detail later in this chapter.

Qualitative Content Analysis

This study has also involved the collection of the qualitative content found in movement texts. My analysis of narrative has included the organizational discourse found in meeting agendas, memos, newsletters, emails, and websites. I have not only had access to the physical and virtual documents created during my time in the field, but also have had access to the extensive files of historical documents collected and saved by the board of Missourians for Single Payer. The “organizational discourse” (Johnston 2002, 68) found in these documents is an important avenue through which activists construct narratives.

The advance of the internet in the late 1990’s not only had a theoretical and substantive effect on social movements, it has also had a significant impact on qualitative research. The data available for content analysis via the internet is extensive and richly detailed. Internet participation, while criticized for its validity as a source for qualitative data, is a useful tool when trying to understand cultures and organizations that act more and more via the internet (Williams 2007). In the case of social movements, the internet has resulted in social movements that are more heavily documented than those of the past. Often thickly detailed meeting minutes, event summaries, activist biographies, and organizational narratives are disseminated via the

internet. This makes studying a social movement that is widely dispersed, such as that of the movement for health care reform, much more accessible to a researcher, like myself, who is limited in her or his ability to travel in order to collect field notes or conduct interviews. This also means that the movement prior to the late 1990's is much more thinly documented, which makes interviews about this period that much more important and further supports the necessity of a triangulated approach to this study.

These sources are excellent for the analysis of the public narrative that these organizations tell. I refer to this as a "public narrative" because in general, these sources are written for a wider audience. This public narrative, although limited, is a rich source for the analysis of movement activities and their relationship to perceptions of opportunity. This public narrative is intimately tied to the narrative told in interviews and at organizational events.

Oral History and Semi Structured Interviewing

I have supplemented the materials collected through participant observation and qualitative content collection by conducting Oral History and Semi-structured interviews with movement activists and movement allies. This method has been important because often the activities of social movement organizations, especially those prior to the advance of the internet, are "thinly documented" (Blee and Taylor 2002, 93). Interviews with movement activists have allowed me to better understand the relationship between historical context, narrative, and the activities of the movement for health care reform. This method has allowed for the "scrutiny of meaning" (Blee and Taylor 2002, 95) and a better understanding of how the perceptions

of the activists affected their actions. These oral history interviews have not only allowed me to better understand how the actions of these organizations have changed over time, but also what the activist's perceptions of opportunity were during various historical periods and how these perceptions affected their activities during these historical periods.

I conducted face to face interviews with individuals from each of the organizations, as well as with important allies in professional and political organizations. I chose participants because of their theoretically interesting placement within the movement. These interviews focused on an oral history of their involvement with the movement, the current activities of the movement, and their perceptions of these activities and their outcomes, as well as their perceptions of opportunity. These interviews allowed the participants to examine what they feel are the most important time periods of their experience with the organization and also focused on time periods that involved important changes to the environment of opportunity, such as the Clinton Health Security attempt and the recent period of health care reform centered around the Obama administration.³

I also conducted one online interview that consisted of an open ended questionnaire. This took place after the election of Barack Obama, during the most recent period of reform. The participants in this interview were self-selected after a call for participants was made through an email sent to the Health Care NOW list serve. This

³ See appendix A for a sample interview schedules.

process resulted in over 50 interview transcripts which represented the perceptions of activists during an important era of health care reform.⁴

Logic would indicate, according to Vernon Dibble, that “testimony recorded at the time of an event is likely to be more accurate than testimony recorded years later” (Dibble 1963, 205). Not only are events more difficult to remember several years after they have taken place, but events that followed the event in question can shape perceptions of that event or the story that is told about them. The few instances in which oral history interviews included narrative elements that differed from the information available in historical documents were illuminating when considering the strategic use of narrative by social movement actors. This aspect of interviews, and the narratives found in them, is also another justification for my multiple methods approach used in this study.

These methods have allowed for the voices of movement participants to be heard and for their lived experiences to inform the conclusions that I have made. They have also allowed for the inclusion of the historical context as a factor in my conclusions. I have been lucky enough to be a participant observer with Health Care NOW since its conception and have thus been able to document its evolution over the past 5 years. I have also been able to work with MoSP for an extended period of time (since the spring of 2004) and have thus been able to learn much about its relationship to changing environmental conditions over the past 6 years, as well as its historical evolution starting in the early 1990’s.

⁴ See appendix B for Online Interview Schedule

Analysis of Narrative

Together, these methods have allowed me to compile an extensive qualitative data set, involving multiple “genres” (Baker 2007; Brockmeier 2008; Fransozi 2010) of narrative. In order to address my research questions, I have used this data to complete a narrative analysis. This is not a “socio-linguistic” analysis of narrative, which would involve the minute dissection of particular texts, but rather a narrative analysis which brings together many types of organizational narratives in order to gain a holistic understanding of the narrative practice of the single-payer movement. While the use of narrative has been considered by social movement and political scholars in the past (Polletta 2006; Baker 2007), the role that narrative plays in empowerment and thus grassroots actions has not been adequately addressed. My analysis of this data seeks to better understand this relationship between opportunity, perception, and action.

The conclusions presented here began with a thematic narrative analysis which focuses on what is being said (Reissman 1993), rather than structural (how it is being said) or interactional (how the narrative is co-constructed between narrator and audience). While the structure of narratives being told, and the context in which they are told are important to my analysis, my focus was initially on the linkages between narrative themes and action.

I began my analysis by coding the data with themes dealing with the specific types of opportunity outlined in Chapter two (political, cultural, economic, and grassroots). Using Microsoft One Note, I filed narratives or discourse dealing with these types of opportunity. I then was able to see, through conceptual mapping, how the

specific themes found in these narratives of opportunity were linked to specific actions that took place. Although I focus on a specific type of opportunity in the following chapter, it is important to remember that these opportunities, as well as the narratives told about them, are always connected to one another.

The process of understanding the linkages between narrative themes and action, also involved considering the structural elements of the narratives. As discussed in chapter two, a narrative is distinct from other forms of discourse due to its temporal characteristics, which involve sequence and plot (Reissman 1993; Herman 2009; Franzozi 2010). Experiences of opportunity can be narrated in different ways, in different orders, which change the overall conclusion that the narrative presents. For example, in the story of ants, if the narrator had explained to us that the little ant that could was deaf at the start of the story, instead of the end, the audience might not come to the conclusion desired by the narrator – that even the weakest and smallest ant could achieve great things if he or she just ignored the naysayers who believed it was not possible. The deafness of the ant would not be as salient as it is in this version of the story, and thus the discourse between the climbing ants and nay-saying ants would not hold the same meaning.

This aspect in the story of the ants illustrates the third level of narrative analysis presented here – the relationship between narrator and audience, and the importance of this relationship in the co-construction of narrative. As stated before, narrative involves many levels of interpretation and the interpretation of the audience is no less important than the interpretation of the narrator (Baker 2007). The narrative has

different meanings depending on this process of co-construction between narrator and audience (Holstien and Gubrium 2000). For example, the story of the ants would have a very different meaning if told to a group of children. The moral of this story might be, you can do anything if you just try hard enough, much like many common children's stories. But, when told to an audience of sociologists in the context of receiving an award for their work towards achieving a single-payer health care system, in a time period not favorable to this goal and in which naysayers abound, this story takes on a very different meaning and becomes a rallying cry for future action. The practice of narrative can take on different forms depending on the context in which it is told and the audience to which it is told.

Analysis of Narrative Practice

While narrative has long been understood to be an important aspect of the way in which societies discuss, interpret, and understand social phenomenon, it has only recently become an important focus of social movements research. This research has focused on the ways in which activists use narratives to form an organizational identity, recruit participants, and make sense of their activities after they have enacted them (Polletta 1998; Polletta 2006; Lehrner and Allen 2008; Atkinson and Cooley 2010; Powell 2011; Wahlstrom 2011). The theoretical framework used here – the environment of opportunity – expands on these discussions by unpacking the role that narrative practice, specifically the construction of *narratives of opportunity*, plays in the process of pragmatic liberation. The telling of narrative is often, if not always, strategic, but

different types of narratives have differing strategic utility. Several narrative forms have been the focus of the burgeoning research on the use of narratives.

The stories that activists tell about how their movement began, **origin narratives**, are not simply an accounting of events, but have important implications for the identity, and thus the organizational form, strategy, and tactics of a social movement organization. In It Was Like A Fever, Francesca Polletta (2003) details the ways in which constructing the origin story of the student sit-in movement as “spontaneous” was not only strategic because it disconnected this action from delegitimizing connections to the communist movement (a very strategic step due to the ramifications of the red scare), but also because it established a very specific organizational identity for the nascent Student Nonviolent Coordinating Committee (SNCC) as grassroots, student led, and decentralized. Jenna Pirok (2011) discusses the ways in which the “foundation stories” of organizations involved in the Breast Cancer Awareness Movement incorporated the theme of “grassroots” and invoked gender, which allowed these organizations to mobilize targeted constituencies, even when these issues became contested by organizational practice. The narrative practice of constructing origin stories also has important implications for the single-payer movement.

The stories that activists tell about their activities also have important implications for social movement organizations. These **action narratives** involve the narrative practice of constructing a causal explanation for the actions of the activists (Uebel 2011) and can be used to justify specific actions. Mattias Wahlstrom (2011)

discusses the ways in which “narrative of provocation” are used as justification within the action narratives of violent activities and riots. The narrative practice of constructing action narratives involves causally linking the events that preceded the event (the reason for the action) with the specific aspects of the action itself (what occurred during the event) and the events that followed the action (the outcome of the event). This process has important implications for how activists narratively construct events as successful or unsuccessful. The indicators of successful vs. unsuccessful social movement activity is a contested issue within social movement scholarship (Saeed 2009), but the discussion regarding how the self definitions of success and failure affect further movement activity has not been adequately addressed. Action narratives that result in the construction of an event, or period of mobilization, as successful facilitate and support continued activity through the process of pragmatic liberation, whereas the construction of events as unsuccessful can result in declining activity.

Counter mobilization and the creation of counter-movements has been a central focus of social movements scholarship for many years. The “framing wars” (Miceli 2005) that develop as social movement actors compete with one another for support have also been an important focus within framing theory. The construction of *counter narratives* that challenge hegemonic or traditional ways of seeing the world can result in the empowerment of disempowered populations (Henery 2011). The ways in which social movements construct counter narratives in order to combat hegemonic and socially dominant narratives has more recently become a focus within social movement scholarship. Counter narratives are a “rhetorical space for challenges to power through

the articulation of oppositional ideas” (Mackenzie 2011, 491). A central feature of counter narratives that separates it from other types of narratives is that they are constructed specifically in relation to other – preexisting narratives. While those constructing origin stories may use pre-existing narratives as a legitimizing resource, counter narratives are specifically constructed to contradict and/or prove false pre-established narratives. This narrative form has a very well defined antagonist that plays a role of central importance in the creation of these counter narratives. At times, the antagonists within a particular organization’s counter-narrative are other organizations involved in the same social movement that have accepted the dominant narrative of a situation (i.e. health care reform organizations that accept the dominant narrative that single-payer is not politically feasible become the antagonists within the single-payer movements counter narrative).

A narrative practice that has not been adequately addressed by social movement scholars is the practice of constructing ***opportunity narratives***. Activists tell and share stories about the opportunities that they are experiencing and this has important implications for practical liberation and the specific ways in which activists act on these opportunities. These narratives are unique in that they construct experience as indicative of either positive or negative opportunity. These narratives often feature an important political, economic, or cultural agent as the primary protagonist of the narrative. These agents are just as important to the pragmatic liberation that may occur through the telling of these narratives as the structures in which they act. Narratives of grassroots opportunity often involve a larger protagonist represented by a receptive

public, but these narratives are an excellent place to analyze the intersection of political, economic, and cultural narratives of opportunity.

The narrative practice of social movements can also take the form of ***symbolic narratives***. These narratives differ from other narrative forms in that they are allegorical fictions, rather than strategic reconstructions of actual events. Symbolic narratives are constructed to discuss many other types of narratives including opportunity, action, and counter narratives. These narratives are also set apart from other narrative forms because they are often performative in practice. Whereas opportunity, action, counter , and origin narratives are most often utilized in written form, symbolic narratives are most often used when the audience is physically present with the narrator or performer. The narrative of the ants is a specific narrative that is retold in a performative manner at public speaking events in order to counter the dominant narrative that single-payer is not politically feasible, in order to encourage further actions and mobilization. Other symbolic narratives take on the form of “resistance performances” (Atkinson 2010) which are used to draw attention to the goals of social movement organizations and to garner press for organizational activities. These type of resistance performances involving symbolic narratives are sometimes viewed by social movement activists as examples of “working harder, not smarter” or radical, and are often used when social movement organizations are marginalized from the use of more traditional tactics.

Each of these narrative forms can be used to perform various types of narrative practice. The use of narrative by social movement actors is usually strategic in some

way, but the strategic orientation of the narrative differs depending on its use.

Narratives are used by social movements in order to make sense of their experiences, in order to build a strategic identity, in order to enhance their other strategies, in order to facilitate recruitment, and finally, but not least importantly, in order to induce hope that the movement has a chance of reaching its goals even in the midst of much negativity.

While certain narrative forms seem to coincide with specific types of narrative practice (i.e. origin stories play a very important role in the narrative practice of identity building), these forms are in no way exclusively related to specific types of narrative practice.⁵

The telling of narratives is an integral way in which social movement organizations come to an understanding about their experiences and why they occurred in a certain way. I call this the narrative practice of *sense making*. Social movement actors use narrative in order to make sense of their experiences and develop causal arguments for why they occurred in the way in which they occurred. Each of the narrative forms discussed are used in this narrative practice.

As previously discussed, narrative is an integral aspect in the process of identity development. I call this narrative practice *identity building*. Although the origin story of an organization is a primary narrative form in the practice of identity building, it is not alone. Each of the narrative forms discussed in this study play a role in the narrative practice of identity building.

⁵ Table 2 illustrates this.

The practice of narrative also has important implications for the strategies and tactics that are used by an organization. I call this **strategy enhancing** narrative practice. The telling of narratives also has ramifications for the goals of the SMO. Each narrative form is used to discuss and develop the strategy, as well as the tactics, of an organization (as explained in table 2). SMO's, if they are organizationally equipped to adapt to changing circumstances, are continually developing strategies and tactics to deal with changes in the environment of opportunity. Narrative practice is an integral means through which social movement actors decide which strategies and tactics will best enable them to work towards their goals.

Narrative practice is also an important way in which SMO's convince non-members to join their organization in support of their particular goals. This practice is **recruitment facilitating** and utilizes each of the narrative forms discussed above. Through this narrative practice, social movement actors engage with a wider outside audience and begin to develop a more far reaching collective identity through the co-construction of narratives.

Finally, narrative is also used to encourage active movement participants experiencing negative circumstances in the environment of opportunity. As discussed previously, emotions are an important factor in the grassroots opportunity experienced by activists. Emotions are also a central issue for social movement actors who are already committed to the cause.

Hope that change can occur even when faced with negative opportunities for that change is a central factor in whether or not organizational members continue to

work toward their primary goals, or change their goals to fit the negative aspects of the environment in which they exist. I will not examine the cognitive aspect of “hope”, but I will examine the narrative practice of *hope producing* and its relationship to grassroots activity in the face of overwhelming odds.

In the following chapters, I will further unpack the narrative practice of the single-payer movement by contextualizing it in its specific historical and situational location. The practice of narrative is historically specific and rooted in the material reality of certain times. Historically specific material changes (in institutional framework, in material culture, etc) have important ramifications for the narrative practice, and thus pragmatic liberation, that occurs. Single-payer organizations must be organizationally nimble, or have organizational allies that facilitate adaptation, in order to continue “keep on keepin on” even when they are increasingly marginalized within the dominant movement.

Table 1: The Practice of Narrative

NARRATIVE TABLE MASTER	Origin Narratives	Action Narratives	Counter Narratives	Opportunity Narratives	Symbolic Narratives
Sense Making	Create causal argument for why SMO developed in a specific way.	Create causal argument for why a particular action was chosen and explain success or failure of activity.	C.N. used to redefine a common or hegemonic understanding of a particular issue or event – creates a new sense (understanding) of the situation.	Create O.P.N in order to define the opportunities that are present. Often revolve around elite agents.	Create S.N. in order to make allegorical and metaphorical sense of situation using culturally salient and creative forms.
Identity Building	The O.N. constructs the identity of SMO (i.e. “New Civil Rights Movement”) and Activists share this collective identity as they share this story with others.	Success and Failure connected to continuous construction of a “fluid” identity in organizations with more fluid identities (i.e. UHCAN). Organizations with very strict identities work to define all actions as successful in some way.	C.N. can further reinforce the identity and solidarity of an SMO when C.N. reinforces an Us vs. Them framework.	O.N. become attached to organizational identity through their connection to the possibility of achieving SMO goals AND through discussion of other specific aspects of the environment. (i.e. We are the real grassroots!).	S.N. are not as closely tied to identity of SMO as other narrative forms, but can be tied to segment of SMO which can lead to organizational tension.
Strategy Enhancing	Use of specific strategies connected to O.N. (i.e. State by State strategy connected to “Canada Model”)	A.N. used to support the continued use of certain strategies and tactics or to argue that a new strategy is needed.	Developing C.N. can challenge pre-existing strategies and tactics and result in the development of new strategies and tactics.	O.P.N. redirect strategy and tactics according to definitions of positive (and negative) opportunity.	Symbolic narratives are tied to the use of performance based strategies and tactics.
Recruitment Facilitating	O.N. used to connect receptive public to organizational identity (i.e. New Civil Rights Movement is culturally salient recruitment tool).	A.N. used to recruit when the action is successful AND unsuccessful.	C.N. facilitate recruitment when the population being recruited also disagrees with the dominant narrative and is amenable to the C.N.	O.P.N. that indicate positive opportunity are used to encourage interested parties to participate and to encourage active parties to recruit.	The performance of S.N. can facilitate recruitment by drawing attention from public through dominant and alternative media.
Hope Producing	When O.N. is connected to earlier “successful” movement with “insurmountable struggle” this can produce hope even within a negative context.	A.N. that concludes that action was successful can be used to produce greater hope that further action will also be successful.	C.N. can result in hope when previously unchallenged narratives are not only challenged, but the counter narrative gains legitimacy.	O.P.N constructed to argue that there is elite support of SMO goals and that there are resources to work toward these goals. This increases hope that goals can be achieved.	Allegory is constructed to produce hope (i.e. fictional successful ending).

My Story: Becoming a Scholar Activist

Reflexivity is important to narrative analysis, as it is important to any mode of research (Gilgun 2010). It is important for me to share with my audience my own journey that I experienced through this research. When I began my research on the Movement for Single Payer health care, I was a new graduate student, just starting my new life as a producer of sociological knowledge. I began my research, as many sociologists do, as an idealist, ready to change the world and make it a better place. I was soon told that my idealism would fade, as the pressures and everyday activities of academia took over. I struggled with questions of science and objectivity in my own budding research agenda. After reading the works of feminist theorists such as bell hooks and Dorothy Smith and having long discussions with many advisors and mentors, I came to understand the falsehood that is the binary of objectivity / subjectivity. I continued my research not as just a young idealist, but as a studied and motivated critical sociologist. I think that it is important to share the process that took me from outsider to insider, and to include this in my analysis, because it has involved not only a shifting position for me within the movement, but also a shifting position for me from an audience for the narratives that activists tell about their experiences to an active participant in the narrative practice of the organizations.

From Stalker to Board Member

When I first became involved with Missourians for Single Payer (MoSP), I was very much an outsider. I had never before really been involved in a grassroots organization and I would not have called myself an activist. I was still an idealist who

thought that I could best change the world through scholarship. I was also new to the issue of health care reform. Although I had read much about the political side of health care reform, the health care system was still a mystery to me. The grassroots activists seemed to be experts in something that I knew very little about. One such expert, Julia Lamborn, President of MoSP, was my gateway into the single-payer movement. Being studied was just as new to her as actually doing research in the field was new to me. At first, she referred me as her stalker, or an outsider who followed her around. I realized that this label of stalker was more than a jest, but an actual assessment of who I was to her and to the organization. I was there to study them, follow them, perhaps pester them, but not to be a part of them as a trusted and helpful member.

As I became more informed about the issue of health care and about the organization, I also became known and introduced as, Julia's "shadow". It didn't take long for me to be promoted from stalker to shadow. By the time that I was completing my master's thesis and had moved from observation to interviews, I was also introduced as Julia's shadow before meetings took place. This represents a significant change in the organizations perceptions of me as a researcher - it represents my movement from the outside to the edge of insider. A shadow, unlike a stalker, is something that is expected to be there, following behind you. Perhaps you don't notice it all of the time, but it would be worrisome if it wasn't there. Yet, a shadow doesn't do much for you, doesn't really participate in your life. At this time, I was still concerned about my status as an objective observer and not as concerned about being a participant in what I was studying. In this way, I was not an insider.

After finishing my thesis in the spring of 2005, I continued my work with MoSP as I continued my doctoral studies. I continued to learn and continued to grow as a scholar. I also began to grow as an activist. I became more involved in MoSP in a participatory way. I was no longer just an observer, I was now a participant observer. Around this time, Julia and Mimi (legislative chair of MoSP) began to introduce me as their intern. An intern is someone who is a participant, but is a novice still learning the ropes. This signified my movement into the organization, I was now an insider. I took on small tasks and gave advice about certain issues such as grant writing. I also became recognized as a valuable *member* of the organization. I was asked to make reports about my scholarly work, both at the start of meetings and in the organizational newsletter. I was very aware of my changing role in the organization and often thought about this and considered it in my field notes.

Eventually my status within MoSP shifted again to that of an “honorary board member”. I received permission to attend board meetings early in my research, but for reasons that will be discussed, did not initially have a chance to attend board meetings as they were not often held. As the MoSPers became more active, and made some changes to their organizational structure, I began attending board meetings regularly. I also began attending Health Care NOW meetings in person and in the monthly conference calls, at first with MoSPers and then acting as a liaison between MoSP and Health Care NOW. I became an integral participant in MoSP, an insider and an honorary board member.

At the 2009 national strategy meeting of Health Care NOW, I was nominated to be on their board. I did not have much time to consider what it would mean to my scholarship before deciding whether or not to accept the nomination, as the vote was to take place at that meeting. The old worries about objective research and distance from participants existed alongside the extreme pride I felt at being included in the community of activists in this way. As this was a special election, to fill four seats that had recently been vacated, I decided to accept the nomination. I was even more filled with pride and energy when I was elected to the board. My first service as board member took place at the next semi-annual board meeting of HCN, held in the summer of 2010 at the United States Social Forum in Detroit.

Eventually, I came to think of myself not just as a scholar who does research using a method of participant observation, interviewing, and content analysis; but as a scholar who is also an activist. I was already passionate about understanding social inequalities, poverty, and learning how to address these issues in an academic setting, I was now also passionate about actively working to challenge them, not just through scholarship, but through action. This transformation was a long one that was at times supported and at times inhibited by the environment of opportunity in which MoSP and Health Care NOW exist. It has also been necessary for me to develop my self-reflexivity as I walk the borderland between scholarship and activism.

The environment of opportunity in which a movement exists is constantly changing and activists must not only interpret this, they must adapt to it. The environment of opportunity is also related to my navigation of the borderland of

scholar-activism. Opportunity for reform, and sometimes the lack of opportunity, can spur movement activity, which in turn spurs my research. While times of inactivity are also theoretically interesting in some ways, times of increased activity give me more to consider as a scholar. As an activist, I also become enthusiastic during these periods, which helps to reaffirm my passion for my research.

As an active participant in the movement, I also play a role in affecting the narrative practice which defines the environment of opportunity. MoSP activists, along with introducing me as shadow, intern, and/or board member, are also fond of adding “she’s going to make us famous”. My role as a scholar, should and will include publishing articles and ideally a book on the subject. Much like the participation of Sherryl Kleinman (1996) in an alternative organization, my participation is at times defined as a legitimizing for organizational participants of the value of the organization and its activity. In this way, I represent the opportunity for the narratives of the organization to be heard, and the history of its activities to be recorded.

As a scholar, I must consider how my presence is affecting those with whom I am working. I also must consider how my activist role might affect my scholarship and be constantly vigilant in making sure that my scholarship is rooted in strong objectivity. My reactions to events as a scholar-activist are also important locations for analysis. As an activist, I must work not only to improve and advance my scholarship, but also to aid other activists working within the movement through my scholarship and knowledge. I must play the role of a scholar activist.

Navigating the Borderland: Scholar Activism

Being a scholar activist means straddling two worlds with their own norms and expectations. It is not easy to be an activist in academia, which is not only demanding of time and energy, it is also increasingly dangerous to hold views on issues which could be interpreted as partisan. These two worlds often collide, but are really quite compatible. My activities as a scholar help me to better understand the issue of health care and the movement to reform the system. This could help me to make a difference as an activist. My passion as an activist gives me energy to continue my work in the movement for single-payer and thinking critically about myself as a scholar-activist helps to further my theoretical thinking about the relationship between social movements, narrative, and the environment of opportunity.

What is the role of the activist-scholar in the social movement that he or she studies? The activist scholar must fulfill not only the actions necessary to perform a valid academic study, he or she must also be active in the organization, a status which is often challenged by academic life. Representative John Conyers, the author and sponsor of H.R. 676, the national single-payer bill, has often said that “we need to record this while its happening, we need to write our own history” and perhaps that is one of the most important tasks of the scholar activist. So many important changes in our society were successful in large part due to the grassroots activists that supported them. Yet, in our collective memory, they are often forgotten, delegitimized by conservative rhetoric, or more recently co-opted by conservative arguing for the maintenance of “American Values”. They are often written out of the narrative. This is detrimental to future possibilities for progressive social change. Piven and Cloward

(1973) argued that reforms to the welfare state (at least in the United States) came not through top down directives, but from mobilization at the grassroots level and that the poor or disadvantaged within the system could only gain concessions when they were disruptive on a mass scale. If the stories about success through grassroots mobilization and disruption are not told, others will not follow in their footsteps and, if Piven and Cloward are correct, progressive social change will not occur. The status quo will reign supreme. This is why my dual roles as an activist and scholar, as both a narrator of opportunities and an audience for these narratives, are both important in their own ways. Throughout this text, I will share the story of the movement for health care reform through analyzing the narratives that activists tell about this movement.

Chapter 4

A Single Prayer for Single Payer: Origin Stories, Identity, and Structure in the Movement for Single Payer Health Care

The telling of narratives – the stories of who we are as individuals and as groups – is intimately tied to identity (Polletta 1998; Holstein and Gubrium 2000; Humphreys and Brown 2002). Our understanding of who we are as individuals is not innate, but is developed through the telling of stories that cause us to think about and retrospectively understand our experiences and our resulting actions (Linde 1993; Holstein and Gubrium 2000; Wisniewski 2007). Stories of origin, or life – history narratives, involve the process of understanding, through the causal telling of events, who we are as individuals and why we have developed in this way (Holstein and Gubrium 1995; Humphreys and Brown 2002). Although organizational life histories, or stories of origin, may take on a more public form, this is no less true for them than it is for individual life histories. Organizational life histories, which begin with origin stories, are important indicators of not only organizational identity, but also organizational goals and the strategies through which an organization will work to reach those goals. This organizational identity can be empowering (Polletta 1998). However, very strict organizational identities may constrain action and involuntarily lead to inaction (Gioia 2000; Geiger and Antonacopoulou 2009). Single-payer organizations with origin stories that develop a concrete single-payer identity are likely to remain solidly connected to this goal and to develop strategies oriented toward this goal.

The stories that activists tell about how their movement began, *origin narratives*, are not simply an accounting of events, but have important implications for

the identity, and thus the organizational form, strategy, and tactics of a social movement organization. In It Was Like A Fever, Francesca Polletta (2003) details the ways in which constructing the origin story of the student sit-in movement as “spontaneous” was not only strategic because it disconnected this action from delegitimizing connections to the communist movement (a very strategic step due to the ramifications of the red scare), but also because it established a very specific organizational identity for the nascent Student Nonviolent Coordinating Committee (SNCC) as grassroots, student led, and decentralized. Jenna Pirok (2011) discusses the ways in which the “foundation stories” of organizations involved in the Breast Cancer Awareness incorporated the theme of “grassroots” and invoked gender, which allowed these organizations to mobilize targeted constituencies, even when these issues became contested by organizational practice. The narrative practice of constructing origin stories also has important implications for the single-payer movement.

Although the main goal of Health Care NOW (HCN) and of Missourians for Single Payer (MoSP) is the same – that of implementing a single-payer health care system for all Americans, it is through the careful analysis of these origin stories that we can better understand the relationship between these two organizations that had similar overall goals yet different identities through narrative and hence different strategies in specific historical contexts. In part, due to the differences in their origin stories, the identity, and thus specific strategies, tactics, and organizational form of these organizations also differs. These issues are rooted in the narrative practices of the single-payer movement and in the process of pragmatic liberation.

The Origin of Missourians for Single Payer : The Canada Model

Missourians for Single Payer is a grassroots organization whose primary goal is promoting a universal single-payer health care system – currently at the state and national level. It is comprised of a core community of active members (most of whom are on the board or executive committee) who are located in St. Louis Missouri. It is a small, but hard working organization. In the words of one long-time supporter, “Now like I said MOSP is state wide but it doesn’t have any paid organizers working for it, so it is volunteer, so it is more difficult to get out there and find the membership” (Mary Hussman Interview, 4/19/04). All bi-monthly meetings and most activities are held in the St.Louis area. The core activists in this organization come from many different backgrounds, but all are “die-hard” proponents of single-payer.

Although the first official meeting of Missourians for Single Payer (originally called the Missouri Coalition for Single Payer Health Care) was not held until March of 1993 in the midst of the Clinton era health care reform debate⁶, the Origin Story of MoSP begins several years earlier.

In 1989, a group of state representatives and other interested parties, including the MO Hospital Association, traveled to Canada to study their single payer universal health system called "medicare" with a lower case "m", because it "belongs to the people."⁷

According to current organizational members, the movement in Missouri began when State Representative Gail Chatfield led a delegation of individuals, including

⁶ MoSP meeting minutes March 1993

⁷ www.mosp.us/about

representatives of the Missouri Hospital Association (MHA), to Canada in order to better understand the Canadian model of health care provision.

Representative Chatfield then designed the Missouri Health Assurance Bill and introduced it for the first time during the 1990 session of the Missouri State Legislature. This bill was modeled after the Canadian Single Payer system - medicare. Although this first bill did not pass out of Committee, a ground swelling of grass-roots support for the bill the next year helped to push the bill – HB 28 -- to the floor of the house, where it was defeated but nevertheless gained 63 votes out of the 149 votes cast. This same year, a companion State Senate bill – SB 412 – was also introduced but was not heard by the Senate at large. This early, and relatively successful, vote encouraged Gene Schwartz, a long time supporter of universal health care, to continue to organize the citizens of Missouri in support of a Missouri based single-payer plan. Although he was a social worker and not a physician, he first organized a Missouri Chapter of Physicians for a National Health Program and then began the long process of forming an entirely new grass-roots organization dedicated to a state single-payer bill.

Other state based organizations, such as Missouri IMPACT – which is a state-based interfaith coalition, were also working in support of the Chatfield Bill at this time.

A flier from January of 1992 explains that,

MISSOURI IMPACT has chosen reform of the health care system as its priority issue for the next several years. We are part of the Missouri effort to bring about this reform, as well as part of the national Interreligious Health Care Access Campaign,

after giving the details of several talks and forums, involving Representative Gail Chattfield, regarding the “MO Health Assurance Act”. Many individuals, who later

became active members of MoSP, were active in this, and other, multi-issue organizations at this time.

In 1992, discussion regarding the national health care reform scene is also apparent in the various forms of literature contained within the MoSP organizational files. The upcoming Presidential elections, as well as the introduction of the Russo / Wellstone single-payer bill in the national legislature, made the possibility for national reform more meaningful. Historical files include discussion regarding the health care reform plans of each of the major candidates and possibilities for finding support for the cause of single-payer. During this time period, national organizations, such as the United Health Care Action Network (UCHAN) were formed specifically to put Single-Payer on the national agenda. Many years later, MoSP members would recall attending a rally in Little Rock Arkansas,

When Clinton came into office, I was working as an organizer, I mean definitely organizing for health care concerns, we do a wide variety⁸, but definitely health care is where my heart is. When I was in Georgia, I was called to go to Little Rock Arkansas, and I knew Bill, knew him pretty well, Well I don't know if I want to say that, but I knew him and he uh was going to be there and he had just been elected so in January we took a caravan of people into little rock to encourage him to go for universal single payer health care.⁹

The activists involved in this caravan intended to encourage President Elect Bill Clinton to support single-payer, and cite it as one of their most vibrant memories of their early involvement in the movement for single-payer.

⁸ Referring to her work with Grassroots Organizing (GRO), which is a multi-issue Missouri based organization.

⁹ Mary Hussman Interview 4/19/04

After the election of President Bill Clinton, direction was refocused on affecting and directing the national debate on health care reform. A flier from Church Women ACT, which is included in the historical files of MoSP, put it this way

With the election of Governor Clinton, the opportunities for meaningful health care reform become more real. Governor Clinton has expressed his commitment to providing universal, affordable care. However, the shape of the plan he will submit to Congress within 100 days of his inauguration remains unclear. Our opportunity and challenge will be to influence President Clinton's health care policy in order to get meaningful reform enacted into law. Many groups who support universal access to health care through a single payer approach are concerned that President-Elect Clinton will push his health care proposal through in the first 100 days and not allow for a full debate on the different approaches. As a result, groups such as Citizen Action, Consumers Union, and Church Women United are participating in a postcard campaign to urge Clinton to support a plan that covers everyone, allows consumers to choose their own doctors, and controls costs.¹⁰

Although state-based organizers still worked in support of the Missouri Health Assurance bill, much of the grassroots attention and focus was on the national debate for health care reform. During this time, Missouri based activism became closely tied to the actions of national organizations, such as UCHAN, that were supporting the American Health Security Act, sponsored by Wellstone in the Senate and McDermott in the House, as well as trying to direct the Clinton administration towards the Single-Payer alternative.

It is in the midst of all of this that the Missouri Coalition for Single Payer Health Care, which would later be renamed as Missourians for Single- Payer, was formed in March of 1993. In attendance at the first meeting of this newly formed organization were representatives of several national organizations, such as AARP, NASW, PNHP, and

¹⁰ Church Women ACT flier, November 1992

OWL, as well as representatives from several state-based organizations, such as MO Citizen Action. Also in attendance was Representative Gail Chatfield who

expressed his appreciation to those attending for the work that they extended over the years in supporting his universal health care plan in the Missouri Legislature. Although he is moving on to the State Fire Marshal's Office, the concept is very much alive and the banner will be taken up by Rep. Carole Roper Park and Rep Pat Dougherty.¹¹

These first meeting minutes reference the history of the work that individual members and groups had done for the Missouri based single-payer bill and also express the urgency to create an organization that will quickly gather supporters and organize a conference due to the "time crunch" resulting from the "Clinton health care agenda due in May".¹²

It is important to note that when current members tell the origin story of MoSP they do not start with the actual formation of the organization that would eventually become MoSP, but rather begin the story several years earlier, prior to the urgency caused by the Clinton led health care reform debate which is related to the formation of a more formal organization form. They reference the "trip to Canada" which led to the introduction of the first Missouri state single-payer bill as the catalyst for creating MoSP, even though MoSP was not formally created until at least three years after this trip¹³. This has had important implications for organizational identity, structure, and strategy.

¹¹MoSP Meeting Minutes March 1993

¹²MoSP meeting minutes March 1993

¹³ I could find no record of this trip and only know of it through the origin story told by current MoSP members and on the organizational website. So, the exact dates of this trip, the exact itinerary or purpose, and the exact attendees are currently unknown. This does not lessen the importance that this event plays in the origin story of MoSP.

A few elements of this origin story are particularly salient when discussing the organizational identity, structure, and strategy of Missourians for Single Payer. First, tying their origin to the “trip to Canada” and the subsequent proposal of a single-payer plan for Missouri, rather than to the formal formation of the organization during the Clinton era health care reform debates, firmly roots their goals, and thus their identity, in the implementation of a single-payer system similar to Canada’s, and their strategy for achieving this in the Canadian model of health care reform.

The Canadian Single-payer system – medicare - was realized through provincial development of single-payer plans, beginning with Saskatchewan in 1946 (Woodward and Charles 2002). This process became known as the “Canadian model of health care reform” and is discussed as a viable strategy for Missouri based activists. MoSP initially focused on achieving this sort of system at the state level, but they envisioned that a single-payer system would one day be the financing system for health care in all of the United States. Following the Canadian model of health care reform

the principle is that if you get one state to do it, then maybe the neighboring states will join in and they’ll get jealous and find out oooohhhh we can do this, and it will stimulate and motivate a lot of other organizations, etc. etc. Success breeds success hopefully. ¹⁴

MoSPers continue to use Canada as an example of how this has been done before, and mention the Canadian system frequently at meetings and presentations.

This aspect of the origin story of MoSP which is related to the state-by-state strategy of MoSP, is a central element of the MoSP organizational identity. Although MoSP has formed strategic alliances with national organizations during periods of

¹⁴ Bob Interview 11/20/04

national health care reform (i.e. with UCHAN during the Clinton attempt) and has supported efforts to promote national single-payer bills (i.e. H.R. 676), it has remained, above all, a state-based organization with an identity independent from the national movement and from national organizations. This identity has allowed MoSP to “keep on keepin on” and continue its efforts to promote a state single-payer bill even during periods of negative national opportunity in which national organizations, such as UCHAN, adapted their goals to the opportunities presented to them. MoSP has remained focused on the goal of implementing a single-payer health care system when other organizations have transitioned to more incremental reform goals because they were more “politically feasible”.

The organizational focus on the goal of passing a single-payer health care bill and the state-by-state strategy that arises from the “Canadian Model” has shaped the tactics utilized by members of MoSP. The tactic that was dominant prior to the 2004 elections was that of lobbying. This tactic involves continuously developing and perfecting the state bill, either based on expert intellectual opinions or on feedback from legislators in Jefferson City – the state capitol. This tactic is also intimately tied to the importance placed on the activities of Representative Gail Chatfield in the origin story of MoSP. For many years, MoSP focused on institutionalized tactics such as citizen lobbying. This made having a bill to act on integral to the identity of MoSP. Active members of MoSP have historically been very focused on the state bill and the promotion of this bill. This is illustrated by the words of one member,

You’ve got to have a bill, or you don’t know what you’re talking about.
The bill in effect is our platform, this is what we’re talking about folks.

We're not gonna talk about 333 different things, we're gonna talk about this thing. If you wanna help change it, come on in! If you have objections, let's hear them! If you can improve it, great!¹⁵

This focus on the promotion of specific legislation has important implications for the organizational form and for the acquisition of organizational resources.

An integral aspect of the origin story of MoSP is the role that relationships with other organizational entities play in this story. According to the origin story told by movement members and found in organizational documents, Missourians for single-payer began as a coalition. Until recently, the MoSP website stated that "Missourians for Single Payer is a coalition of diverse organizations and individuals working to promote universal health care through a single payer system".¹⁶ While this is still true to a certain extent, MoSP has gone through many organizational changes in the past 20 years, in part due to shifts in the environment of opportunity, as well as due to efforts to increase the ability of MoSP to adapt to these shifts in opportunity (Hern 2005). The self definition of MoSP presented on the organizational website has thus developed and now says that MoSP is "a non-profit, non-partisan statewide organization of diverse individuals and groups whose purpose is to educate and advocate for universal health care through a single payer program".¹⁷ This revised definition of self addresses the shift that MoSP has gone through since the start of the organization.

The membership of MoSP is made up of individual members and organizational members. Much of the membership is inactive; they pay their dues but don't attend

¹⁵ Roger Interview, 11/20/04

¹⁶ mosp.missouri.us

¹⁷ www.mosp.us

meetings or organizational activities. Members who are regularly seen at meetings are mostly of retirement age and older, although the demographics of active participants change depend on shifting opportunities (which will be discussed in later chapters). Although many of the most active members are women, there are also quite a few men that frequent the meetings and play important roles in the organization. MoSP is administered by a board of directors which is composed of elected officials such as the chair/President, Vice President, secretary, treasurer, and individual board members. Organizational members are also allowed and expected to send one representative to become a member of the board. The officers that make up the Executive Committee, specifically the President, conduct “the business of MoSP subject to the control and direction of the Board of Directors”.¹⁸

The professionalization of an organization occurs when power becomes more centralized in the hands of a few administrators or directors. This can be beneficial to the organization because a centralized administration can direct the activities of the organization in an efficient manner (McCarthy and Zald 1977, Hern 2005). This can also hurt an organization because it can divert “leaders from indigenous organizing and exacerbate[d] inter-organizational rivalries, thereby promoting movement decay”(Jenkins 1986, 815), or it may decrease the emphasis placed on grassroots organizing. The leaders of an organization are important in any context because “in the context of political opportunity and widespread discontent there still remains a need for

¹⁸ MoSP bylaws

the centralized direction and coordination of a recognized leadership”(McAdam 1982, 47).

MoSP is a centralized, but not professionalized, organization. It does have an administrative board and executive committee, but none of the people that fill these positions are paid, they are all volunteers.¹⁹ Insufficient funding and ideas about working “smarter and not harder”²⁰, have in the past pushed the leaders of MoSP to focus on the goal of passing their bill for Missouri Health Assurance and on lobbying activities. This may, at times, take away from time that could be spent recruiting new members or performing other more grassroots activities.

The organization of the board had, prior to an executive decision made by Julia Lamborn in the winter of 2005, limited the ability of the really active members to get things done. In order for the board to meet and make decisions, there must be a quorum. In the past quorum was difficult to achieve and board meetings would have to be canceled. This was in large part due to organizational board members who were focused on their own organization and were not able to attend MoSP meetings. Historically this problem was worse during pre-election seasons (See Hern 2005). Due to the need to take advantage of increased grassroots opportunity following the re-election of G.W. Bush, Julia Lamborn made the executive decision to follow a rule in the by-laws that allowed the executive committee to drop inactive board members from the

¹⁹ After receiving a 30,000 grant from the Incarnate Word Foundation in 2001, MoSP did hire a part time “Outreach Coordinator” for a period of 52 weeks. The main job of this coordinator was to facilitate the creation of new chapters of MoSP around the state, as well as to heal the ties with Mid MO for Single Payer, which had been broken due to conflicts surrounding MoSP’s relationship with UCHAN and the disbursement of the grant money. This is the point at which MoSP – E became MoSP.

²⁰ Julia, Fieldnotes, May 12, 2004

roster. This effectively allowed the board to achieve a quorum and meet with greater frequency. This centralization of the authority structure moved MoSP further away from its coalition roots, but also allowed the active MoSP members to quickly make decisions in order to take advantage of shifting opportunities.

While relationships with a few of the national organizations mentioned in the MoSP origin story have continued to be valuable alliances for MoSP, such as the alliance with PNHP, others have proved to be very disappointing. Many of the organizations mentioned in the origin story, such as the NASW and OWL, drifted away from support of single-payer in the years following the failure of the Clinton health care reform attempt (discussed in greater detail in Chapter 6). This left a vacancy to fill – that of a national grassroots organization formed in support of single-payer health care. In early 2004, a new organization was being developed that would fill this vacancy.

Health Care NOW – The New Civil Rights Movement

The origin story of Health Care NOW begins in late 2003, but it is tied to a much longer history – that of the Civil Rights Movement. In *It Was Like A Fever*, Francesca Polletta explains that although most activities of the Civil Rights Movement, including Rosa Parks' famous taking of a seat in a Montgomery bus and the student led sit-ins at segregated lunch counters, were well thought out political actions by highly motivated and experienced grassroots activists, the stories told about these activities framed them as emotion filled, and spontaneous, activities. This storytelling was strategic because it severed Civil Rights activism from the fallacious, but dangerous, story told during the Red Scare which could serve to discredit any activism connected to it.

For modern social movements, this situation is reversed as contemporary social movements frame their cause as “the New Civil Rights Movement” and tell stories about themselves that connect their issue and their actions to this historical social movement. The civil rights movement has been used as an example of and symbol for many groups working for equality and social change. Because the “history of the Black civil rights movement appears embedded within the history of the United States” (Orbe 2005, 2) many groups look to it when trying to frame their goals and talk about their experiences trying to change unjust systems. Through a case study of a group working for civil rights in health in a majority minority community, Orbe discovered 5 themes dealing with the residents’ “civil rights experiences” in the health care system – 1) equal opportunity doesn’t exist 2) discrimination is all around us 3)the deck is stacked against us 4) we have no legal redress when violations occur and 5) when we do complain nothing is done (Orbe 2005, 11). These themes were as important to their struggle for current civil rights in health as they were during the civil rights movement of the 1960’s. This case differs from the case of the Movement for Single Payer in that it was explicitly a race based project. The origin story of Health Care NOW serves to connect this contemporary social movement organization and its goals to this historic and relatively successful movement.

The origin story of Health Care NOW begins with the introduction of H.R. 676 by Representative John Conyers Jr. (an African American representing Detroit, Michigan) in 2003, during the 108th Congress. As the story goes, when Marilyn Clement, long time organizer for social justice issues and a Civil Rights activist, heard about this new

legislation and was called on by Congressman Conyers to support this legislation through grassroots organizing, Marilyn “took that call to heart”²¹ and

She didn’t care that George W. Bush was president, or that there was not a lot of money to build a new organization. She didn’t care that many said she couldn’t make this new group viable and important. She didn’t care that many scoffed at the very notion of healthcare reform.²²

She began to build a national organization dedicated to the passage of H.R. 676 and to the implementation of a national single-payer system.

Health Care NOW held its first national strategy meeting in Chicago in the fall of 2005. This meeting was attended by single-payer activists from all over the country, including Missouri. Julia Lamborn and Mimi Signor – the representatives of MoSP who attended this first meeting, explained that it was energizing to meet activists from all around the country and to begin to formulate a collective strategy – which began with a first round of health care “truth hearings” and a City Resolution campaign. When I attended my first national strategy meeting in November of 2006, attendees at the conference were still trying to figure out what exactly the strategy, and therefore organizational structure, of Health Care NOW should be.

At this meeting in 2006, it was proposed that Health Care NOW should become the “birthing place” of the movement. This particular identity would have shaped Health Care NOW into a place where the many organizations working for health care reform could come together and work for the common cause of universal health care. This would not necessarily have required the development of a formal organization with an

²¹ <http://www.healthcare-now.org/marilyn-clement/>

²² <http://www.healthcare-now.org/leo-gerards-tribute-to-marilyn-clement/>

independent identity. However, an email conversation that had occurred before the conference began, and its illustration of larger debates within the movement for health care reform, pushed Health Care NOW towards adopting a more concrete identity based in very focused goals.

In an email from Marilyn Clement with the subject heading “Health Care NOW Strategists – Last Minute Details”, Marilyn explained that,

We know we are going to do a big New Orleans Citizen/Congressional Hearing demanding Medicare for all of the victims of Hurricanes Katrina and Rita; some have added all of the 1st responder victims of the terrible conditions of 9/11 that have given 90% of them respiratory problems; and someone added all of the uninsured as a category. The idea of this New Orleans initiative is to turn around the Bush privatization agenda of everything from housing to education to healthcare.

This proposed activity opened up a frenzied email discussion regarding the goals, strategy and ultimately the identity of Health Care NOW. Ida Hellander, the National Organizer of PNHP – one of the main supporters of Health Care NOW, started this discussion with this response to Marilyn’s email,

I was wondering if we could agree before we get to this meeting that we will continue to work for single payer and H.R. 676 and NOT incremental reform (e.g. Medicare expansions to a few people here and there). There are both policy and strategy reasons for our push for single payer (everybody in, nobody out) and if Healthcare Now starts to push for coverage for "selected deserving groups" then they might as well join UHCAN and Families USA who are always eager to push one incremental reform or another in the interests of "a step towards single payer". The whole point of Healthcare Now is to push single payer, period. We all know that incremental reform is a step away, not towards, single payer. There is single payer, and there is incremental reform. There is a public health insurance system for all, or a private health insurance industry for the healthy and wealthy and deteriorating public and private coverage for the poor, sick, unprofitable, etc.

If we can agree in advance that Healthcare Now's POLICY will stay single payer, period, then we can work on STRATEGY at the meeting. If you want to change the group's health policy, that is going to require another meeting, and PNHP will likely not be interested in staying a part of the group. We only work on single payer....I hope that you'll agree in advance that we will be working together for single payer, not for incremental reform. Although Medicare expansions, like Medicaid expansions and S-CHIP expansions are better forms of incremental reform than, say, tax credits, it is still far short of Healthcare Now's goal.

PNHP does not endorse reforms other than single payer. Our main health policy principle is "tell the truth". It has served us well for 20 years, and advanced the movement. Healthcare Now is only a year or two old, and already it is seeking to compromise? As Dr. Claudia Fegan says, you "never compromise until you get to the bargaining table."²³

This email exchange set the conceptual context in which the meeting and the conversation surrounding the meeting were started. One of the first things that Julia Lamborn asked me as we started our trip to Chicago for the meeting was whether or not I had read this e-mail exchange. She then explained that she had sent her own message to Marilyn Clement, in which she had explained that MoSP was a single-payer organization and that "it's right there in the name". Further, she explained that they would not support a group working for incremental reform.

This contentious email discussion made apparent some of the major debates within the movement for health care reform (i.e. incremental vs. progressive reform) and also made it apparent that Health Care NOW needed a concrete identity based on the focused goal of single-payer in order to organize the diverse population of Health Care NOW strategists and supporters. At a small group dinner before the first session of the conference, Burton Wise, a political strategist for Representative Conyers, explained

²³email Nov. 2006

to a small group of activists the need for a common message because Health Care NOW was such a decentralized group²⁴ and the need for discipline was paramount if Health Care NOW was going to compete with the extremely disciplined competition. The media strategy session following this dinner stressed the need for a clear agreement of the vision, mission and values of Health Care NOW and the need for Health Care NOW to position itself in a new way in order to combat the idea that single-payer was “pie in the sky” and not politically feasible.

Framing the movement for health care reform as the “New Civil Rights Movement” and locating Health Care NOW as a central organizing entity of this movement also became apparent at this meeting. This frame became a major aspect in the origin story of Health Care NOW and in the primary characters of this origin story – Representative John Conyers Jr. and Marilyn Clement. Although the goal of single-payer health care is “color-blind” in that it is oriented toward universal coverage and, as noted in the email discussion above, promotion of any population specific health plan would be frowned upon as contradictory to this goal, connecting the goals and identity of Health Care NOW to the history of the Civil Rights Movement through stories of origin has explicit benefits for movement activists and activities due to the lessons learned and legitimacy gained from connections to this relatively successful movement.

The primary lesson that is apparent in the story of the new civil rights movement is that of health care reform being a seemingly insurmountable struggle. This lesson is illustrated by the following quote,

²⁴ At this point, Health Care Now was a loose collection of national, state, and local organizations. Marilyn Clement coordinated these organizations as the national coordinator.

I am so happy to hear of the great work of Health Care NOW as you have built and continue to encourage the national movement for a universal, single payer, health care system. In many ways, it reminds me of the beginning of the movement for Civil Rights – during the time when it wasn't given much chance of succeeding and the most powerful forces were aligned against us.²⁵

The experience with and difficulties in the civil rights movement are referred to in comparison to the difficulties that the Movement for Single Payer experiences. Because Health Care NOW and MoSP have existed within a negative environment of opportunity in which the term single-payer was an “evil word”²⁶, their task of pushing for single-payer has often been viewed, especially by other incrementally oriented groups within the movement for health care reform, as an insurmountable struggle. Identifying with the Civil Rights Movement allows single-payer activists to conclude that their “insurmountable struggle” can also reach a positive outcome. This prophetic ending to the origin story of HCN has mobilizing power.

Movement leaders also refer to the Civil Rights Movement as an experience that prepared them for this “new” movement – this is an integral aspect of the origin story of Health Care NOW. Representative John Conyers put it this way

What I'm saying is that this is a coalition of people doing what is unexpected. We are a group doing what isn't supposed to happen. It can't happen. One of my favorite senators said to me, John, just between you and I, I am for Single Payer, but it can't happen. Now, this is a white guy, not talking out of the civil rights experience. It's hard work, it's sacrifice, but it's the most satisfying thing I bet that any of us are doing.²⁷

²⁵ Dr. C. T. Vivian Organizer and Colleague of Dr. Martin Luther King Jr. www.healthcare-now.org – collected 2007

²⁶ MoSP Meeting fall 2004

²⁷ John Conyers at HCN national strategy meeting 2006

Because health care reform is perceived as an insurmountable struggle akin to the Civil Rights Movement, those who have experienced insurmountable struggle and found success during the Civil Rights Movement are better prepared to tackle this struggle, instead of saying “It can’t happen” and are primary actors in the origin story of Health Care NOW.

As a symbolic leader of HCN, Congressman Conyers refers to the “New Civil Rights Movement” often. In his discourse he not only calls on the narrative of insurmountable struggle, but he also calls on one of the most influential the leaders of the Civil Rights Movement – Martin Luther King Jr. Conyers, who worked with King during the civil rights movement, also refers to his struggle to make Martin Luther King Junior’s birthday a national holiday when discussing the struggles of the Movement for Single Payer. Although he started working on the bill three days after the death of MLK, it took fifteen years to get it passed. While, “people were saying that this was just a dream, a wish. That it couldn’t happen. And yet it did, through all the twists and turns”²⁸. Marilyn Clement, the founder of Health Care NOW, also often referred to her work in the Civil Rights Movement as an important factor in her organizing for Health Care NOW. When asked how she got started on the journey of single-payer health care reform, Marilyn Clement responded “It’s too long to talk about, but step number one was working with Dr. King”.²⁹ For both Clement and Conyers, their work during the Civil Rights Movement is not distinct from their work for single-payer, rather these two movements are part of the same story. Not only was MLK an important leader of the

²⁸John Conyers Nov. 2006 / Fieldnotes

²⁹ HCN conference call notes Jan. 2007

Civil Rights Movement, he has become an important figurehead of the movement for health care reform and is tied to the origin story of Health Care NOW.

Martin Luther King Jr. is not only called upon for guidance in the struggle for health care reform by Conyers and Clement, but he is also called upon as a location of mobilization for movement activities. In 2006, Martin Luther King Jr.'s birthday became an important time period for mobilizing for single-payer. In 2006, the first year that these activities occurred, movement activists decided to organize around this day, even dubbing the month surrounding MLK's birth day "Martin Luther King Jr. National Health Care Month". The following excerpt from an email encourages this

Get ready to hold serious discussions in your churches and other faith communities during the MLK, Jr. National Healthcare Month of April when we will be commemorating Dr. King and his message of peace and healthcare for all. We will have posters with Dr. King's photo and his famous healthcare statement, "***Of all the forms of inequality, injustice in health care is the most shocking and inhumane.***" We will also have organizing materials for you to use in your congregation and in your community.³⁰

During this MLK Jr. National Healthcare Month, activists were expected and encouraged to speak out to faith groups and hold teach-ins about single-payer. MLK became not only an important part of the origin story of Health Care NOW, but also an important location for the mobilization of action.

Connecting the movement for single-payer to the Civil Rights Movement is useful for many reasons. By identifying with this relatively successful historical movement

³⁰Marilyn Clement, HCN email, 1-9-07

activists can encourage constituents, get ideas for action, and foster a collective identification for the numerous groups and individuals involved in the movement. As movement activists constantly struggle with shifts in the environment of opportunity, this frame is used as a symbol of purpose and hope. If the environment of opportunity is indicating that reform isn't possible, they can refer to the struggles of the Civil Rights Movement. The Civil Rights Movement acts as a symbol of possibility in the face of much turmoil and struggle.

The New Civil Rights Movement narrative is also an important location for the formation of a collective identity among the very diverse population of activists within this organization. While MoSP and HCN are both single issue groups their membership (in the case of HCN more than in the case of MoSP) comes from many different backgrounds and groups. The idea of the new civil rights movement, which was fully developed by this time, provided a frame through which the activists could collectively identify their struggles and their purpose. They no longer needed to spend time discussing the identity or goals of the organization and could spend their time focusing on developing concrete strategy in support of their single-payer goals.

For the first several years of the life of Health Care NOW, the organizational structure, as well as the origin story, of the organization was heavily dependent on the charismatic authority of Marilyn Clement – the founder and national coordinator of HCN. It is a testament to the stability of the collective identity and sense of purpose of the diverse organizational members that when Marilyn Clement was diagnosed with multiple myeloma in June of 2008 and had to take a less active role in the organization,

a steering committee consisting of nine activists representing multiple states and organizations was quickly formed. This steering committee eventually became an integral feature of the semi-professionalized organizational structure of HCN – which consists of a large volunteer Board of Directors (36), a smaller volunteer steering committee (11), and an even smaller professional staff. This organizational structure, which developed in conjunction with the origin story of HCN, is much more formalized than the initial incarnation of HCN as the “birthing place” of the movement. It is illustrative of the focused goals and identity of the organization which were initially very much connected to two particular actors in the story of Health Care NOW but now exist as independent entities.

The Ties that Bind: Health Care NOW and MoSP

The origin stories of both MoSP and HCN are important to their organizational identities and organizational goals. In many ways, these stories, and thus identities, overlap and they are illuminating when considering the formation of grassroots organizations. They also reveal the relationship between identity, goals, and centralization.

The origin stories of both MoSP and HCN start with the introduction of a single-payer bill. This has, in the past, directed organizational focus toward “beltway” politics. Although both organizations often, and with enthusiasm, engage in other types of activities, the identities, and thus the actions, of both organizations are tightly linked to supporting and passing single-payer legislation. This makes having a strong bill to focus on a necessary aspect of organizational life. Situations that result in organizational

members questioning the legitimacy of the bills, result in organizational confusion and stress.³¹

MoSP's and HCN's origin stories are also similar in that they share two archetypal characters – the politician and the grassroots organizer. In both stories, the primary focus of the story is not only on the creation of the organization, but also on those who did the creating. In both cases, there are two primary characters. In the case of MoSP the primary characters are Gail Chatfield, who was a former fire fighter and union leader; and current – at time of the origin story – state representative, and Eugene Swartz, who was a Social Worker, Professor, and grassroots social justice advocate. In the case of Health Care NOW, the primary characters are Representative John Conyers and grassroots activist / professional organizer Marilyn Clement. Although it is likely that these two archetypes – the grassroots organizer and the politician – were working with others while developing the organizations, it is telling that these two archetypes are the primary focus of the origin stories. This would indicate that both organizations place primary importance not only on beltway politics, but also on grassroots organizing.

These origin stories are also similar in that they both make connections to earlier movements for social change. This is also where their greatest differences reside. The origin story of MoSP begins with the “trip to Canada” and the strategy of MoSP is centered not on national legislation (although they do support national legislation when it is introduced) or a national movement (although they do form alliances a work with

³¹ This will be discussed in greater detail in chapter 6.

national organizations), but is firmly rooted in their identity as a state based organization. In the past, this has encouraged MoSPers to “keep on keepin on” even when national movements for universal health care have failed. The origin story of Health Care NOW became connected to and rooted in connections to the Civil Rights Movement. The primary characters in this origin story are connected to each other and to the continual cause of social justice through their historical involvement in the Civil Rights Movement. For them, their involvement in the movement for single-payer is not a new story, but a continuation of the same story involving their fight for social justice. This firmly roots Health Care NOW as an organization in a legitimating history, through which they can not only find a collective sense of identity, but can also find encouragement in the face of “insurmountable struggle”. This also firmly grounds them in efforts to work for national legislation and to form a national movement in support of this.

Finally, these origin stories are similar in that they both involve the process of developing from a loosely affiliated grassroots coalition community with a common goal to a centralized and professionalized (or semi-professionalized) organization with a shared goal and organized strategy. While Health Care NOW remained very diverse even after this process of centralization, MoSP, which was conceived as a state-wide organization, became less diverse and largely relegated to one area of the state – St. Louis. Due to lack of funding, in part, (and not for lack of trying) the core members of MoSP who were located in St. Louis were unable to sufficiently encourage the continued building of a state-wide movement. As Mary pointed out,

Now like I said MOSP is state wide but it doesn't have any paid organizers working for it, so it is volunteer, so it is more difficult to get out there and find the membership that is needed, I mean you have to do all this traveling, this that and the other and at a certain point, you're still trying to make your income another way.³²

This has limited the strategies, tactics, and activities that are available to MoSP and thus MoSP has focused on education and citizen lobbying in order to reach its goal of passing single-payer legislation. However, the centralization of the MoSP board also allows MoSP to adapt more quickly to changes in the environment of opportunity. By the time Health Care NOW was formalizing, in the spring of 2005, MoSP had a newly centralized board that was able to take advantage of this increased grassroots opportunity. The centralized board of MoSP became very involved in the efforts of this national organization. Through this alliance, MoSP gained ideas for new strategies and tactics.³³ The centralization of Health Care NOW after the illness and eventual death of founder Marilyn Clement was possible due to the shared identity developed through the origin story of HCN. This facilitated the development of a collective national strategy, involving many tactics and campaigns³⁴, shared by the many diverse coalition organizations who, like MoSP, were members of the Health Care NOW coalition, and yet retained their own identities. While this process of centralization in some ways inhibited the state based efforts of MoSP, it also allowed MoSP to become more flexible and adaptive to changes in the environment of opportunity, which is important to the formation of new alliances.

³² Mary Hussman Interview 4/19/04

³³ After coming home from the 2005 HCN national strategy conference, the centralized MoSP board was able to organize the first Citizens Congressional Health Care Truth Hearing and promote a city resolution in support for single-payer – both strategies were developed at the HCN conference.

³⁴ These will be discussed in greater detail in the remaining chapters.

These similarities and differences in the origin stories of MoSP and HCN both facilitate and complicate their alliance. Although HCN is generally supportive of state-based movements, there is a narrative in the organization which questions the effects of state-based organizations on movement towards a national single-payer system. At the 2006 HCN national strategy conference, there was also a discussion, raised by Walter Tillow, which dealt with the issue of whether or not state single-payer movements really promoted the national movement. Walter raised issues about the Massachusetts movement getting corrupted³⁵ and the California bill passing but then being vetoed by Governor Arnold Swartzenegger³⁶. Mimi Signor, Vice President of MoSP, then explained that in her view the state efforts and the national efforts were not incompatible, but rather should support each other. She explained that with the then current political environment in Missouri, the state bill had no chance of being passed and it was really just a way to keep the dialogue open for the time being while they focused on H.R. 676. While Health Care NOW has become more supportive as an organization of state-based movements since this discussion in 2006, particularly in the case of the successful Vermont movement for single-payer, this is still a strategy oriented difference between MoSP and HCN.

The skepticism of some Health Care NOW activists towards state based movements for single-payer is actually related to a major similarity between MoSP and Health Care NOW. In the incremental vs. progressive reform debate that is so prevalent within the movement for health care reform, both MoSP and HCN fall firmly on the

³⁵ This resulted in MASS CARE.

³⁶ In 2006 and 2008

progressive side. Although their stories and strategies may differ slightly, they are both focused on and dedicated to the goal of implementing a single- payer health care system in the United States. This is the most central aspect of their identities and ties them firmly together as allies in this movement. The identities of both organizations are firmly rooted in the single goal of single-payer.

The Narrative Practice of Origin Stories

For social movement actors, stories of origin are not comprised of hard data that is accessible and representative of the true origins of the social movement. Rather, origin stories involve the strategic reconstruction of experience and memory. Although origin narratives are most frequently discussed as an integral in the narrative practice of ***identity building***, they are also tied to many other aspects of narrative practice.³⁷

Table 2: Narrative Practice Origin Stories

	Sense Making	Identity Building	Strategy Enhancing	Recruitment Facilitating	Hope Inducing
Health Care NOW	Tie creation of the org. to earlier activities in CRM.	National GRM for Health Care RIGHTS.	Focus on NATIONAL Single-payer legislation – Lobbying and GR.	Link to individuals and orgs. Connected to CRM.	The stories of the insurmountable struggle experienced by past movements that were
MO For Single Payer	Tie creation of org. to T to C, NOT to Clinton Era of HCR.	STATE based organization for SINGLE-PAYER.	Focus on STATE single-payer legislation – Lobbying.	Point to successful outcomes in Canada to encourage support.	eventually successful narratively connected to prophetic successful SP ending.

³⁷ Table 2 illustrates this.

Through the telling of their origin stories, Health Care NOW and MoSP make sense of, or develop a causal argument about, why they developed as they did as an organization. Both organizations could have rooted their origins in previous efforts for health care reform (MoSP was actually created as an organization during the Clinton era of reform and Marilyn Clement was also active in the movement at this time). However, rather than locating their origins in past efforts for health care reform that were not successful, both organizations attach their birth to successful movements for reform. Both of these sense-making causal arguments for the birth of these organizations facilitate further liberating narrative practices.

By rooting the birth of their organizations in earlier successful movements, social movement actors can also use these narratives to develop and support the use of specific strategies. In this way, they also enhance the strategy of Health Care NOW and MoSP – they are ***strategy enhancing***. MoSP’s origin story, which is rooted in the “trip to Canada”, directs this organization to retain the state-by-state strategy for achieving single-payer and gives them a positive example of the outcomes of this strategy. Yet, MoSP activists are also attracted to the origin story of the Civil Rights Movement and this encourages their support of Health Care NOW. This origin story directs Health Care NOW toward building a nation-wide campaign that involves both beltway political and grassroots strategies, depending on the opportunities that confront the single-payer movement. This origin story (as discussed in later chapters) is also used as a location for mobilization efforts and to legitimate the use of more radical tactics involving civil disobedience (i.e. sit-ins).

Both MoSP and Health care now also use this narrative form in the narrative practice of recruitment – they are *recruitment facilitating*. MoSP participants often point to not only the positive outcomes of the movement for single-payer in Canada (often referencing the folk hero figure of Tommy Douglas), but they also reference the positive outcomes (in health, patient satisfaction, etc.) of the Canadian medicare system in order to encourage outside audiences to support single-payer. Health Care NOW activists are also able to reference the successful outcomes of the civil rights movement in order to encourage outside members to support their “insurmountable struggle” to achieve single-payer. The identity as the New Civil Rights Movement which arises from this origin story also taps into a collective understanding of this movement and encourages the involvement of those who were previously active in the civil rights movement. It encourages members of the public who are concerned about *rights* to become supportive of the very focused goal of single-payer health care.

These origin stories are not only important narrative strategies for encouraging the support and participation of movement outsiders, but they are also a central way in which movement actors encourage themselves to “keep on keepin on” in the face of “insurmountable struggle”. The importance of having hope in the face of desperate circumstances cannot be overstated. Emotions are also a central issue for social movement actors who are already committed to the cause. Hope that change can occur even when faced with negative opportunities for that change is a central factor in whether or not organizational members continue to work towards their primary goals, or change their goals to fit the negative aspects of the environment in which they exist. I

cannot examine the cognitive aspect of “hope”, but this examination of origin stories illustrates the narrative practice of *producing hope*. The single-payer narrative does not have an ending. While the dominant narrative of health care reform indicates that single-payer is not politically feasible, linking this movement to the “insurmountable struggle” experienced by the Civil Rights Movement and the Movement for Canadian medicare allows single-payer activists to construct a “prophetic ending” for the single-payer narrative – that this “insurmountable struggle” will also one day be successful. This constructed ending for the single-payer narrative encourages activists to continue the struggle even in the face of seemingly insurmountable odds.

These narrative practices, which utilize the narrative form of origin stories, are integral to the continuing process of pragmatic liberation. As activists construct their origin stories they are also developing the practice of liberation. By developing these origin stories they are also producing empowering identities that facilitate the use of empowering strategies and legitimate the empowering emotion of hope in the face of incredible odds. As I continue this story by discussing the actions of single-payer activists in historically specific contexts we will see how this narrative practice using other narrative forms, particularly that of opportunity narratives, also promotes the practice of pragmatic liberation.

Chapter 5

The Clinton Era of Health Care Reform: Narratives of Political Opportunity and Action in the Context of “Not Politically Feasible”

“First They Ignore You, Then They Laugh at You, Then They Fight You, Then You Win”

Political opportunity became a primary conceptual focus for the study of social movements with the advent of political process frameworks, which argued that one must account for *structures* of political opportunity in order to understand how and why mobilization occurs. Political opportunity refers to the “dimensions of the political environment that provide incentives for people to undertake collective action by affecting their expectations for success and failure” (Tarrow, 1998, 85). Social movement scholars have largely focused on the following dimensions of political opportunity,

1. The relative openness or closure of the institutional political system.
2. The stability of that broad set of elite alignments that typically undergird a polity.
3. The presence of elite allies.
4. The state’s capacity and propensity for repression.³⁸

These are important aspects of the environment which social movement actors must confront. Social movement actors have a greater chance of changing policies and laws when the political system is open to change. The political system in the United States is more “relatively open” than some others, as it is a system that prides itself on its

³⁸ McAdam 1996, 27

democratic ideals, which don't allow for extreme forms of state repression. However, the extensive system of checks and balances that protect this democracy, as well as the two party system that has developed due to our distinct history, make it more difficult for progressive social change that challenges the status quo to occur (Piven and Cloward 1993; Hoffman 2010). This, coupled with the power of special interest groups due to campaign financing and political lobbying, has resulted in a very restrictive political opportunity structure in the United States.

The political opportunity structure is not static but is rooted in a historically specific context. According to political process models, when this structure becomes more open to social change, social movement activity increases because successful outcomes become more feasible. Doug McAdam (1982), who first developed the Political Process Model, pointed out that "any event or broad social process that serves to undermine the calculations and assumptions on which the political establishment is structured occasions a shift in political opportunities"(41). These shifts, sometimes caused by crisis, in political opportunities create openings for successful social movement activity. When discussing the civil rights movement, McAdam points out how, in the early 1900's, events "facilitated the development of the black movement by profoundly altering the "shape" of the political environment confronting blacks"(72). This, according to McAdam, allowed for black insurgency. Historical events, such as the election of a new President, can reshape the political environment or the structure of political opportunity. Broad social changes, such as globalization, also impact domestic structures of political opportunity (Josselin 2007).

Times of seemingly positive political opportunity result in various outcomes. Meyer and Minkoff (2004) found that “when there is some indication that movement concerns are a presidential priority, activists are less likely to establish new organizations and more likely to press their claims using protest” (12). Amenta (1998, 2006) argues that political opportunity is mediated by meso level factors, such as localized patronage politics, and that the outcomes of positive opportunity are largely dependent on how well the tactics and strategies of SMO’s match the particularities of the opportunity. Other theorists raise the question “Opportunity for Whom” and argue that political opportunity affects different types of organizations and different types of activists in very different ways, even if they share an overall goal (Meyer and Minkoff 2004, Ramos 2008). Political opportunity does not always precede movement action and the ways in which activists define and thus interact with the opportunities presented to them further affect the opportunity for change.

There are several key distinctions between thinking of political opportunity as a structure, or POS, and my conceptualization of political opportunity as one element in the in the environment of opportunity. First, this framework removes political opportunity from its privileged position. It is merely one type of opportunity among other equally important types of opportunity for the collective action that is necessary for social change. Second, it breaks down the structure agency binary so prevalent in the POS framework, even those based on a processural relationship between actors and structure. Important as both actors in narratives of opportunity and as co-constructors of these narratives, *political agents* are central motivating forces for activists even

within the context of a negative political opportunity structure. Finally, it accounts for the fact that political opportunity, of the positive or negative sort, has varying outcomes largely dependent upon the definitions and thus actions of agents and activists within an environment composed of various types of opportunity. This definition, which is developed through narrative, has important implications for pragmatic liberation, empowerment, and thus action.

Narratives of political opportunity, or the stories that social movement actors tell about both the positive and negative political factors present in their environment of opportunity, are an important narrative form through which these social movement actors understand and act upon this environment of opportunity. Activists tell and share stories about the political opportunities that they are experiencing and this has important implications for pragmatic liberation and the specific actions (grassroots mobilization) through which activists act on these opportunities. These narratives are unique in that they construct experience as indicative of either positive or negative opportunity. These narratives often feature an important political agent as the primary protagonist of the narrative. These agents are just as important to the ***pragmatic liberation*** that may occur through the telling of these narratives as the structures in which they act.

The dominant narrative of political opportunity within the movement for health care reform has been that single-payer health care is not “politically feasible”, yet many single-payer supporters within this movement have continued to fight for this type of progressive reform. While many would be single-payer supporters have shifted their

focus to more incremental reform measures during times in which single-payer is narratively defined as politically infeasible, die-hard single-payer supporters construct opportunity narratives that counter this dominant narrative and continue to “keep on keepin on” in their efforts to promote single-payer as the only real solution to the health care crisis in the United States. These counter narratives of political feasibility are co-constructed by activists within the movement, as well as by political agents important to the movement, and are then used by single-payer activists in their efforts to reshape the political opportunity for single-payer health care. The construction of political counter-narratives is a historically specific phenomenon, both inhibited and facilitated by multiple aspects of the environment of opportunity (i.e. aspects of material culture). The narrative frame “First they Ignore You, Then They Laugh at You, Then They Fight You, Then You Win”, which is often used by activists in their stories dealing with why it is valuable to “keep on, keepin on” in the midst of much adversity, will also be the rhetorical frame for this discussion dealing with the narratives of political opportunity that arose during a distinct historical era of the single-payer movement – the Clinton era of health care reform.

In the early 1990’s, the political focus was once again directed toward the issue of health care reform. At the national level, the 1992 Presidential race was dominated by discourse surrounding health care reform. Candidate Bill Clinton, then Governor of Arkansas, became a major political agent in the narrative surrounding health care reform. While state level movements for health care reform had cropped up prior to this election season, the national movement for health care reform, and specifically for

Single-Payer health care, experienced an upswing in activity, organization, and new membership during the election season and during the first few years following the election of President Clinton. The historical narrative of some activists who were active during that period contends that within the first year following the election of President Clinton, the single-payer movement had moved into a period of relative inaction and was “dead in the water”³⁹.

Well, I really think the Health Security Act really diffused Single Payer. The health security act was really mega managed care and had very little to do with SP. You see I wasn't a member, but my feeling that I've gotten from people like Myrna and Hy is that a majority felt like they'd been betrayed by the Clintons. And I think that they were.⁴⁰

However, a careful examination of historical documents – including organization minutes, organizational newsletters, and other hard copies of organizational documents will show that the movement during this time period was not “dead in the water”, but rather constructed new narratives and new strategies for combating the dominant opportunity narrative that defined single-payer as “political infeasible”.

“First they Ignore You”: Rising Action of Clinton Health Security

When Candidate Bill Clinton first became President Elect Bill Clinton in November of 1992, the dominant narrative regarding the political infeasibility of single-payer health care had not yet become hegemonic. Single-payer supporters were still hopeful that their goals would be listened to and considered. This time period was constructed by single-payer activists as a period of political opportunity during which

³⁹ Myrna Fichtenbaum interview Dec. 2005

⁴⁰ Roger Signor interview Nov. 2004

they could convince the Clinton administration to support Single Payer, or at least push the new administration toward the principles of a single-payer system.

With the election of Governor Clinton, the opportunities for meaningful health care reform become more real. Governor Clinton has expressed his commitment to providing universal, affordable care. However, the shape of the plan he will submit to Congress within 100 days of his inauguration remains unclear. Our **opportunity and challenge** will be to influence President Clinton's health care policy in order to get meaningful reform enacted into law.

Many groups who support universal access to health care through a single payer approach are concerned that President-Elect Clinton will push his health care proposal through in the first 100 days and not allow for a full debate on the different approaches. As a result, groups such as Citizen Action, Consumers Union, and Church Women United are participating in a postcard campaign to urge Clinton to support a plan that covers everyone, allows consumers to choose their own doctors, and controls costs.⁴¹

While the narrative of political opportunity at this time recognized that President Elect Clinton was not a single-payer supporter, it also encouraged single-payer activists to work to change the debate surrounding the options for health-care reform. This time period represented an "opportunity and challenge" to force single-payer onto the table.

This narrative of political opportunity encouraged the formation of new organizations and new activities that would force single-payer into the political debate over health care reform. The United Health Care Action Network (UHCAN) was just one of the organizations formed during this period. Their origin narrative explains that,

⁴¹ Church Women ACT Flier Church Women United – November 1992 – Bold is mine

In March 1992, the Northeast Ohio Coalition for National Health Care, based in Cleveland, took the lead in organizing the first nationwide conference for single-payer activists. Over 100 leaders from 27 states gathered in Washington, D.C. for the event. The conference led to plans for another event in November 1992, also in Washington, D.C. At that meeting 250 leaders from 37 states founded a new national organization - the Universal Health Care Action Network (UHCAN). At that time, offices were established in Cleveland, OH, to symbolize UHCAN's identity as a grassroots center for health care reform advocates.⁴²

UHCAN did become the central organizing group for the nation-wide grassroots support of single-payer. It formed within a context in which there was significant political opportunity for health care reform (the specifics of which were yet to be defined), as well as significant grassroots opportunity for mobilization in support of single-payer health care.

At this point, the dominant narrative surrounding health care reform was still fairly ambiguous and open to different possibilities. By December of 1992 the directions for health care reform in the narrative of political opportunity were largely limited to four areas – Insurance Reform, Employer Mandated, Managed Competition, and Publicly Financed. Single-payer activists explained the “Publicly Financed” option in this way,

In the past, most of the bills in this category were called “Single Payer” bills, however, paying for health care out of taxes can be joined with a variety of delivery mechanisms. This approach would save a considerable amount of money because of substantial administrative simplifications. According to a 1991 study by the US General Accounting Office (GOA), “the savings in administrative costs would be more than enough to offset the expense of universal coverage”. The major criticisms are political. Is the American public willing to pay for health care through higher taxes

⁴² www.uhcan.org/history

even if it means overall savings? How far are our elected officials willing to go in advancing a program resolutely opposed by the politically influential insurance industry?⁴³

This discussion, which took place before Clinton was inaugurated, assumes that a publically financed health care system (i.e. single-payer) is still on the table and still in the debate. In it, you can see the writers begin to address the narrative that single-payer is not politically feasible, even though it would be economically beneficial according to the US General Accounting Office. This narrative encouraged, rather than discouraged, increased grassroots activity.

Many current activists recall the “People’s Health Care-avan” to Little Rock Arkansas that took place in December of 1992 and drew over 1000 activists from 32 states. Mary Hussman, long-time activist and professional organizer remembers it this way,

When I was in Georgia, I was called to go to Little Rock Arkansas, and I knew Bill, knew him pretty well, well I don’t know if I want to say that, but I knew him and he uh was going to be there and he had just been elected. So in November we took a caravan of people into Little Rock to encourage him to go for universal single payer health care. And not go for the plan that they were going for, which was pretty much telling the insurance companies that we’re not going to touch their profits, and by making that promise not to touch their profits I think that from the get go they made a complete tactical error. Uh, unfortunately, he got hit by both sides, the left didn’t want his plan and the right didn’t want his plan either, it was the wrong place to be in the middle.⁴⁴

⁴³Inter-Religious Health Care Access Campaign – “Understanding the Different Proposals for National Health Care Reform” December 1992

⁴⁴ Mary Hussman Interview – Fall 2004

At this time, directly following the election of Clinton but before the first “100 days” of his term, single-payer activists were still hopeful that they would have the opportunity to direct the debate towards single-payer, or at least to have a seat at the table.

In the following months, as the dominant narrative for health care reform became focused on “managed competition”, single-payer activists began to realize that they would not have a seat at the table and would in reality be, for the most part⁴⁵, ignored throughout the process of Clinton health care reform. By February of 1993, managed competition had begun to dominate the narrative of political opportunity for health care reform. An article entitled “Will Managed Competition Cure Our Ills?” in the February Church Women United flier explains that,

Although President and Hillary Clinton have not formalized a health care plan, advisors have indicated that it will be some version of managed competition. In the coming months as Hillary Clinton and the health care task force work to develop a national health care plan, they need to hear from us. They are certainly hearing from insurance companies and need to be continually reminded who the reforms are really to benefit.⁴⁶

This flier goes on to urge activists to send letters to Hillary Clinton and the recently established Health Care Task Force, providing an example letter which states,

Thanks for your commitment to reforming the health care system. Perhaps your greatest challenge is to achieve reform that meets people’s needs, not the interests of the health insurance lobby. I strongly urge you to support a health care plan similar to Canada’s where everyone has access to all medically necessary care and costs are controlled because the role of private health insurance is drastically reduced. Thank you for considering my concerns.⁴⁷

⁴⁵ A few single-payer leaders, including Dr. David Himmelstein (PNHP) and Senator Paul Wellstone (D-MN), were allowed to meet with the Clinton transition team in early 1993 – leading one author to write that single-payer was “no longer on the political fringe” (Priest 1993).

⁴⁶ Church Women United Flier, February 1993

⁴⁷ Church Women United Flier, February 1993

Although other options for health care reform were rejected by the Clinton Administrations focus on “managed competition”, single-payer activists still worked to make a place for themselves at the table. In fact, previously disparate groups of single-payer supporters began to create formalized organizations at this time, such as UCHAN and newly formed “Missouri Coalition for Single Payer Health Care”, which eventually became Missourians for Single Payer (MoSP). These organizations were also able to remain actively engaged with the debate on health care reform by supporting single-payer bills at the national and state levels.

In the June 1993 meeting minutes of MoSP, which was still heavily dependent on the work of Physicians for a National Health Program (PNHP), this redirection of focus on state and national single-payer bills, rather than on the Clinton reform strategy, is apparent.

PNHP has two contacts in Washington DC that meet regularly with Congress, and met earlier with President Clinton’s transition team. No representative from Hillary Clinton’s Health Care Task Force would meet with PNHP representatives. However, the President and first lady know shortcomings and strengths of Single Payer system. Clintons do not believe they have political will or support for a single payer system ...Now we’re fighting the unknown, though we can expect outlawing of experience rating and switch to community rating. It is PNHP’s opinion that we cannot discuss Clinton’s plan because it is still unclear. As a statewide organization, however, we can concentrate on passage of the ‘Chatfield’ bill, which has eleven sponsors for the next legislative session.⁴⁸

The narrative told in these meeting minutes explains that single-payer activists, who were now being ignored by the Clinton Health Care Task Force, should redirect their

⁴⁸ MoSP – East meeting minute June 1993

focus to supporting specifically single-payer bills, rather than on trying to shape the Clinton agenda for health care reform.

At this point, national single-payer organizations, such as UCHAN, also began redirecting their focus to supporting the “American Health Security Act” which was introduced by Senator Paul Wellstone (D-MN) and Congressmen McDermott (D-WA) and Conyers (D-MI) in March of 1993. By May of 1993, this bill had more cosponsors in the House and Senate than any previously introduced single-payer bill – **five cosponsors in the Senate and seventy-four in the House** (Priest 1993). Single-payer activists and organizations began using these state and national bills as tools to challenge the dominance of “managed competition” in the debate over health care reform.

The American Health Security Act provides for universal access to comprehensive health care including preventative care, health education, long-term care, mental health care, and dental care. The act is a ‘benchmark’ bill setting the standard by which other proposals will be measured. Strong support for this bill is crucial to send a message for bold and systemic reform to the Clinton Administration as it develops its own health care proposal.⁴⁹

The political opportunity presented by the state and national single-payer bills, as well as the political agents that supported these bills, encouraged grassroots single-payer activists to continue to push for single-payer and reshape the dominant political discourse through their support of these single-payer bills. There is some evidence, beyond the increasing number of cosponsors for the American Health Security Act, that this effort was having the intended effect.

One Democratic Senate aide, who has strong misgivings about a single-payer approach, nevertheless said the influence of those who support it

⁴⁹ Action: Interfaith Impact Newsletter June 1993

could not be discounted. "If we wind up with universal coverage, the single-payer people will deserve a lot of the credit for that," said the aide, who would speak only on condition of anonymity. "They'll have been the ones who kept up the pressure to cover everyone." (Toner 1993)

While the Single Payer Movement may not have been able to re-direct the development of the Clinton health care reform policy toward single-payer, they had become the "left flank" (Priest 1993), with which the debate surrounding health care reform must contend and had "mustered a political constituency that the administration cannot safely ignore" (Sternberg 1993).

While the opportunity presented by these single-payer bills encouraged single-payer activists to continue mobilization efforts in the face of a contrary dominant narrative of healthcare reform, they also began experiencing some signs of negative opportunity within the grassroots movement for health care reform. The MoSP minutes from June of 1993 indicate that members of UCHAN and MoSP had been interested in joining a "March on Washington" which was organized by the National Association of Community Health Centers, "However, Myrna reported that UHCAN has talked with the planners of the march, and there will not be a designated separate section for SPS groups".⁵⁰ During this time, single-payer supporters became increasingly marginalized, not only within the realm of the dominant political narrative of health care reform, but also within the movement for health care reform.

However, Single-payer activists continued to fight this marginalization. In the Summer of 1993, UHCAN, in conjunction with Public Citizen, organized a "Letter to President Clinton",

⁵⁰ MoSP-E minutes June 1993

in support of single-payer reform endorsed by nearly 1000 grassroots organizations from 47 states, Puerto Rico and D.C. Diane Lardie, UHCAN National Coordinator, moderated a Washington, D.C. press conference releasing the letter at which a broad cross-section of grassroots leaders spoke.⁵¹

This letter indicated significant grassroots support, and significant grassroots opportunity, for single-payer health care reform. Yet, this did not sway the Clinton's or the Health Care Task Force, which were still mired in the dominant narrative of "political infeasibility" and argued that single-payer was not politically "doable" (Priest 1993).

Current activists, even those who were not active in the single-payer at this time, recall being alienated by the Clinton administration,

I covered a talk by Hillary in KC and there was a gentleman on the speakers platform, and some fellow was there representing single payer, and he started to ask something about him and she turned to him and said 'single payer is NOT on the table' very rude. That alienated me, and I was one of those people charmed by Hillary up to that point.⁵²

While this alienation is significant, it is also significant that this political alienation did not result in a cessation of movement activity. Single-payer activists continued to mobilize and push for single-payer in ever more creative ways.

"Then they laugh at you": Clinton Health Security Proposed

When the Clinton administration released their proposal for "Health Security" on September 22nd of 1993, it became obvious that the "political infeasibility" narrative had been successful and that the counter narrative of grassroots support for single-payer had not been able to sway the Clinton Health Care Task Force. At this point in the recounting of current single-payer activists, single-payer activity either redirected its

⁵¹ uchan.org/history

⁵² Roger Signor Interview Nov. 2004

focus in support of the Clinton proposal or went through a period of denouement which resulted from the alienation of the activists from the health care reform debate and from the complicated nature of the Clinton proposal. While this historical narrative is telling, it is not supported by the historical documents, which indicate that the single-payer movement was not yet willing to demobilize and instead continued to mobilize in new and inventive ways.

Directly following the release of the Clinton health security proposal, many organizations sent out materials indicating that the debate was just beginning. In an article titled “HEALTH CARE DEBATE: Time to Get Serious About It” MO IMPACT stated that,

Unless you’ve been living in a news blackout for the past 3 weeks, it will not come as a surprise that the Clinton health care plan has been unveiled and the debate is on ... IMPACT will continue to support the American Health Security Act, but at the same time be supportive of the useful parts of the Clinton, or any other proposal ... As people of faith, we are one of the few voices in the debate that is not representing our own special interest, but concern for all our brothers and sisters, the sick, the oppressed, and the poor.⁵³

An article titled “Let the Debate Begin” in a Church Women ACT Flier published by Church Women United (CWU) argues that,

Both the President and Hillary Clinton have stressed repeatedly that their plan should be considered a starting point for Congress, the President has shown himself to be a negotiator. It is up to us to make sure that any changes that occur in the President’s plans are ones that further guide us toward the goal of universal access to health care. Groups that oppose health care reform will be lobbying Congress hard over the next year with exactly the opposite message.

⁵³ MO IMPACT Newsletter September 1993

The flier goes on to explain some of the “hurdles to health care reform”,

Getting a health care reform package through congress will not be an easy task. Members of Congress remain divided on which approach to take. Some support Clinton’s managed competition / employer mandate approach. Over 90 Democrats support a single payer approach. Just last week, Republicans introduced their own plan which supports a managed competition approach without mandates.

In addition, members of Congress will be lobbied extensively by the health industry, many with the intent of blocking real reform. The health care debate is predicted to set off one of the largest rounds of lobbying Washington has ever seen.

The author then goes on to explain Church Women United’s position,

In March of this year, CWU’s board unanimously voted to support a single payer bill, The American Health Security Act (HR 1200/ S 491). Of all the bills pending in Congress, this bill most closely matched our principles. Our position of support for the AHSA does not mean, however, that we will stand opposed to the Clinton proposal. Over the next few months as the specifics of Clinton’s plan are disclosed, we will measure it to our principles to see if it also makes access to health care a reality for all.

These examples illustrate the continued support for national single-payer legislation,

and a strong focus on the American Health Security Act – the national single-payer bill.

However, they also show that some single-payer supporters, especially those multi-issue

groups, were willing to consider other options as long as they complied with the

principles that they had set forth. Church Women United (CWU) had only recently taken

up the cause of single-payer and these excerpts indicate that they would also be

supportive of the Clinton plan, as long as it met certain principles. Many organizations of

this type became involved in the “Campaign for Health Security,”

Most national single-payer organizations are working through the Campaign for Health Security to apply single-payer principles to health debate now taking place in Congress. Health reform is now in congressional committees, where the Clinton plan may be turned into

something quite different. The Campaign's goal is to defend the good parts of the Clinton plan and to seek improvements. There are three essential tasks for advocates: to build mass demand for change, to attack the bad bills, particularly the 'bipartisan' Cooper bill, and to lobby single-payer co-sponsors and other supporters of reform to build a bloc that will hold fast to the principles of real reform...

Congressional liberals, most of them single-payer supporters, can force Clinton to meet a much higher bottom line. But to date their contribution has been scattershot and sometimes even counter productive. The Campaign for Health Security has laid out a program around which single-payer supporters can unite to keep Clinton from moving right. That program offers single-payer supporters both a principled bottom line – those five components of the Clinton plan that must not be traded away – and a package of improving amendments. (Cowell 1994).

This segment of the single-payer movement continued to focus on pushing the discussion in Congress toward the principles that they argued would best be met through the implementation of a single-payer program.

This was a very difficult task, due to the opposition that the Campaign for Health Security, as well as the single-payer movement faced.

The war to establish people first health care is on, and we the people are losing. We are losing because the enemy is spending tens of millions of our health care dollars to flood the media and offices of our Congress with misinformation, lies, and six figures checks ... We've got to win the war for universal health care, but how? We don't have big money PACS. We don't have slick Madison Avenue lobbyists with 100 million dollar budgets. **But we do have the ultimate power. We have truth and moral people. We have YOU...** We've got to challenge every state and federal representative in writing, by telephone, face-to-face, and at their forums to make a clear commitment to the principle of universal health care that meets the needs of people with disabilities. We've got to speak out ...

We've got to blow away the fog of lobbyist deceptions and focus the mind of America and our representatives on the real issue, the winning issue. **Is universal health care an obligation of civilized society?** Can there be the slightest doubt that in the United States of America, the

richest, most democratic nation in the history of the world, quality health care is a fundamental right of every single person?⁵⁴

In this narrative, the “*enemy*” in the “*war*” facing supporters of single-payer is the powerful corporate interests that, through their financial resources, have great influence on the media and political establishment. These elite forces were aligned against the single-payer movement as well as the Clinton lead campaign for health care reform. Activists were encouraged to fight this war using the “ultimate power” of grass root mobilization and the citizen lobbying of the legislature. This encouraged single-payer activists to mobilize in conjunction with the Clinton Health Security campaign.

Despite differences of tone and nuance within the single-payer camp, there is substantial unity over strategy, with very few groups seeking to defeat the Clinton plan outright. At the center now are five aspects of the Clinton plan that must not be compromised away – universal coverage by 1998, comprehensive benefits, an employer mandate to pay for health care, cost controls (including premium caps and fee schedules), and the state single-payer option. These are substantially the same elements promoted by the AFL-CIO and other liberal groups. (Cowell 1994)

Single-payer supporters were encouraged to develop strategies that continued to work along-side the Clinton Campaign, rather than against it.

Although the single-payer option was ignored by the Clinton administration, single-payer supporters were encouraged to mobilize in support of passing universal health care through the Clinton campaign for Health Security. Although the Clinton administration initially did not invest in efforts to mobilize the public in support of Health Security (Skocpol 1995), in summer of 1994, as the national health care debate

⁵⁴ Excerpts from a speech by Ustin Dar, former Chair of the President’s Committee on Employment of People with Disabilities 1/17/94 at a Fairshake Legislative Rally in Charleston WV

was drawing to a close, this mobilization did occur. The “Health Security Express” bus tour was a major effort to mobilize the grassroots. Through it,

Thousands of citizens will do more than listen and watch. They will ride into history – on caravans of busses from every region of the country, arriving on Capitol Hill at the beginning of August. They will be nurses, doctors, working people and retirees, celebrities, and political leaders. . The ‘reform riders’ will be carrying hand written messages to elected representatives, demanding that Congress respond to President Clinton’s leadership for universal coverage and guarantee that no American ever loses their health insurance.⁵⁵

Organizations that supported single-payer were hesitant to become involved in the Health Security Express because it was still not exactly clear what plan the Express would be supporting.

Church Women United is not nationally endorsing the Health Security Express because the slogan is ‘Pass It Now’. ‘We are unable to endorse something that is not clear. What is the ‘it’ referring to (the Clinton Bill? The House Bill? The Bradley amendment?) and whether the issue of abortion will appear. We would have preferred that the slogan be modified to read: ‘Universal Coverage: Pass It Now’.⁵⁶

Yet, organizations such as CWU did volunteer to support the express by providing meals to the riders. They recognized this as an opportunity to share the single-payer narrative with a wider audience.

We believe that this second item⁵⁷ is KEY to our work as we can therefore control the visual on television. Most of the dinners and stops of the busses will be covered by the media. At this time it is expected that someone from the White House (from staff to Cabinet members to either one of the Gores or Clintons could be at these events. We will not know

⁵⁵ Health Security Express Information Sheet, June 1994

⁵⁶ Letter from Church Women United Missouri President Mary Jane Schutzius July 30th 1994)

⁵⁷ To provide visuals and posters at CWU hosted Health Care Express Events

to the last minute.) This is our opportunity to make CWU visible and advocate our key principles.⁵⁸

Although the Health Security Express was not mobilized in support of single-payer, it became a location of grassroots opportunity in order to mobilize support for single-payer by sharing the single-payer counter-narrative with a wider population of people.

While single-payer supporters defined the opposition as those with corporate interests in the private insurance market and even mobilized in conjunction with last minute efforts to encourage mobilization in support of Clinton Health Security, they remained highly critical of the Clinton Administration's direction for reform.

President Clinton is proposing something called 'managed competition.' Under managed competition, the multiple payer system will largely remain intact and the insurance companies will be protected. There will be one level of care for the 'haves' and another level for the 'have-nots.' This is not acceptable.

The alternative is a single-payer health care system modeled after the Canadian system. The battle for health care reform will be the people versus the insurance companies and big business. If the insurance companies win, the vast majority of poor and working people will be the losers. Therefore, it is in the best interest of African Americans to rally behind the single-payer bill in Congress – the McDermott-Conyers American Health Security Act.⁵⁹

Instead of defining this as a battle between the opposing options of "managed competition" and "single-payer", this narrative continues to define the "battle" for health care reform as being between the Movement for Health Care Reform as a whole, and the strong opposition presented by the well financed insurance companies. This quote also illustrates a significant strategy of the single-payer movement at this time –

⁵⁸ Letter from Sally Timmet, National President of CWU, July 15 1994

⁵⁹ Ron Daniels – National Chairperson of the Campaign for a New Tomorrow (CNT), an African American and people of color – led multi-racial independent political organization in the June 1994 ACTION Newsletter

to encourage increased focus on the National Single-Payer bills in order to mobilize grassroots populations that had not yet been mobilized.

Many single-payer organizations focused on their support of the Wellstone-McDermott bill at the national level. This national bill was viewed a strategy through which to convince the many congressional committees who were developing health care reform bills to reconsider single-payer. Central to this narrative is the argument that the American Health Security Act had more support than any of the bills being developed in Congress, both inside and outside of the legislature. In the March 1994 issue of “American Health Security News”, Congressman McDermott argued that

As congressional support for the Clinton health plan gets harder and harder to find, many are taking a second look at single payer health care reform. Among those looking again – and liking what they see – are the editors of The Washington Monthly magazine. The March 1994 issue contains an eight-page examination of single payer systems successfully controlling costs and delivering high quality health care in Germany and Canada.

The recently formed, Single Payer Across the Nation (SPAN), also discussed increasing support of single-payer in the first issue of their newsletter in which they quote General Motors Chairman Jack Smith as saying “I personally favor the Canadian system” and Business Week Magazine as saying “single payer is not ‘socialized medicine.’ Rather, it’s by far the best way to control costs while preserving the freedom of choice and physician autonomy that made American medicine great” in their section “Quote of the Month”. This narrative does not indicate that there was a down turn in activity following

the non – single payer Clinton proposal, but rather an upswing of activity in connection to the perceived support of the single-payer option.

SPAN became an organizing force during this time of possible opportunity. SPAN began as a loosely organized coalition, headed by UHCAN. According to their origin story,

In early 1994, local and national activists affiliated with UHCAN formed SPAN to spearhead targeted grassroots legislative and political action on behalf of single-payer legislation in the U.S. Congress. In addition to organizing support for Rep. Jim McDermott's universal single-payer bill, the "American Health Security Act," SPAN helped organize nationwide support for Proposition 186, the single-payer ballot initiative in California.⁶⁰

According to this narrative, SPAN was formed specifically to support the single-payer bills introduced in the national legislature. This is markedly different from other national organizations, such as CWU, which were multi-issue organizations with a single-payer platform. Although these multi-issue organizations continued to support single-payer, they also indicated that they were willing to accept other options that would fulfill the principles that they had set out to achieve. It is significant that focused single-payer organizations (with single-payer in the name) were formed during this period. Many state based organizations also formed in connection with SPAN and continued to act on national level issues. For example, the SPAN chapter in Washington (SPAN – WA), which was formed as a coalition of many groups including the Gray Panthers, the Rainbow Coalition, League of Women Voters, WA Health Care for All; amped up their organizing in response to a media-brown out.

⁶⁰ UHCAN.org/history

In an attempt to break the media ‘brown out’ on the tremendous advantages of single payer, WA – SPAN has stated several mini-rallies and events prior to Health Care for People Week. When managed

competition theorist Alain Enthoven addressed the American Pharmaceutical Association convention, SPANers were there picketing. When AARP hosted a “Health Care University” convention which promoted the Clinton health care plan, the audience was noisily single payer. And when U.S. Sen. Patty Murray and Dr. Judith Feder hosted a meeting to hear about the impact to date of Washington’s health care reform law, single-payer advocates organized a mini rally in front of the federal building.

Washington is the home state of U.S. Rep. Jim McDermott, chief sponsor of the single-payer bill in the House, as well as Speaker Tom Foley. Of the seven other Congressional representatives, only one, Al Swift has signed onto HR. 1200 so far. WA-SPAN is working on the others.

Washington also has the dubious distinction of being the first ‘testing ground’ for managed competition, having passed an employer-mandate health care reform law in 1993 that draws heavily on the right-wing marketplace theories of Enthoven and the Hoover Institute.

Here, as elsewhere, the struggle goes on to rid the health care financing system of the private insurance industry. Regardless of the outcome in Congress this year, we are winning many converts among the populace.⁶¹

This action narrative indicates that this grassroots activity was encouraged by the negative cultural opportunity presented by an unresponsive media. Grassroots activists in Washington found other ways to share their narrative which countered the dominant narrative of reform through managed competition. While the main forms of material culture (i.e. Television) were not accessible narratives through which to share their counter narrative, they did work to find other ways of sharing their single-payer story. Activists in Washington were encouraged to act by the positive political opportunity presented by Representative McDermott and by the grassroots opportunity represented by the formation of SPAN. SPAN, and by proxy UHCAN, became leading forces in

⁶¹ Craig Salins in “Action for Universal Health Care “News from the Grassroots ” March 1994

mobilizing the grassroots in support of single-payer. Later, it would become an organizing force in support of state based single-payer initiatives.

Single-payer activists also hoped that the decisions being made in the national legislature would encourage the mainstream media to redirect its focus toward the grassroots organizing occurring in support of single-payer. In an article titled “Red Faces Busting Out All Over” single-payer activists linked the lack of main stream media coverage of the single-payer movement with the dominance of the “political infeasibility” narrative.

Look for the House subcommittees and committees to move legislations closer to the single-payer approach than the ‘managed competition’ approach, which will be an early indicator of where health reform is heading. Red faced reporters and editors who have bought the year-long White House spin that the single-payer plan is ‘not politically viable’ – and have, as a result, seriously under-reported it – will have some explaining to do at that point. Because the plan has been so under-reported, readers, viewers, and listeners are woefully uninformed about the single-payer proposal which is about to emerge as the clear front runner where it matters most: in Congress where the votes are cast.⁶²

This excerpt clearly calls out the mainstream media establishment for ignoring the single-payer narrative in favor of managed competition, due to the supposed political “infeasibility” of the single-payer option. In lieu of main stream coverage of support for single-payer, the single-payer movement was pushed to develop media strategies that involved alternatives to the mainstream media while still utilizing the dominant forms of material culture.

⁶²Action for Universal Health Care April 1994

Single-payer activists responded to the ignorance of the mainstream media, and the negative opportunity represented by this dominant form of material culture, by concentrating on and developing a targeted media strategy. This targeted strategy involved hosting radio broadcasted health care town halls, full-page print ads, and “A nationwide call for op-eds to be sent to the New York Times for their special health care reform supplement to be published June 12th”.⁶³ One ad, which was produced by the Public Media Center and Public citizen, featured Ralph Nader and Jack Smith (then CEO of General Motors) and raised the question – “If these two can agree on a health care plan, why can’t the Congress?”. Both Nader and Smith were purported to be single-payer supporters and this ad countered the narrative that there was not a substantial amount of political or economic opportunity for single-payer. These media strategies attempted to use the dominant aspects of material culture to tell the public a narrative which countered the dominant narrative of health care reform which labeled single-payer as politically infeasible and “managed competition” as the only feasible option.

Single-payer supporters also developed creative ways to challenge the very successful “Harry and Louise” narrative sponsored by the Health Insurance Association of America. The Harry and Louise narrative was successful at changing the debate concerning Clinton Health Security because it was very well funded and appeared in homes across the nation (Skocpol 1995). An integral element of the single-payer media strategy was to create a counter narrative to that of Harry and Louise and they did this

⁶³⁶³ Marilyn Clement – Director “Health Care – We’ve gotta have it” NYC in the May 1994 issue of ACTION for Universal Health Care

through humor. Many individuals donated time to create a set of ads which parodied the Harry and Louise ads and this was complimented by a fundraising effort to raise funds in order to share this counter narrative through the dominant form of material culture at that time – television.

Two comedians, Jerry Stiller and Anne Meara, were central players in the creation of this humorous counter narrative. Although this campaign was not as well financed as the HIAA financed Harry and Louise ads, single-payer activists were able to promote this counter narrative in many states. This encouraged increased media attention to the single-payer movement. One article in the May 3, 1994 issue of the New York Times discusses this ad campaign explaining that,

The advertising campaign is small compared with the industry's: just \$1 million, only a fourth of which has been raised, as against the more than \$10 million spent by the insurance association. But the advocates of a Canadian-style system, in which the government pays nearly all medical bills, have already demonstrated substantial support at the grassroots . (Toner 1994).

This counter- narrative, which used humor to critique the narrative presented in the Harry and Louise ads, encouraged the mainstream media to re-direct their focus toward the activities of the single-payer movement. The coverage of this ad campaign also encouraged more organizations to sponsor the campaign,

Impressed by the success and the quality of the ads, the AFSCME international has decided to give a large grant to SPAN to further the ad

campaign and keep up the heat for single payer. It's wonderful to begin to get the solid backing needed to win this fight.⁶⁴

This illustrates the success of the Harry and Louise counter-narrative in mobilizing not just grass-roots single-payer support and increasing media coverage of the single-payer movement, but also encouraging the financial support of economic actors such as the American Federation of State, County, and Municipal Employees.

The alternative media strategies developed by the national single-payer movement used humor to challenge the dominant narratives of health care reform and the ignorance of mainstream media culture. Rather than being laughed at as working for something that was not politically feasible, they directed the laughter toward characters created by the insurance industry and toward the media establishment which had so easily been manipulated by the “politically infeasible” narrative and were thus narratively constructed as being shamed to the point of being “red faced”. This media strategy was also important to the state initiatives that were developing around the country.

“Then They Fight You: Single – Payer in the States”

During this period, focus also intensified on the possibility of implementing single-payer programs at the state level. An aspect of the Clinton proposal which would allow for federal support of these programs was of particular concern for single-payer

⁶⁴ ACTION for Universal Health Care June 1994

supporters. In an article titled “We’re Everywhere, We’re Everywhere”, Representative McDermott argued that,

Single-payer forces in Congress have revealed new support and opened a new front in the drive for single-payer health reform. HR 1200 co sponsors Reps. Bernie Sanders (VT) and Joe Kennedy (MA) are organizing an effort to complement the drive to enact HR 1200. They want to ensure that **every** plan moving through Congress includes a guarantee that states have the option to set up their own single-payer system. So far, **112 Members of Congress have enlisted in the effort**. Thirty-two of those Members are **not** HR 1200 co-sponsors. Even though they have not yet sponsored national single-payer legislation, they are making clear that they strongly believe their states should have the guaranteed option to create a state single-payer system.⁶⁵

Support for this aspect of the Clinton proposal was defined as positive political opportunity for single-payer activism. This encouraged activists to continue to work at the national level. This aspect of national legislation was also of particular importance due to the increasing focus placed upon state single-payer initiatives at this time.

While many state based organizations had been mobilized in support of state single-payer organizations in the years leading into the debate surrounding Clinton Health Security (i.e. Missouri and Indiana), during the health security debate state initiatives became not just a way to achieve single-payer at the state level, but also a way for single-payer activists to affect the national debate on health care reform. Of particular importance during this time was Proposition 186 – a grassroots ballot initiative in California.

⁶⁵ American Health Security News March 1994

By June of 1994, the California based movement had successfully garnered the one million signatures needed in order to put Prop 186 on the November 1994 ballot. The successful petition drive spearheaded by Californians for Health Security involved more than 10,000 volunteers and was supported by many California based organizations such as the California Nurses Association, the California Physicians' Alliance, the California Professional Firefighters, the California Teachers Association, the California Labor Federation (AFL-CIO), the California Council of Churches, Catholic Charities, the Congress of California Seniors, Neighbor to Neighbor, and Vote Health.

The California ballot initiative was implemented in the context of national political, cultural, and economic opportunity that ignored and delegitimized the single-payer position through the narrative of the “political infeasibility” of single-payer.

Like voters everywhere, Californians have felt left out of the health care debate between insurance companies and other special interests and Congress. Until now, no one has listened to everyone else – health care consumers – who want comprehensive care whether they are health or sick, working or unemployed. **This campaign will inject the single-payer option into the national debate on health care reform and help win this kind of comprehensive coverage for all Californians – and then for all Americans.**⁶⁶

Through the success of the petition portion of the campaign, single-payer supporters proved that there was indeed extensive grassroots support for single-payer health care in California. Coverage of this development also “represented a major breakthrough for

⁶⁶Action for Universal Health Care June 1994

serious media coverage of single-payer and the depth of popular support for it”⁶⁷
according to the single-payer narrative.

As the passage of a health care reform bill at the national level became less and less likely, the passage of Prop. 186 through a ballot initiative and referendum became a major focus for the national movement for single-payer, as well as for California based single-payer activists. At their national meeting in May, the PNHP voted to support the California initiative and,

Greatest optimism was accorded the California single-payer petition victory with a firm commitment from PNHP to the drive to victory in November~ Plans include a ‘Health Summer’ volunteer campaign emulating the ‘Freedom Summer’ of the Civil Rights movement in 1964...

Clear-eyed about the awesome power of our opponents in government and elsewhere, PNHP came back home from Toronto more certain than ever that we can win, will win if the public’s voice can be expressed in California and elsewhere! ⁶⁸

While the recent mobilization in support of health security was focused on the “health security express” heading toward the east coast and Washington D.C., single-payer supporters were gearing up for “health care summer” which would involve single-payer supporters across the nation committing to supporting Prop. 186 on the west coast in California

The single-payer movement knew that while the insurance lobby had been focused on defeating health security, which by the fall of 1994 they had successfully

⁶⁷ Ibid.

⁶⁸ Quentin Young M.D. in “Action for Universal Health Care” June 1994

accomplished (Skocpol 1994), the success of the Prop. 186 petition drive would force them to redirect some of that focus to fighting and defeating the ballot initiative. They warned that,

This very minute the insurance industry and numerous other lobbyists are planning to spend hundreds of millions of dollars to try to defeat passage of what can be the most important social legislation of the century.

Winning this fight could capture the imagination of the country and set a precedent for the rest of the nation. The President's plan does give states the option to establish a single payer system.

We will not try to match the distortions and lies of the opponents and we still can win, but not without your participation. If we don't win in California, we'll have to live with what comes out of Congress and that would be a calamity for most of us.

The real challenge now is to bring the truth to the people and that will take much hard work and as much money as we can raise. We urge you (and your organization) to join this campaign and help us make history! Let's get the 1500 insurance companies out of health care and save money and problems for everyone."⁶⁹

They began a nation-wide campaign to raise funds for an ad campaign in California. This involved house parties, educational programs, and "Health Care Summer".

The summer of 1994 involved mass grassroots mobilization by the single-payer movement, not only in support of Prop. 186 in California, but also as a final effort to redirect the dying debate in the national legislature. SPAN held a national lobby day in Washington D.C. in August during which over 200 activists visited over 130 congressional offices and personally spoke with 60 legislators. After summarizing the conclusions made by activists based on this effort, activists concluded

⁶⁹ Californians for Health Security Flier, Summer 1994

So is the bottom line outcome of our effort.....nothing??? No more than Nelson Mandela's jail term was the final outcome of South Africa's struggle for justice. We're believers and WE'RE NOT GOING AWAY.⁷⁰

Single-payer supporters were determined to continue pushing for single-payer, even in a context in which any type of substantial reform seemed less and less likely. Single-payer supporters still believed that their efforts would result in success of some sort.

Representative Jerry Nadler (D-NY) is quoted as saying "There will be some states that adopt single payer and over the next couple years, it will be so evident it is so superior that other states will follow suit. Insurance companies are afraid of the single-payer system because it serves the people and the people's needs."⁷¹ At this day of action in D.C., focus was redirected toward the states.

The success of the petition campaign in California encouraged single-payer activists in other states to develop ballot initiatives of their own.

The first phase of the Massachusetts State Single Payer Referendum Campaign has been successful. There are enough signatures in seven senatorial districts and one representative district to place a single-payer question on the ballot in those districts for the November 1994 elections. This ballot initiative will help educate the public, build strong grassroots health care reform organizations, and lay the groundwork for a single-payer majority in the state legislature.⁷²

As illustrated in the quote above, these initiatives became strategies for not just affecting the national debate on health care reform, but also to build grassroots and political support for single-payer.

⁷⁰ Action for Universal Health Care September 1994

⁷¹ Ibid.

⁷² Ibid.

The very successful ballot initiative in California was viewed not only as a strategy in which to change the debate or increase public awareness, but as a legitimate opportunity for creating a state-based single-payer system. Don Cohen, Coalitions Director for Californians for Health Security urged nation-wide support saying, "This is a national fight. It cannot be won without the very active and aggressive support of every activist in the national single-payer movement. Nowhere else in the world is the single-payer system on the table to be scrutinized on its own merits."⁷³ Activists worked diligently to challenge the multi-million dollar media campaign of the insurance industry.

The health care summer planned in support of Prop. 186 actually extended into the fall and the final days leading up to the November vote. Church Women United of California offered a "free trip to California" explaining that,

During this "vacation", you will be asked to help build support for the Single Payer Initiative that is on the California ballot. In May, over one million signatures were collected to get the Single Payer Initiative on the ballot. Since then, the insurance companies have launched an all out campaign (\$60million) in media advertisement to defeat this measure. Religious groups, the League of Women Voters, California AARP, and labor unions are working hard to show Congress and the nation that ordinary people support a single payer system.

Everyone in Washington will be watching what happens in California. Action in states has gained new importance as the possibility of national health care reform becomes less and less likely. Winning the CA Single Payer Ballot would have enormous consequences for the national debate. After all, the Canadian system began on a province by province basis back in the 70's.

If you can afford the time and cost of a ticket, join the women of California and be a part of the action for reforming the health care system.

⁷³ Action for Universal Health Care August/September 1994

People who took part in this free “vacation”, worked in support of the initiative by telephone banking, leafleting, and canvassing in support of Proposition 186.

Activists in California used a broad range of tactics in their effort to garner public support for Prop. 186. Over two-thousand house parties were held in California and around the country in order to raise money to support the Campaign for Proposition 186. Single-payer activists also held press conferences, became human billboards (telling Hillary Rodham Clinton that “We’ll finish the job you started!”), and even chained themselves to the doors of insurance company headquarters. One notable action was committed by the California Nurses Association in which the nurses,

wrapped the entrance of insurance company headquarters in Hollywood and San Francisco and with red tape on September 21st to signify their anger at the industry’s use of ‘nurse actresses’ in ads attacking Proposition 186 blanketing the air waves during late August and early September.⁷⁴

In the face of an extremely well financed mobilization against the passage of Proposition 186, single-payer activists fought back with gusto.

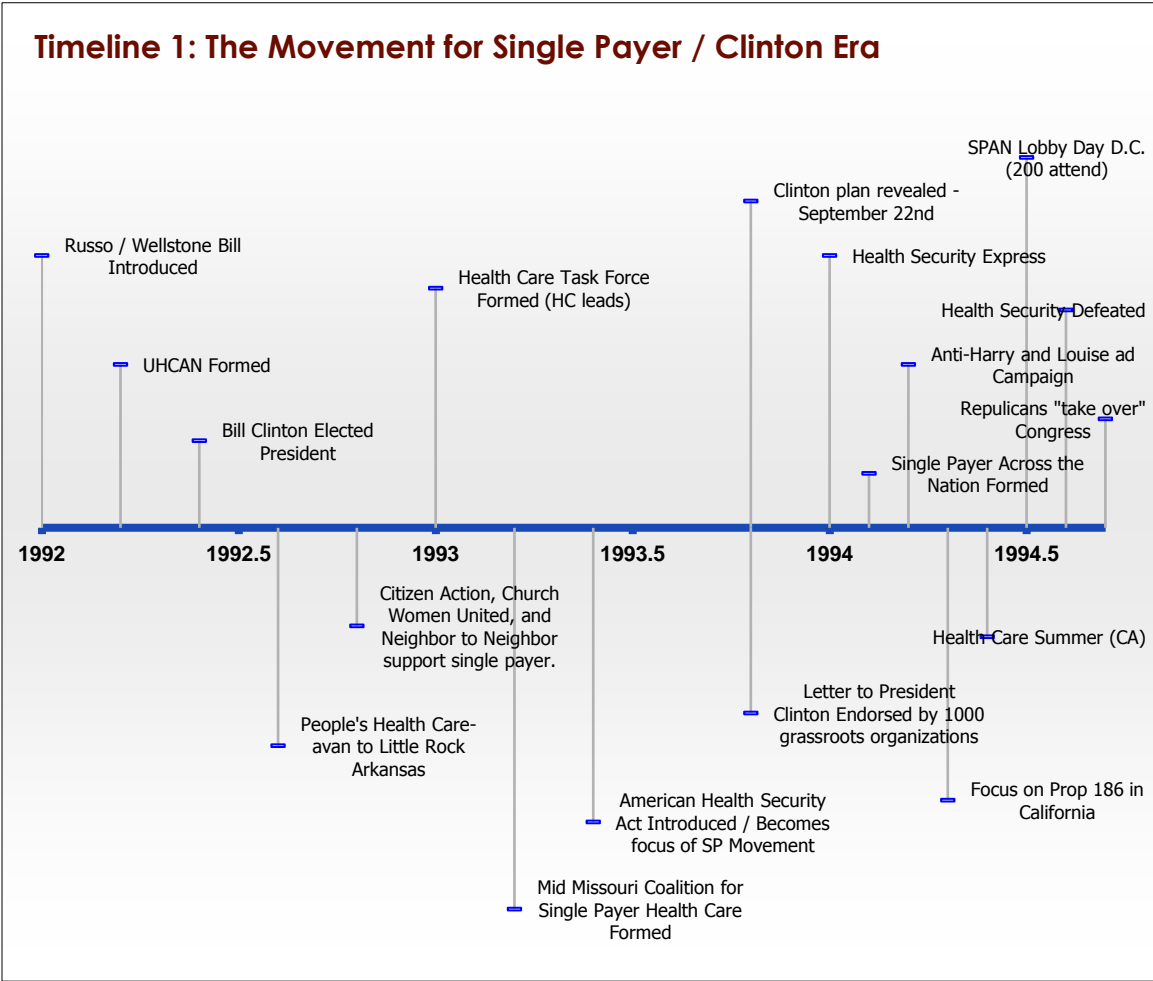
In the weeks leading up to the November 8th elections, single-payer activists in California were still hopeful that their effort would be successful and that this would encourage future directions for national health care reform. In an article titled “California’s Real-Life Blueprint for Single Payer”, the author explained that

As the November 8th election draws closer, the level of grassroots activity on behalf of the single-payer ballot initiative in California is rising. Massive public education from media ads down to neighborhood house parties is taking place all over the state. Leaders of the Yes on Proposition 186 campaign are optimistic that the major media campaign for which they are furiously raising funds this fall, together with the massive one-

⁷⁴ Action for Universal Health Care October 1994

on-one voter education taking place under the auspices of thousands of grassroots groups supporting the initiative, **will make success on November 8th a REAL possibility.**⁷⁵

Although the insurance industry was fighting their every effort, single-payer activists took this in stride and as a sign that such extensive counter-measures were only needed due to the real threat that they presented to the continuation of private insurance in California and due to the “real possibility” of succeeding.



⁷⁵ Ibid.

And Then You Win?: The “Death” of Health Care Reform

To “win” in the process of progressive social policy reform is an ambiguous issue. Due to the make-up of the political landscape in the United States, including the two-party system and campaign finance policy, achieving progressive reform is a very difficult task for social movement actors who do not have traditional power within the political system and whose actions are often ignored or delegitimized. There is much debate within social movement literature over what constitutes success and failure in a social movement, and how these issues should be measured (Saeed 2009) and often the everyday “keep on keepin on” of social movements, which can at times result in the institutionalization of SMO’s in “abeyance structures” (Tarrow 1990, Taylor 1997) is not included as a measure of success (Polletta 2006). This act of “keep on keepin on” in the face of “failure” is largely dependent on the ways in which activists construct the story of their activities and the relationship between these activities and their perceived success or failure. Although the Clinton era of health care reform is ultimately considered a failure by the public and academics alike, single-payer activists at that time constructed this period as successful in many ways. This action narrative facilitated future activity.

By mid-November of 1994 it became clear that health care reform at the national level had failed. Mid-term elections resulted in the first Republican controlled Congress in almost forty-five years and initiated a “Contract With America” that promised to cut social programs rather than improve them. The early success of the

ballot initiative for Proposition 186 in California ultimately resulted in defeat, with seventy-three percent of voters voting against the measure. While the single-payer movement could have fizzled out at this point, in light of not only “failure” but also with knowledge of the changing trajectory of the national legislature, it did not. Instead single-payer activists discussed this period as a moment of success and as a reason to work even harder in the future.

Single-payer activists defined this period of health care reform as a success because they had built a movement.

Our movement has never been stronger. Even though our strength in this latest round was not enough to put us over the top, our coalitions, here in Missouri and at the national level, grew to unprecedented size and influence. All across our state literally thousands of activists and volunteers engaged in a broad array of work to move the issue forward. Single-payer supporters provided the backbone of this growing movement and in most cases were its key leaders. There is no question that we come out of this phase of the campaign stronger than we went in.⁷⁶

This aspect of the single-payer narrative reorients the concept of success to not just achieving ones goals, but to building the necessary components of a strong social movement. An important piece of this narrative is that the involvement within the movement increased and would continue to increase regardless of the outcomes of the Clinton reform attempt. At this time organizations continued to be created. For example, Mid Missourians for Single Payer was formed in the aftermath of the failure of Clinton Health Security.

⁷⁶ “News from the Health Care Education Project” Missouri Citizen Action and Older Women’s League

This period was also defined as a legitimatizing period for the movements' goals and strategy.

Second, the credibility and leadership role of the single-payer movement has been increased. Single-payer supporters have long been told by our allies in the health reform debate that single-payer may be the best health care policy, but that is made for poor health care politics. The argument has been that small scale, incremental reforms are less threatening to the insurance industry and other special interests. They should, therefore, provoke less opposition and be easier to pass. Single-payer advocates have always believed that the special interests would do everything they can to kill even modest reforms; and that the best strategy is to offer the kind of real reform proposal that can mobilize genuine outpouring of public support to counteract our well-financed opponents. The furious insurance attack on President Clinton's less than complete proposal, and the public's uneasiness about its complexity (born of an attempt to find some role for the insurance industry) have proven that the single-payer strategy makes sense.⁷⁷

While health care reform may have failed at the national level, this failure was constructed by single-payer activists as evidence that their strategy for achieving real health care reform was legitimate. This countered the argument that working for single-payer was not worthwhile because it was not politically feasible.

This period of health care reform also encouraged and facilitated the development of state based single-payer movements around the country. While these movements also ultimately failed to implement single-payer systems, there were also examples of traditional success such as single-payer legislation successfully passing through the Vermont House of Representatives and the relative success of the single-payer ballot initiatives in California, Massachusetts and Colorado. These state based

⁷⁷ Ibid.

movements also served to grow the movement by educating and encouraging the public to support single-payer.

While single-payer activists recognized the power of their “enemies”, they also believed that this period of health care reform had served to weaken this power in some ways.

Third, while our movement has grown in strength and learned a valuable strategic lesson our opponent’s coalition is showing signs of wear and tear. The unified front that the insurance industry, the AMA, and the hospital industry once showed has cracked under the strain of the Congressional debate. Providers are becoming daily more aware that the massive insurance bureaucracy is as much their problem as it is consumers. More and more Doctors and other health care professionals are coming to the realization that single-payer is the best route to their long-held goal of universal access.⁷⁸

Single-payer activists accurately assessed the situation and concluded that the changes that were made during this period (i.e. the rise of managed care), would result in further reductions in the autonomy of health care providers, and would thus result in increased support from this arena in future efforts for health care reform. Looking to the future, they concluded that although they had lost this battle, their enemies were very concerned about the “war”.

While single-payer activists worked to counter the narrative that single-payer was not politically feasible throughout the health care debate, they did not work to counter those who were the perpetrators of this narrative. As the health care debate was coming to a close, this began to change and single-payer supporters began to be more confrontational with their critique of this narrative.

⁷⁸ Ibid.

The Political Unfeasibility argument is anti-democratic because it elevates corporatism above democracy. It assumes that the country can be governed from inside the Beltway and that the aspirations of the majority of Americans can be safely ignored.... Acceptance of the Political Unfeasibility argument, and support for managed competition, are therefore not signs of progress in health policy, or evidence of political realism, but rather symptoms of intellectual failure, moral insensitivity, and political cowardice.⁷⁹

The quote above, and the primacy it played in the main newsletter for the single-payer movement indicates that the relationship between single-payer activists and those who rejected single-payer due to political feasibility was changing. It counters the argument that “realism” is more feasible than the idealism represented by the single-payer option and calls out those who support this argument for their “intellectual failure, moral insensitivity, and political cowardice”. This is a major change from the start of the debate when single-payer activists seemed to be supportive of those who perpetuated the argument of political infeasibility.

The continued success of single-payer supporters in the context of a power shifting political arena was also taken as a sign of success for the single-payer movement.

Rep. Mc Dermott is hopeful that he can gain at least as many cosponsors as in the 103rd Congress. The HR. 1200 cosponsors fared much better in the November elections than Democrats as a group, since only nine of the original 91 sponsors have not returned to Congress, and four of these left due to retirement. McDermott is counting on the avid grassroots support for single payer to keep up the pressure to ensure as many cosponsors as possible.⁸⁰

⁷⁹ Robert G. Stubbings – The Texas Observer / Quoted in Action for Universal Health Care July 1994

⁸⁰ Public Citizen D.C. Office / In Action for Universal Health Care December 1994/January 1995

While many of the Democratic proponents of the political infeasibility argument lost their congressional seats in the 1994 mid-term elections, most of the single-payer supporters retained theirs. In the single-payer narrative, this signified that there is still significant support for single-payer, both inside and outside of the legislature.

Each of these aspects of “success” in the midst of “failure” encouraged further action immediately following the “death” of health care reform. Single-payer activists were ready to continue the “long haul”⁸¹ that would eventually lead to greater success. The combination of their narratives of opportunity and their action narratives detailing their activities during this period, successfully continued the process of pragmatic liberation for some time. Activists were successfully able to, through the practice of producing narratives of hope, construct and act upon their narratives of opportunity. This counters the historical narrative of this time period told by single-payer activists who, by 2004, were explaining that the single-payer movement had experienced alienation and thus a decrease in activity very early on in the Clinton reform debate. The single-payer movement did experience a period of denouement but it did not occur until several months after the “death” of health care reform at the national level – during the era when the “Contract with America” narrative dominated the political, economic, and cultural opportunity that single-payer supporters faced.

⁸¹ CWU Letter

Chapter 6

A Contract with America: The Narrative Practice of Countering Hegemonic Economic Narratives in an Era of Institutional Change

“Ideas matter. Ideas make the difference of whether you will be ground into the dirt or stand up and fight.... And ideas matter how we will do it. Whether we will stand and resist or accept being ground into the dirt.”⁸²

Following the “death” of the Clinton era of health care reform, grassroots single-payer groups still remained positive about achieving single-payer health care. Many began to focus on supporting Proposition 186 in California as a shining example of the grassroots support for single-payer, while others began to build and focus on efforts within their own states. Intellectual and Political agents of the single-payer movement were not positive about the opportunity for “real reform” at the national level, “So what will happen now? I believe that real health-care reform – that is reform that is reform that both controls costs and expands coverage – will not occur, during the remainder of the Clinton term.”⁸³ but did continue to encourage state level efforts for reform. However, the 1994 election season would change the environment that single-payer supporters faced in many ways as it would result in the production of an political economic narrative that would alter the ideological and material environment with which the single-payer movement must contend.

Economic opportunity is also an important factor in the environment of opportunity. Several issues are important components of the economic opportunity that

⁸² Nick Unger Address to UHCAN Conference September 1995

⁸³ Marcia Angell, executive editor of the New England Journal of Medicine and a member of USA TODAY’s health care panel

a movement faces. The amount of financial resources that an organization is able to mobilize, and the relationship between this issue and organizational structure, became a central focus of social movements theory with the development of the Resource Mobilization paradigm (McCarthy and Zald 1977). Other theorists have moved beyond this organizational focus of economic opportunity to consider the ways in which economic actors can facilitate or constrain actions. Elite economic actors - such as businesses, unions, and professional organizations – not only facilitate organizations by providing the financial resources necessary for action, they can also constrain action by financially sponsoring the competition or using their financial resources to utilize dominant aspects of material culture. Finally, macro level economic factors, such as the stability of the economic system and thus the dominant economic narratives, are also an essential factor of economic opportunity.

Previous research on economic opportunity has largely limited their definitions of economic opportunity to the meso and micro level (Wahstrom and Peterson 2006; Brayden 2008, Weber 2009). Macro level structural factors are also important to consider. Progressive reform in the past, such as that of Social Security, has historically occurred during eras of economic unrest due to economic recession or depression (Hoffman 2010). Economic crisis (i.e. the Great Depression) has often resulted in the public questioning of the legitimacy of the capitalist system (Johnson 2000) and the hegemonic narrative of the supremacy of the free market economy. This can facilitate and encourage the implementation of socially financed welfare programs – rather than continued reliance on free-market mechanisms. The converse of this is also true, times

of economic prosperity can be used to reinforce hegemonic economic narratives and facilitate the development of political-economic narratives which are rooted in this hegemonic narrative and that encourage the retraction of the social safety net. The global economic narrative, which was developed by ideological hegemonic organizations such as the World Economic Forum and implemented by operational hegemonic organizations such as the International Monetary Fund, argued that economic prosperity arose from integration into the global free-market and, in the 1990's, pushed for the retraction of public health programs around the world (Twaddle 2002). In the United States, the relative economic prosperity following the recession of the late 1980's coupled with the republican domination of the United States Congress following the 1994 election season facilitated the development of a new political-economic narrative – The Contract With America – that redirected focus toward free-market solutions for the health care crisis. This reliance on free-market mechanisms for correcting social crises can also result in shifting institutional frameworks that encourage or discourage the support of progressive social change by economic actors.

The sponsorship of economic actors and organizations can be especially important for SMO's that represent a marginalized population or marginalized perspective (Cress and Snow 1996). Luders (2006) bases his framework of economic opportunity on three main propositions

First, economic duress is a major proximate cause behind the decision of economic actors to make substantial concessions to movement demands; second, two general movement-imposed costs can be distinguished, and the uneven vulnerability among economic actors to the costs produces distinctive responses; and

third, economic sectors vary in their exposure to the costs movements generate. (965)

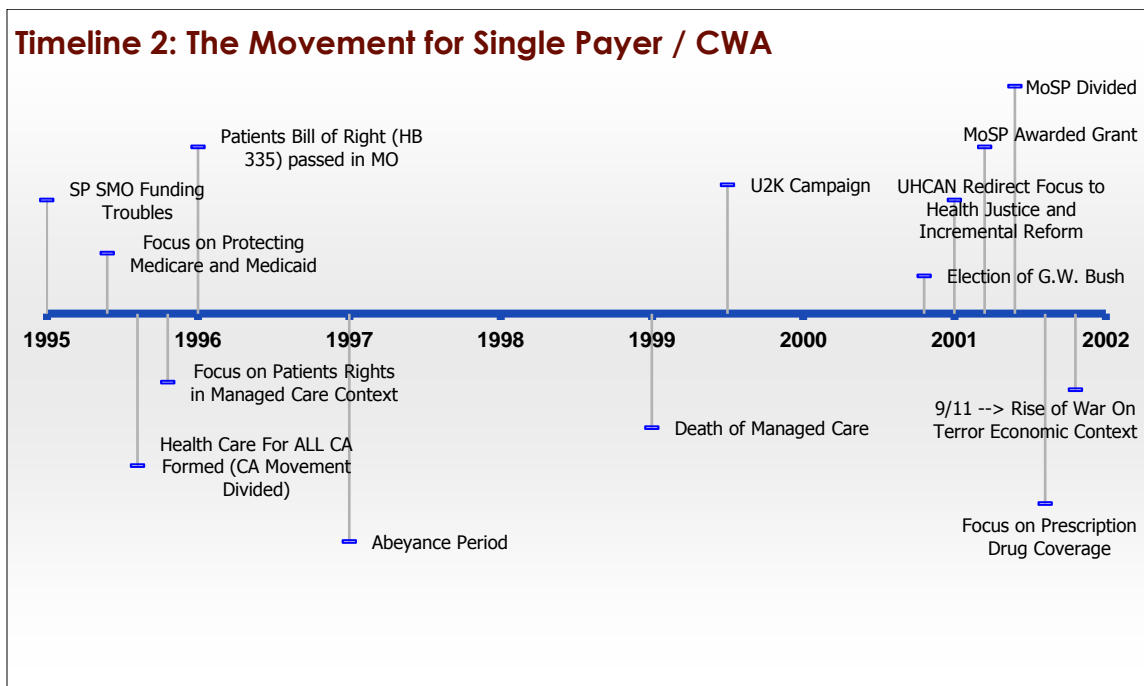
Based on these propositions, Luders developed a typology of economic actors that “weigh the effects of accepting or resisting change, and they accommodate if they regard the costs of resistance as outweighing the costs of acceptance” (966) and makes a distinction between disruption costs and acceptance costs. What Luders doesn’t address are the costs that a business might pay by existing in the current environment without change, I am calling these **conformity costs**. These conformity costs for large and small businesses can result in a more positive economic opportunity environment for groups working to reform the health care system. Institutional changes that increase the conformity costs for economic actors can also result in shifts in the economic opportunity for certain types of reform.

Luders developed a typology of economic actors that includes – accommodators, vacillators, conformers, and resisters. Each of these types may be found when discussing the movement for single-payer. Accommodators “will act before others to advocate concessions, sway community sentiments in favor of reform, or serve as brokers of agreements” (968). Professional groups and unions, such as the Physicians for a National Health Program (PNHP) and the California Nurses Association would fall into this category. Although the disruption and acceptance cost for these economic and professional actors have historically not been high, indeed the AMA and AFL worked against UHC in the past (Quadagno 2005, Almgren 2007). During the 1990’s, due to the development of for profit managed care, the conformity costs for these economic actors increased, as unions lost bargaining power and health care professionals lost autonomy

within the health care system. The second type is vacillators who are vulnerable to “both the costs of movement success and movement-initiated disruptions” (Luders 2006, 968). Large businesses, like GM which would eventually be paying 1500 dollars per each car produced on health care benefits (Jacoby 2005), would fall into this category because their conformity costs are high, yet if health care reform puts more pressure upon businesses to provide insurance rather than less, then they stand to incur heavy acceptance costs and thus might withdraw their support. This is what happened during the Clinton Health Security attempt during which big business withdrew its support for reform (Skocpol 1996). Hospital associations might also fit into this category as vacillators. The third type are conformers that are “unaffected by either movement success or disruption” (Luders 968). Not many economic actors would fall into this category because health care itself is such a large component in the economic environment. The final type is resisters that “offer durable opposition to the movement” (969). Insurance and pharmaceutical companies are consistently the major resisters to the movement for health care reform, and also one of the largest contributors to campaign funds and lobbying activities in D.C. SMO’s must interact with these resisters, or corporate entities who counter mobilize to protect the status quo (Brayden 2008; Weber 2009; Brayden and Pearce 2010).

My environment of opportunity framework puts equal importance on other economic stakeholders such as unions and organizations of professionals (such as the American Medical Association). While some unions and health care professionals have each resisted the implementation of a government financed health care system in the

past (Skocpol 1994, Quadagno 2006), the rise of managed care following the failure of Clinton health security encouraged these economic stakeholders to reassess their position in relation to health care reform. This perceived shift in the attitudes of these economic stakeholders plays an important role in the economic narratives developed by single-payer activists who began the effort to remobilize during the late 1990's and early 2000's, following a the period of dénouement that occurred during the height of the hegemonic power of the Contract with America Narrative. The efforts of single-payer activists to involve these elite economic allies as active agents in the movement would later result in the intellectual and financial support that the single-payer movement needed to recover from this period of abeyance, and build once again.



“Dead in the Water?”

Following the failure of the attempt to reform the health care system at the national level, proposition 186⁸⁴, California’s ballot initiative for a state based single-payer system, as well as other state based initiatives, became a primary focus for the single-payer movement. However, Prop 186 was defeated during the 1994 election season by a margin of 77 – 23. If this initiative had passed, it would have validated the Single Payer Movement, showing the nation that grassroots support of progressive reform could still be successful. Instead, its defeat further solidified the power of insurance lobby, and their economic resources, in deciding health policy. Although the California based single-payer movement initially continued their work with a positive mindset, disagreements within this group of activists eventually led to the movement becoming divided. Health care for All California was formed out of critiques that were made about the way Californians for Health Security had run the Yes on Prop 186 campaign. Both groups proceeded by focusing on single-payer legislation rather than on another single-payer ballot initiative, but were divided in support of different bills, neither of which was successful. The California based movement remained divided for many years. Many single-payer groups around the nation had supported the California movement with their time and resources. The consequences of its failure were felt across the country.

Leaders in New Mexico feel that the heavy loss in the California single-payer initiative campaign (77 – 23 %) has had a negative impact on the New Mexico organizing effort. If the revised New Mexicare is

⁸⁴ For a more detailed discussion of this, see chapter 5.

reintroduced, Health Care for all plans to do more organizing and to reach out to key interest groups such as seniors and Native Americans.⁸⁵

While many state single-payer groups continued to develop their own state-based legislation, and indeed some, such as the movement in Colorado thrived,⁸⁶ by the winter of 1995 the national movement was in disarray. Many organizations, including UHCAN, were experiencing funding difficulties as the foundation funding that they had previously depended on dried up.

In his address to the gathering of some 130 activists at the UHCAN national conference in September of 1995, Nick Unger, UHCAN board member, questioned this downturn saying

They do not get their money mainly from foundations, and they do not get their money mainly from unions. They do not say, well dammit, I could not get enough help from the region, the district, or this, that, or the other thing. My union was founded without two cents in the bank. The UAW was founded without two cents in the bank. All the movements we built, we built without a dime. And now we don't have enough money to continue the fight. I am somewhat confused by that. Perhaps someone will explain it to me later.

This question of funding, while important, was a very small aspect of Unger's address at this conference which focused for the most part on the economic narrative that was becoming dominant within the political realm.

"Newt-ered": A Contract with America

Perhaps more important than decreased funding to the downturn that the single-payer movement experienced in the mid 1990's was the political-economic narrative that became dominant following the 1994 election season. The election of

⁸⁵February 1995 Action for Universal Health Care Volume 3 Number 7

⁸⁶ Ibid.

Republican candidates to the U.S. House of Representatives and U.S. Senate resulted in the first Republican controlled Congress in almost 50 years. The conservative efforts to defeat the Clinton agenda for health care reform had also resulted in a “turn against government” and in increasing the right wings influence within the Republican Party (Skocpol 1994). This shift in the national legislature found its voice with the new “Contract With America” narrative. This narrative was rooted in the hegemonic economic narrative of the primacy of the free market and in a strict, if hypocritical, moral code.

The Contract With America (CWA) which was signed by a majority of GOP congressional office holders, became a rallying point for the GOP during the 1994 election cycle and some argue that the success GOP success in this election cycle resulted in the nationalization of this congressional vote around the key issues presented in the CWA (Clucas 2009). Following the 1994 election cycle, the republican controlled House of Representatives centralized authority around the new Speaker – Newt Gingrich, who developed a ten-point program to implement the CWA (Riley 1995). A central premise of the CWA was that “the government is out of touch and out of control. It is in need of deep and deliberate change” (Gingrich 1995). Accomplishing this task, according to the CWA, would involve reducing government spending and relying on the free-market solutions to the problems facing the country. When explaining the CWA, Gingrich uses many narrative elements – referring to his family and the American family as an important value that the CWA would support (see Gingrich 1995). This narrative strategy allowed the GOP to argue that they supported “values” while at the

same time cutting programs for the poor and taxes for the wealthy. This political-economic narrative had, and still has, extensive ramifications for organizations working to challenge the status quo.

Immediately following the 1994 election cycle, focus in Washington D.C., for Democrats and Republicans, became directed toward the financial matters of “balancing the budget” and decreasing the deficit. This meant that rather than focusing on creating new programs that would provide universal access to health care, focus was redirected toward “reforming” social programs, such as Medicare and Medicaid, in order to “cut waste” and curb spending. A major goal of the CWA was to “improve Medicare” by including more free-market mechanisms in the universal public program (Gingrich 1995).

The rise to political dominance of the Contract With America forced single – payer activists to refocus their energy. Rather than operating within an environment in which progressive health care reform was on the table, they began operating in an environment in which cuts to social programs became the focus of the legislative body. They began to reframe their efforts as defending what was already there, Medicare and Medicaid, rather than fighting to create what did not yet exist – single payer. An important aspect of defending social health programs that were already in place was critiquing and deconstructing the narrative of the Contract With America.

They critiqued the claim made by republicans that “it is their particular message that Americans want. More specifically, Republicans claim that it is their 10-point

“Contract With America,” which over 350 Republicans have signed”.⁸⁷ Instead they argued that at the grassroots level, people were concerned that this contract would result in cuts to valued social programs, including Medicare and Medicaid. Building a defensive strategy became an important tool for single-payer advocates to spread the message of single-payer. Diane Lardie, UHCAN organizer and board member, warned single-payer supporters of the transition to a defensive position saying,

As Medicaid and Medicare cuts and waivers are considered, and as ERISA come up for review, these are the questions to ask. When welfare reform , campaign finance reform and other social change legislation is introduced the links to the health care reform must be made. These next months will be critical for education of the public and policymakers alike. Committed health activists have some real work ahead.⁸⁸

Single-payer activists became focused on defending Medicare and Medicaid within the context of the Contract with America.

One strategy that single-payer activists took at this time was to push single-payer as “counter weight” to proposed cuts to Medicare and Medicaid. Single-payer became the savior of Medicare and single-payer activists proudly declared “single-payer to the rescue!”⁸⁹ According to the single-payer counter narrative,

Medicare must be PRESERVED! MEDICARE is the key to dignity, needed support, the security of having the proper medical assistance available when necessary.THE ULTIMATE ANSWER: In these United States, no longer can we expect a band-aid to cure what ails the health care system. The System now needs major surgery. Our entire health care system is in critical condition, and in need of fundamental change, not tinkering, fundamental change. People want a health care system that is available

⁸⁷ CWU Church Women INFORM Dec. 2 1994 “The Republican Contract With America: Do Voters Really Know What They Voted For?”

⁸⁸ Diane Lardie in Action Dec 1994/Jan 1995

⁸⁹ Action December 1994 / January 1995

and affordable to every American Citizen without bankrupting the country.... A Single Payer Health care system is the ANSWER.⁹⁰

The defense of Medicare and Medicaid in the face of the CWA initially became an opportunity for single-payer activists to push for their primary goal of single-payer.

However, single-payer advocates also recognized that the elements of the “free market” and the fear of government interference that were such integral pieces of the CWA would also need to be dealt with by groups that supported more government involvement in the health care system.

The G-word, it has to be taken seriously. There are some good reasons to be fearful of government solutions. If health reformers are serious about the government administrative function in a single-payer solution, then there must be a much better explanation of the proper functions of government. Otherwise, gentle folks hear “government” and think license bureau lines and IRS hassles. GOVERNMENT’S REASON TO EXIST IS THE REALIZATION OF THE COMMON GOOD.⁹¹

They began to concentrate on developing messaging strategies that would counter the narrative that government in and of itself was bad and that a free market strategy was always the best solution. The positive aspects of government involvement became an important focus for their CWA counter narrative.

These efforts culminated in the “Contract Out on America” counter narrative. This narrative deconstructed the tenets of the CWA and made those who supported the CWA the antagonists in the story of health care reform rather than the protagonists who were fighting for American values and freedom. In his keynote address to the UHCAN annual conference, Nick Unger reframed the CWA as a “box” that could kill movements

⁹⁰ Meeting Handout 1995

⁹¹ Action for Universal Health Care Volume 3, Number 6 Dec. 1994/ Jan 1995

for progressive change. According to Unger, this battle went beyond the material to the realm of ideology,

I measure their victory by their control of institutions, a little. I measure their victory by control of the ideas that govern American political discourse. They won the battle of ideas that govern American political discourse, and they won it so big and so heavy that almost everything and our ideas sound fanciful. The full measure of their victory is that both political parties use their language. And our language is outside of discourse. They have won the battle for the ideas of the country. They think ideas matter, perhaps much more than we do. This is radical change. This not just one party wins, another party wins, the pendulum swings. This is a radical change to restructure the organization of American society. These thingsThe previous economic contract, political contract and social contract that existed for sixty years is being broken and is being replaced by a new one.⁹²

According to this argument, single-payer activists had a much more difficult battle to wage following the CWA than before. Although the single-payer movement had always faced the free-market narrative that was dominant in the United States, they now faced a fundamental shift in the social contract that had previously been rooted in ideas developed during the “New Deal”. The Contract With America narrative labeled health care as a commodity best left to the rule of the free-market.

The counter narrative developed by the single-payer movement critiqued this dominant economic narrative that health care was a commodity that should operate based on free market principles and worked to develop the argument that health care is a right that should be granted by the state and government entities. Along with forming a defensive strategy to protect Medicare and Medicaid, single-payer activists developed

⁹² Nick Unger Key Note Address Transcript September 1995

an ideological strategy which argued that health care is a human right, not a commodity.

At the UHCAN's 1996 national conference, Bob Griss of the National Disability Group

discussed the Healthcare as a Human Right Model. He said that we are presently moving from this model and substituting compromises. However, he felt that this is an essential criteria for our struggle. He posed the problem as: how to develop public policy with healthcare as a right (1) for everyone (2) equal quality because, he said, that's what a right means. It's not a right if it limits choice or costs more money for some. He said that the civil rights model is an untapped tool for health care rights.⁹³

Discussing healthcare as a right and an issue of social justice became another way for single-payer activists to counter the dominant economic narrative of this time and became one of the major organizing goals for many single-payer organizations.

The Rise of Managed Care

Just as single-payer activists were becoming adept at countering the dominant economic narrative of "Contract With America" their efforts were also challenged by a significant material shift in the provision of health care in the United States which was supported by the free-market narrative. Although managed care had existed in some form in the United States since the 1930's (Hill and McComb 1996), following the failure of Clinton Health Security and the increasing dominance of the free-market "Contract With America" narrative, the vertical integration and corporatization of health insurance continued with a frenzy that was unprecedented (Hill and McComb 1996). Unlike earlier forms of managed care, this restructuring of health care financing arose as the health insurance industries response to their failure to provide adequate health care.

⁹³ Notes, UHCAN Conference 1996

According to the single-payer narrative, the rise of corporatized managed care had serious consequences for the single-payer movement. An article titled “Health Care Justice: A New Focus” explains that

Advocates for universal health care are increasingly expanding their agenda to focus on the challenges of managed care and the threats to entitlement programs, especially Medicaid. New coalitions focused on managed care and Medicaid are springing up across the nation. This issue of Action highlights issues involved, including efforts to: oppose Medicaid cutbacks, expose abuses and establish protections for consumers in MCOs and capture funds generated by the transformation to managed care to provide health care for more insured people rather than increase MCO profits.⁹⁴

Challenging the most abusive aspect of the new system of managed care became intimately tied with the defense of Medicare and Medicaid. A major consequence of this shift was that efforts to actually promote single-payer were pushed to the side while efforts to confront managed care were brought to the fore front as the new focus of the single-payer movement

Legislative battles became focused on bills that would protect health care “consumers” from the abuses of corporatized managed care. Single-payer activists were affected by the transition to managed care on a very personal level. In her letter to the Joint Bipartisan Legislative Committee on Managed Care, Mary Jane Shutzius, long term single-payer activist wrote,

I am very dissatisfied with Group Health Plan and its policies. We have no recourse: It’s either stay with them, or take a chance on another inefficient insurer. I believe the health care system needs better and closer regulation and that everyone has a right to the care they need.⁹⁵

⁹⁴ ACTION FOR UNIVERSAL HEALTH CARE Volume 4, Number 6 / Feb. Mar. 1996

⁹⁵ August 1, 1996

In Missouri, although they still endorsed the “Missouri Health Assurance” bill, single-payer activists began to promote HB 335 which would eventually pass and become a hallmark bill for the regulation of managed care. Many other organizations around the country began working for a “Patients Bill of Rights” in relation to managed care rather than for single-payer as a way to protect the “human right” to health care.

Even focused single-payer organizations began to directly focus on managed care issues. UHCAN even obtained funding to *perform a service* in relation to managed care. In 1996 they secured a Managed Care Workshop Grant from the Ohio Developmental Disabilities Planning Council Designed to help people with disabilities learn how to get their health needs met under managed health care. Although this service orientation is commendable, it represents a significant shift away from promoting a complete restructuring of the provision of health care.

Some single-payer activists were critical of this redirection of focus, even coming to the conclusion that “single-payer” was dead. However, others saw the managed care efforts as examples of a movement that was still actively working toward valuable goals, as is illustrated in the following example,

I am perplexed at the June 3 editorial “the Merits of The Single-Payer Plan.” It states that the “expansion of managed-care programs has silenced the once-lively debate over a single-payer health insurance system” and portrays the fortunes of single-payer legislation as dependent upon lack of success in reforming managed care. This is an interesting bit of historical revisionism (and soon after the passage of HB335!) because single-payer advocates have been front and center in the struggle to make managed-care insurers accountable for their impact on health care decision making. These are not contradictory goals.⁹⁶

⁹⁶ Joy Martin, Letter to the editor, JUNE 14 1997 – St. Louis Post Dispatch

These single-payer activists continued to view their efforts to increase government regulation of managed care as complimentary to the promotion of a single-payer system.

Critiquing and controlling managed care was also intimately tied to the critique of the “Contract With America” and its free-market narrative.

The same people who never wanted us to have these camels in the first place are saying, ‘Look at that, they just sit there and spit,’ and they are trying to kill Medicare and Medicaid. They say they want to save the camels, but don’t believe it. They are trying to poison them. And one way they do that is to twist the idea of managed health care in a way that brings the free enterprise profit motive into the process....**There is nothing wrong with managed care. But under free enterprise,** which is what they’re doing in health care now, they are taking in as much money as possible, giving as little service as possible, and paying enormous dividends to the shareholders who do whatever they want with it.⁹⁷

The challenges to free enterprise managed care were tied to challenges of the “Contract With America”, both of which were incompatible with the goal of single-payer. The “camels” in this narrative are the government funded programs of Medicare and Medicaid, which were being threatened by those who wanted to “cure” these programs by using free market mechanisms such as for profit managed care.

The actual outcomes of the corporatized managed care system – rising costs, decreasing autonomy of health care professionals – resulted in adaptation through changing narratives of opportunity. During the late 1990’s, formerly single-payer groups continued to focus on fighting the “Contract with America” and the newly evolved corporatized managed care system. They also concentrated on convincing those with

⁹⁷ address by Rep. Jim McDermott (D-WA) to the “Health Consumers’ Summit on the Future of Medicare and Universal Coverage” Washington DC (April 26, 1997)

the highest *conformity* costs in the managed care system, health care professionals and unions, to support their cause. This effort to mobilize economic stakeholders in support of health justice would continue into the new millennium. By the end of this decade, many people, activists and scholars alike, were declaring that “managed care is dead”.

Nick Unger explained this transition saying,

The HMO reorganization of health care after the collapse of the Clinton plan in 1994 temporarily stopped the crisis. The financial crisis was postponed. Costs were shifted from employers to employees, and from employers to the public as a whole. The new HMO system was chaotic from inception, but the public was willing to be tolerant, and use the legislative/political arena to fix specific outrages and abuses. What about now? The crisis is back with a vengeance.⁹⁸

This renewed crisis in the health care system left room for a renewed discussion about the possibilities for health care reform. A new campaign would capture the attention, and the resources, of the movement for health care reform.

U2K or there is NO WAY

The U2K campaign developed in response to the “death” of managed care and in the midst of the potential for shifts in the realm of political opportunity represented by the 2000 Presidential election season. Although supported by organizations that had previously been focused on single-payer, U2K represented a significant shift away from this foundation. Materials dealing with the U2K campaign make *no mention* of single-payer as even a possible solution to the current health care crisis. This shift was deemed necessary by the leaders of the U2K campaign for several reasons.

⁹⁸ Nick Unger May 1999 U2K Summary

According to the writers of the U2K Campaign, which was developed by Nick Unger and became a major focus of UHCAN, it still represented a significant shift from the health care reform attempts of the past five years.

U2K comes from a recognition that the struggle for health care justice proceeds best when the entire country is talking about what to do with the entire health care system. Universal health care in any form is a fundamental, systemic change. The best conditions for a discussion of systemic change exist when people are talking about the whole system, not just about any one part.

This narrative insists that while reform efforts had been focused on minor changes to the managed care system, such as disallowing gag orders to be placed on HMO physicians, U2K would once again push for the fundamental systematic changes that would result in universal health care.

The U2K campaign used the term “universal health care” in order to become a more inclusive movement that formed alliances with many groups because

The relatively small group of health care justice activists will not serve the cause of healthcare justice by spending the next year arguing among ourselves over which form of universal health care is the best, then dividing potential allies over which plan to endorse. Rather, now is the time create a popular political demand for fundamental health care reform and indicate the directions of that reform. Working for U2K is the best thing we all can now do for health care justice.

The creators of the U2K campaign believed that focusing on the more ambiguous goal of “universal health care” would serve to create a united front of all supporters of “health justice”. This transition arose from a critique of earlier periods of the single-payer movement,

One of the biggest mistakes in past health care fights was a ‘with us or against us’ style of working with other groups. Instead of growing and unifying, we often split and divided. Instead of creating enduring

relationships among groups, we often found ourselves with enmity and recriminations. U2K has to be different.

The challenge every U2K supporter faces is how to get the widest grouping into the struggle for universal comprehensive affordable care. We think joining the U2K Campaign is a good thing to do. A group that is not ready to join, but is willing to educate its member is a friend, not a foe. A group that has a slightly different wording about universal health care is an ally, not a rival.

This was deemed as more important than re-focusing on the earlier goal of a specifically single-payer system because it would help the campaign to reach its primary goal which was to “change the national political landscape around fundamental health care reform during the 2000 election season”⁹⁹.

While U2K was successful in that it did create a broader and more diverse coalition of “over 400 national, state, and local coalitions”¹⁰⁰, it was not successful at drastically altering the main focus of the Presidential Candidates.

It must be acknowledged that U2K did not achieve one of its key goals, which was to make universal health care a hot election issue. The anticipated potential for real health care advances did not materialize this past year.

Now, as the nation prepares for the next President Bush, the health care justice movement must take what we learned this past year, redouble our commitment, and build the structure we need to keep going and get ready for the 2002 election.¹⁰¹

While U2K supporters, and new members of the “Health Justice” movement continued to gear up for the next election season and replenish depleted resources, groups that had remained ardently single-payer were going through transitions of their own.

⁹⁹ U2K informational booklet

¹⁰⁰ Letter from U2K campaign, Fall 2000

¹⁰¹ ACTION for Universal Health Care Volume 8, Number 6 Dec 2000/ Jan. 2001

Single-payer, It's Who We Are

The U2K campaign promoted by the national, formerly single-payer, organization UHCAN represented a significant breaking point for some state based single-payer organizations. This had profound effects on Missourians for Single Payer in particular. A more in depth look at this particular case will illuminate the effects of this transitional period.

Although MoSP members also focused on issues of managed care during the mid 1990's, especially in their support of HB 335, their identity as an organization, for the most part, remained resolutely single-payer. Unlike many other state-based organizations, MoSP actually experienced some growth during this time period with the creation of two regional chapters – Mid Missourians for Single Payer Health Care and MoSP –East – in addition to the state wide organization. MoSP seemed to be on its way to becoming a stronger state-wide organization, especially after receiving a grant for 30,000 dollars from the Incarnate Word Foundation. However, the changes occurring in UHCAN – illustrated in the U2K campaign – also resulted in changes within this state based organization.

MoSP-East, which successfully acquired the Incarnate Word Grant, had remained tightly devoted to the goal of single-payer and was critical of the new direction that UHCAN was taking. This became an important focus of discussion,

Myrna said the conference focused on the U2K campaign for elections, on universal health care, not Single Payer, with the campaign going through the elections in Nov. 2000. The campaign will not talk about Single Payer nor about insurance companies, but concentrate on points in the U2K Statement. The campaign will be housed in the UHCAN! Office in

Cleveland. They hope to hire staff people to enlist the 20,000 organizations.¹⁰²

While this step away from the single-payer position was rejected by MoSP – E (which later became MoSP),

UHCAN doesn't have the guts to take on the insurance and political establishment. There is no way we can get real comprehensive universal, non-tiered healthcare coverage without eliminating the overhead and bureaucracy of for-profit making entity. UHCAN will settle for sound good, "reform" half measures. That will just marginalize the effectiveness of citizen advocacy groups. We should stick with PNHP.¹⁰³

it was embraced by the chapter based in Columbia MO – Mid Missourians for single-payer. Members of MoSP-E became suspicious that members of the Mid-MO chapter wanted to use the newly won grant money to

convert MoSP from a state single payer healthcare membership-based organization to his grandiose MO "universal healthcare as a right" UHCAN affiliate where he would coordinate a state coalition of church, labor and community groups.¹⁰⁴

This combination of influences – the economic opportunity that the grant represented coupled with a disagreement over goals and affiliations - resulted in a break between the Mid Missouri group and MoSP –E. The Mid Missourians for Single Payer did not renew their membership with MoSP State in 2000 and by 2001 MoSP –E was being restructured as Missourians for Single Payer.

The reformed Missourians for Single-Payer, based in St. Louis, used its grant money to hire Pat Harvey as an Outreach Coordinator in an effort to rebuild MoSP as a state-wide organization. Although some members of MoSP were weary of reforming an

¹⁰² MoSP E Steering Comm. Meeting Minutes Summer 2000

¹⁰³ Email, Rick LaMonica, 2000

¹⁰⁴ Email, Rick LaMonica, August 7 2001

alliance with Mid Missourians for Single Payer, the general consensus was that this would be a good first step in recreating a state-wide organization. In Pat Harvey's notes on his work as Out Reach Coordinator, healing the rift between these two groups is of primary concern. This was not an easy task as the organizations still disagreed on some key issues. In the following excerpt, Julia Lamborn, newly elected Chair of MoSP, recounts one of her first exchanges on this road to recovery,

Anne barely would speak to me at the beginning when I said hello to her, then afterwards she came to me and asked how Glen was doing. Never said ONE word about the forum and attendance. She did inform me that she will be attending the one in Columbia next week and will be bringing Nick Unger home with her. I said "and what are you going to do with him?" hahahahaha She replied that he would be staying in a motel and she would get him to the airport. Then she said very coyly, "I am having a few people over." So evidently she is still enthralled with UCHAN...I was irked that Gloria Weber made her pitch for UCHAN. I also found some UCHAN leaflets that she must have been passing out. She wanted to know if we could all work together. I really felt like saying that it was you, Gloria, who dropped out and went for UCHAN. But I kept my big mouth shut...In my MoSP history, it's the largest event I have ever seen. Perhaps years ago there may have been others? I didn't see anyone from Columbia, so I certainly won't feel obligated to attend theirs. It's just a UCHAN rally anyway.¹⁰⁵

This action narrative makes it clear that the tension between single-payer activists in Missouri was intimately tied to the shifts that had occurred in UHCAN the year before. While valiant efforts were made to heal the rift between these two organizations, they were not entirely successful.

As the sole chapter of MoSP (Pat Harvey's attempts to create new chapters around the state were not successful), MoSP members became even more tied to their identity as a single-payer organization. They also began to confront the problematic

¹⁰⁵ Julia Lamborn, Email Fall 2001

consequences of having an organizational structure still rooted in a coalition framework. Increasingly, coalition members - organizations that had previously supported single-payer - were re focusing on more incremental directions for health care reform.

Incremental Steps to Health Justice

After the election of G.W. Bush, formerly single-payer organizations not only shifted to the ambiguous goal of “Health Justice” through universal care, they also increasingly focused on supporting incremental reforms. In the following excerpt, the chair of UHCAN Ken Frisof builds an argument in support of incremental reforms

Haunted by Clinton’s debacle in ’93 – 94, mainstream politicians have been reluctant to consider proposals for comprehensive health care reform. In its place, they talk about ‘piecemeal’ or ‘incremental’ reform as if the two are interchangeable.

But they are not.

An incremental reform definitively and permanently provides health coverage to a part of the population. A piecemeal reform allows for both increments and decrements of coverage.¹⁰⁶

Frisof goes on to argue that because a universal health care bill was not feasible given the economic and political context “It is important to build towards it through solid increments rather than through unreliable piecemeal measures.”¹⁰⁷

The debate between incremental and progressive became a divisive debate within the movement for health care reform. Organizations that remained resolutely in support of single-payer experienced increasing marginalization as multi-issue organizations that had previously supported them redirected their resources toward incremental reform measures. For example, Missourians for Single Payer experienced a

¹⁰⁶ ACTION for Universal Health Care Volume 9 No. 1 Apr/ May 2001

¹⁰⁷ Ibid.

downturn in activity due to the structure of its board and the non participation of its coalition members. This resulted in single-payer organizations becoming increasingly focused on individual, rather than coalition, members (see Hern 2005). Although state based single-payer organizations did support some of the incremental measures promoted by the movement for health care reform, such as efforts to promote equitable prescription drug legislation, they were no longer tied to a strong national single-payer movement or organization. This down turn in support and activity would become even more severe following the events of September 11, 2001.

The War on Terror: A redefined economic narrative?

Following the tragedy of 9/11 and the advent of the war on terror, there was another shift in the economic narrative that dominated the country and the actions of health care justice activists. The dominance of the “Contract With America” narrative of the mid 1990’s had resulted in the dominance of free enterprise in the health care system and piecemeal attempts to reform it, the rise of the “War on Terror” economic narrative, which directed federal spending toward the war effort, further reduced the perceived chances of passing progressive health care reform.

According to this narrative, the possibilities for progressive health care reform, even in small increments, were next to nil and it had gone “from “possible” to “very unlikely” that any political races in 2002 will be won or lost on the basis of positions on health system issues” .¹⁰⁸ This narrative correctly assumed that the focus of the legislature would be on the new war and that funding would be directed toward the war

¹⁰⁸ Sept. 17th 2001 Ken Frisof – UHCAN [Initial Thoughts on health care justice strategies and timing in the wake of the terrorist attacks](#)

effort. Others agreed with this assessment but still tried to develop ways to use this period strategically to talk about health care reform,

The Terrorist attack of September 11 acutely changed America's political preprimary priorities, making national security and economic recovery our primary concerns. But these new realities, including the threat of bio-terrorism also highlight the failings of Americas health e system. The deteriorating economy threatens the security of health coverage of millions.¹⁰⁹

The economic downturn and military crisis of this time period were reframed by some as an opportunity to continue to work for some type of health care reform. Directly following the events of 9/11, critiques of the President and the War on Terror were not tolerated and many progressive individuals and groups began organizing in more anonymous ways (Rohlinger and Brown 2009). While the intersection of protest against the war and activism for single-payer would once again become a primary focus of the single-payer narrative as part of the "Health Care Not Warfare" campaign during the second term of G.W. Bush, initially the effort to define this as a location to mobilize for single-payer was not successful.

During this time period, many single-payer groups, such as MoSP experienced a down turn in activity and participation from coalition member and individual members alike. Organizations that had redirected their focus to "health justice" through incremental reforms, also began to refocus their energies on confronting the effects of war. Both the economic narrative of the "Contract With America" and the new economic narrative of the "War on Terror" had serious consequences for the goals and organizational form of single-payer organization.

¹⁰⁹ Email DEC 11, 2001I from Rachel DeGolia of UHCAN

Although the single-payer movement actively worked towards liberation in practice by constructing narratives that countered the political-economic narrative of the CWA, they were not able to increase or sustain their mobilization efforts through these counter narratives. While they were able to mobilize in efforts to protect social programs that already existed (i.e. Medicare) and to limit the negative effects of for profit managed care, these efforts resulted in a shift away from single-payer for some health justice organizations. The redirection of focus of national single-payer groups such as UHCAN resulted in divisions of state level organizations such as MoSP. During this time period, single-payer activists were not able to construct the hope-producing narratives of opportunity that were needed for the practice of liberation to be effective. Although attempts were made to construct these narratives of opportunity, these attempts were not effective because the actual **material** aspects (including the rise of managed care and the material aspects of the War on Terror) of the environment of opportunity were so prohibitive of progressive reform.

Eventually, the negative effects of these material aspects (i.e. managed care) that increased the conformity costs for economic stakeholders became a useful narrative location for encouraging these stakeholders to support single-payer. The continued rise of health care costs coupled with the decreasing autonomy of health professionals, unions, and patients within the managed care system would increase both the economic and grassroots opportunity of the single-payer movement. Julia Lamborn, current President of MoSP, explains that she, as a small business owner, found that she “was struggling to provide health insurance” for her six employees. She “finally

decided that there had to be a better option. So, I educated myself and found single-payer. Now, five years later, I'm the President!"¹¹⁰ Julia went from being an economic stakeholder struggling with the conformity costs of the managed-care system to being not just a supporter of single-payer, but a leader in the single-payer movement. Her origin story is useful as a narrative of economic opportunity when single-payer organizations consider the possibility of mobilizing the support of small-business owners.

The first years of the new millennium were spent regrouping in an economic and political context that was increasingly prohibitive of progressive reform. However, changes in grassroots and cultural opportunity would within a few years result in a rejuvenation of the Movement for Single Payer Health Care. Single-payer organizations were able to act on grassroots and economic opportunity by adapting to a new form of material culture – the internet.

¹¹⁰ Julia Lamborn Interview January 2005

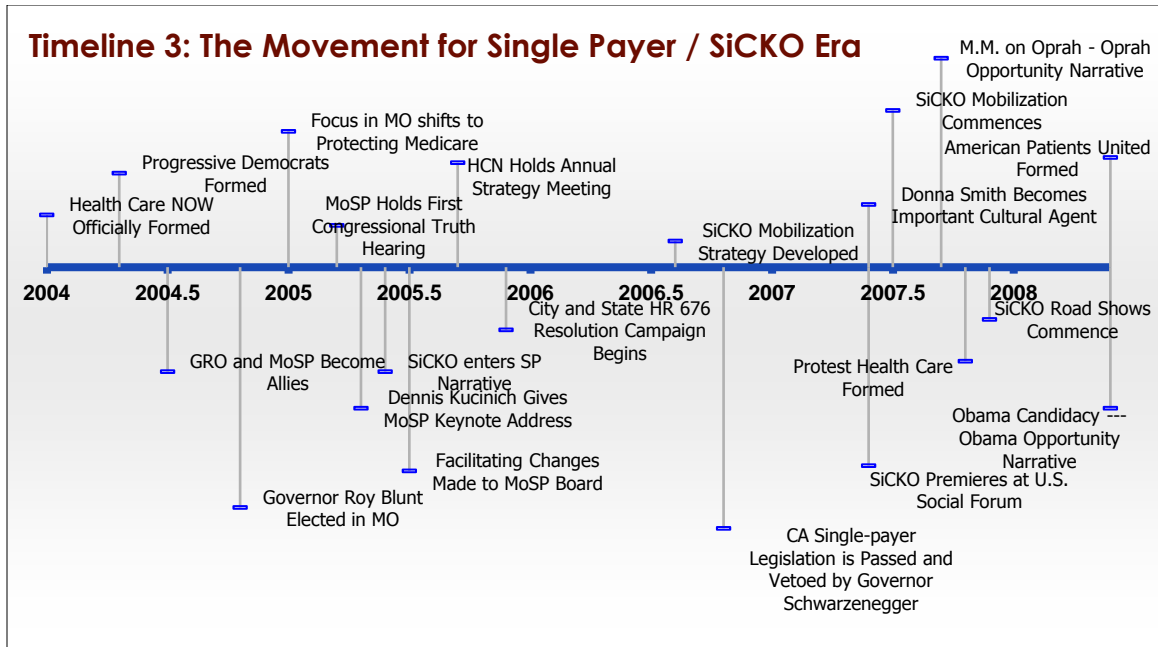
Chapter 7

American Sickos: The Democratization of Media, Cultural Opportunity, and the “Oprah Effect”

“If the history of digital media has demonstrated one thing, it is the fact that with every new advance in technology comes the promise of a broadening of democracy. To dub a new medium as a ‘democratizing’ force both anoints it as a liberator of the people’s voices and encumbers it as a veil of false power”¹¹¹

Directly following the events of September 11, 2001 and the start of the “War on Terror”, the movement for healthcare reform experienced another period of “abeyance” (Taylor 1997) in which the leaders of the organizations worked to maintain their organization in a context that was not tolerant of social protest or critiques of the war time president. Many progressive voices were silenced during this period as the nation waited for the end of the war. Many other progressive voices were directed toward critiquing the war effort, rather than directed at internal domestic issues. The democratization of the media through the development of the internet and of digital video technology became an issue of primary importance during this time period as it expanded the options available for organizing and sharing marginalized narratives with a wider audience.

¹¹¹ Jones 2011



The Democratization of Media

The technological advances of the late 1990s served to democratize several media forms. This allowed for more narratives to be heard through the internet and digital video technology. Although some scholars in this area argue that the internet, much like other types of media, has been co-opted by commercial and corporate interests (Pickard 2008), “there is an equally impressive body of scholarship arguing that the internet has transformed political processes by enabling previously marginalized voices to engage with electoral politics, thus reinvigorating civil society” (Pickard 2008, Bennett, 2003; Bimber, 2003; Rushkoff, 2003). As “an alternative communication network that has not been completely monopolized by corporate voices or regulated by politicians” (Rohlinger and Brown 2009, 2), the internet represents not only a significant shift in material culture, but also a significant shift in the cultural opportunity experienced by activists involved in social movements.

Jennifer Earl and Katrina Kimport (2011) argue that this shift has not only resulted in the use of “etactics” in an effort for “emobilization”, but that it has also resulted in the development of entirely new forms of collective organizing that is not rooted in the “organizational” and “copresence” criteria of traditional social movements. Rather than simply “super sizing” the organizing efforts of tradition SMO’s, the democratizing force of the internet has actually resulted in social movements that challenge the need for a sophisticated organizational structure or the sharing of physical space (copresence) by movement activists. They further develop Charles Tilly’s (1979) discussion of the shift from traditional repertoires of contention to modern repertoires of contention by arguing that although some traditional SMO’s are using the internet to “supersize” standard modern tactics, such as petitioning, other nontraditional social movements are creating new “digital repertoires of contention” (Earl and Kimport 2011, 179).

The internet also represents a new free space or “commons” in which activists can challenge the status quo (Hands 2011). This is a free space in more ways than one. First, it offers activists a monetarily free (or almost free) place to organize, share alternative arguments, and participate in traditional tactics. For example, the rise of internet petitioning has made this form of activism, which is very costly to complete in person, available to anyone who has access to a computer. While some argue that this results in the increase of “flash” participants who don’t really become committed to the cause rather than committed activists that act in support of the cause over a longer

period of time (Pickard 2008), others argue that the internet participation acts as a “gateway” to participation in face to face action (Rohlinger and Brown 2009).

The internet is also a “free space” in that it offers a place where participation in social movement activism can remain relatively anonymous. Individuals who are weary of being labeled as an activist can still participate in causes that they care about, without sharing their personal characteristics. This is especially important during times in which social protest is frowned upon, such as directly following the events of 9/11 (Rohlinger and Brown 2009).

A specific free space that eventually developed is that of social networking sites such as MySpace, Facebook, and Twitter. These sites have been important to the development of communities that otherwise would not have been possible. The sharing of networks on these sites allows for activists to reach a diverse population of individuals from all over the world. This free space also allowed for the development of global protest in ways that had not before been possible (Carty 2010). Twitter has become an avenue through which activists can share up to the minute details of events and has been very important to many contemporary “digital revolutions” that have developed in authoritarian states that cannot control these forms of communication to the extent that they could control other forms of communication (Christensen 2011).

All of these aspects of the “free space” of the internet significantly reduce the costs associated with participation in social movements and other forms of social protest. Costs are reduced for Social Movement Organizations and social movement participants alike. A SMO, as we shall see with the example of MoveOn.org, can be born

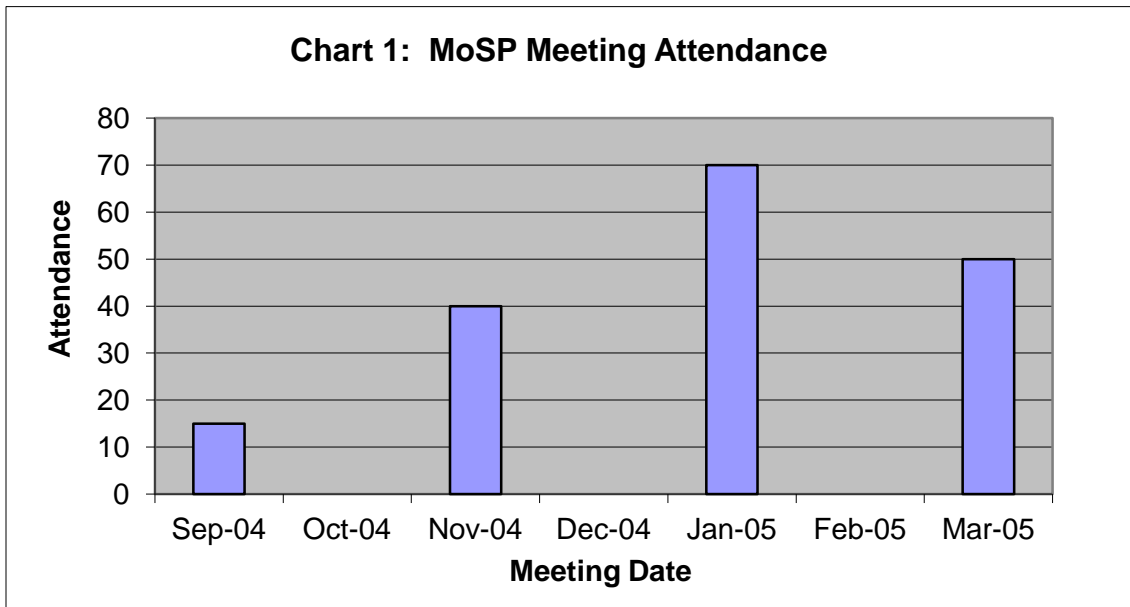
through the simple creation of a facebook page or the writing of an online petition. Individuals can participate in the actions of social movements while never leaving their homes or sharing their “true selves”. While some might argue that this results in participants that are less committed to the cause than traditional activists, no one can argue that the advent of the internet does not represent a significant shift in cultural opportunity for those working to challenge the status quo.

The advent of the internet and virtual forms of networking represents a significant shift in the environment of opportunity that single-payers were faced with after the events of 9/11 and the start of the War on Terror. While scholars have addressed the ways in which SMO’s take advantage of this opportunity, there is very little discussion of the process that traditional SMO’s went through to adapt to this new technology. Many activists who had been involved in the single-payer movement since the Clinton era, and who were born a generation or two before the digital generation, initially experienced this shift in material culture as a constraining factor rather than an enabling one. SMO’s who did not use this new form of material culture were faced with competing for participants with organizations that could recruit through the use of this new technology. It took several years and a lot of learning for the die-hard single-payer organizations (such as MoSP) to be able to use the internet in order to effectively advance their cause.

MoveON to the Digital Age

Although the 2004 elections did not result in changing the political opportunity that activists faced at the national level, single-payer organizations did experience

significantly more grassroots opportunity. MoSP in particular experienced greater attendance at meetings (see chart 1) and the increased support of larger nation-wide organizations. This shift in grassroots opportunity is very much related to the shift in cultural opportunity that the advent of the internet represents.



Perhaps the most significant exemplar of internet organizing is MoveOn.org. Although MoveOn initially started as an emailed petition designed by Wes Boyd and Joan Blades in 1998, and which requested that Congress censure President Clinton but then “Move On”¹¹², it developed into an internet based movement that still has a significant impact on the political dynamics of the United States. While single-payer organizations experienced a downturn in activity directly following 9/11, MoveOn “grew leaps and bounds after 9/11. MoveOn reported that its membership increased from

¹¹² Moveon.org/about

500,000 in September 2001 to 3 million in December 2005, noting that these figures represent members in the United States alone” (Rohlinger and Brown 2009). Moveon now has 5 million members that “work together to realize the progressive promise of our country”.¹¹³

Although MoveOn has never directly supported the single-payer movement or pushed for the particular goals of this movement, it is still likely that the success of this organization increased the number of people who actively sought progressive social change in the early years of the new millennium. According to Rohlinger and Brown,

the Internet can be an important democratic resource in the wake of political shocks because some segments of the citizenry are likely to disapprove of the policies and practices of state actors but find it difficult to voice their dissent. Specifically, the Internet is an important democratic resource because it provides a free space for citizens to articulate their dissent in a less public way and cultivate oppositional identities, which, in turn, can provide a foundation for activism in the real world. (Rohlinger and Brown 2009, 132).

While the climate following 9/11 and the nationalistic sentiment that arose discouraged social protest or criticism of any kind, the “political shock” that the commencement of the War on Terror caused encouraged activism. Rohlinger and Brown (2009) argue that this is why MoveOn experienced increased participation while other organizations did not. MoveOn became a place where individuals could engage in protest without experiencing many of the costs associated with protest at this time. If Rohlinger and Brown’s conclusions are correct, this resulted in a significantly larger population of people who had begun to develop activist identities through their involvement in

¹¹³ Moveon.org/about

MoveOn and this would in part account for the increased grassroots opportunity experienced by single-payer activists following the 2004 election season.

Prior to the 2004 election season, MoSP had experienced very low grassroots opportunity with poor attendance at meetings and the inability to organize due to an inattentive board. Leaders of MoSP expected more of the same at the bi-monthly meeting that directly followed this election cycle and were surprised that the opposite occurred. There was much greater attendance at this meeting and those who attended seemed energized and ready to take action.¹¹⁴ The political shock of the election, and the reality of another four years of the Bush administration, resulted in increased participation in the single-payer movement.

MoSP also experienced an increase in grassroots opportunity due to the formation of three new organizations – Grassroots Organizing (GRO), Health Care NOW (HCN), and the Progressive Democrats of America (PDA). While these three organizations differ in many ways (including goals, strategy, and political affiliation), they became important allies in the single-payer movement during this time. Their use of internet technology differed depending on their targeted audience and their knowledge regarding the use of this technology. These are both factors that are related to the “digital divide” that SMO’s experience when using these new forms of communication.

¹¹⁴ For a more extensive discussion of this see Hern 2005

Grassroots Organizing was formed in October of 2000 by “three women in a Pizza Hut”¹¹⁵ and developed as an organization based around the mission to “create a grassroots voice to win economic justice and human rights for all Missourians”.¹¹⁶ One of the goals that GRO supported was the development of a health care system that would fulfill their goal of health justice for the economically disadvantaged. GRO initially worked toward this goal by actively supporting the movement to implement a single-payer system. An alliance between GRO and MoSP was formed through Mary Hussman – who was a MoSP board member and one of the co-founders of GRO. While it initially seemed as though GRO would become involved in the single-payer movement, even paying their 50 dollars in MoSP membership dues to “show our sincerity”¹¹⁷, eventually GRO became, according to MoSP members, just another multi-issue organization that supported single-payer in theory, but not in practice.

Several issues contributed to this disconnect between GRO and the Missouri-based single-payer movement. First, the context in which these state based movements were working shifted due to changes in state government that resulted in the transformation of the way in which health care was financed and delivered in the state. When Matt Blunt defeated Claire McCaskill in the 2004 Missouri Gubernatorial election the state of Medicaid, which is implemented by state governments, became a primary focus. At a MoSP board meeting in January of 2005, Mary Hussman urged the MoSP board to actively work to stop possible cuts in Medicaid,

¹¹⁵ Robin Acree Lecture, October 2005

¹¹⁶ <http://www.gromo.org/>

¹¹⁷ Mary Hussman MoSP Board Meeting Feb. 2005

I would like to talk about Medicaid. I don't think that we can do reform incrementally, but we do need to protect the programs that we already have. Holden may not have been the best governor, but he went to bat for Medicaid, the new administration will not. Medicaid as it is ... it is not a very generous program. When they canceled the program in Tennessee, many doctors fought it. This may not happen in Missouri. Blunt made a statement while campaigning that he would not cut Medicaid, but he has not said anything about that for quite some time. Medicaid enrollment in MO has almost reached the million mark, and that might trigger a countermovement against Medicaid. MoSP has cosigned a letter to Blunt asking him to stick to his commitment. The state senate has called for hearings Monday, Jan 24th, dealing with health care. GRO is going to testify on behalf of Medicaid and general relief. It would be good if MoSP would also testify.

The threat of cuts in health care provisions for the most vulnerable population was a topic of major concern for both MoSP and GRO, but whereas GRO largely limited their efforts to preventing these cuts, MoSP saw this as an opportunity to insert single-payer into the debate. This involved mobilizing very different constituencies. MoSP focused on mobilizing the state legislature to stop the cuts from being implemented, while also encouraging the legislators to support the state single-payer bills through citizen lobbying. They held citizen lobbying days in Jefferson City Missouri, during which they would talk to as many legislators as possible about defending Medicaid and achieving single-payer. GRO focused on mobilizing the population that would be most greatly affected by these cuts – the economically disadvantaged – through grassroots mobilization efforts.

Mobilizing economically disadvantaged populations comes with certain constraints. Populations that are economically disadvantaged have less access to the resources and social capital that are important to the process of mobilization (Piven and Cloward 1973; McCarthy and Zald 1977). There is also a “digital divide” between the

haves - who have access to computers and thus the internet - and the have nots - who do not have access to digital resources (Epstein et. al 2011; Modarres 2011).

Disadvantaged individuals are less likely to have access to personal computers and disadvantaged communities are less likely to have access to the infrastructure needed for high speed internet access (Modarres 2011). This digital divide makes using the internet to mobilize disadvantaged populations unpractical. The advent of the internet did not represent an increase in cultural opportunity for GRO, which was focused on mobilizing disadvantaged populations in Missouri. So, they continued to focus on mobilizing through grassroots efforts such as going door to door to register voters, face to face petitioning, and holding funeral processions in to memorialize the “demise of Medicaid in Missouri”,¹¹⁸ which was not only more practical – it was considered to be more productive by organizational leaders.¹¹⁹

The advance of the internet also resulted in a digital divide between those who have the human capital to use the new technologies and those who do not have these skills (Uguz 2011). MoSP tried to adapt to the new aspects of material culture in order to act on the cultural opportunity that they represented. However, MoSP experienced the opportunity presented by the internet very differently than other new organizations that were forming at this time. At this time, most of the active members of MoSP were individuals in their 60’s and 70’s who had not yet become technologically literate. A “digital divide” developed between organizations who were able to use this new technology and those who were not. Directly following the 2004 election season, the

¹¹⁸ Mary Hussman, MoSP board meeting April 2005

¹¹⁹ Robin Acree, GRO Organizer, Informal Interview, October 2011

MoSP board became concerned with creating a new webpage to replace the old one, which was created in 2001 and had not been updated for several years. They knew, from the example set by organizations like MoveOn, that this was now an integral way in which to act on the grassroots opportunity of this time period. While they had quickly become adept at using email as a way to share information and have discussions, as evidenced by the extensive email conversations that I have collected, other types of digital networking, such as developing a website that was interactive as well as informational, seemed to be beyond their skill level.

Although members of MoSP had always wanted a more age diverse membership, and often bemoaned the lack of interest of the young who “expected to be healthy forever”¹²⁰, they began to seek out their participation and input more earnestly in order to develop the organization in a way that would allow them to positively confront the new digital age. Although I am not technologically savvy, I was often called upon to use my digital “expertise” in some way. The addition to the board of a student at Webster University, Mark Albrecht, who was technologically literate, who hosted an internet radio show and wanted to “use that media to help get out the word for MoSP”¹²¹, was taken as a very good sign. However, MoSP was not able to mobilize a significant young adult population and Mark Albrecht eventually resigned from the board due to other obligations. Although the leaders of MoSP continued to use email to spread information and a new web page was created, they were not able to use

¹²⁰ Julia Lamborn Interview January 2005

¹²¹ Mark Albrecht MoSP Board Meeting 2005

the internet to significantly increase their membership. Their alliance with another new organization would begin to change this dynamic.

Health Care NOW was formed when Marilyn Clement was asked by Representative John Conyers (D-MI) to mobilize grassroots groups in support of H.R. 676 – the single-payer health care bill that he had just introduced in Congress. Conyers had also co-sponsored The American Health Security Act with Senator Paul Wellstone, whose death in 2002 had left a hole in the heart of the single-payer movement.

According to this origin story, Clement “took this call to heart” and

didn’t care that George W. Bush was president, or that there was not a lot of money to build a new organization. She didn’t care that many said she couldn’t make this new group viable and important. She didn’t care that many scoffed at the very notion of healthcare reform.¹²²

Clement began this new organization by not only contacting various pre-existing organizations that supported single-payer and asking them to become part of this new coalition, but also by reaching out to a wider audience through new democratized technologies. By the summer of 2004, Health Care NOW had a website in addition to their New York based office.

Health Care NOW quickly became adept at using internet based technology to not only share information, but to also build the movement networks that would be necessary if they were to ever achieve their goal of passing H.R. 676. On this website, the staff of HCN shared “single-payer news”, updated their members about the progress they were making on Capitol Hill, and shared important educational information – including power point slides and videos – with their members. The website also

¹²² <http://www.healthcare-now.org/leo-gerards-tribute-to-marilyn-clement/>

encouraged those visiting the site to become actively involved by signing their online petition (which currently has 21964 signers) or by attending one of the actions around the country, which were listed on the events calendar. Health Care NOW had enough funding to hire a web designer to create this initial website, which also included a digital donation mechanism through which HCN could continue to raise funds.¹²³

This adept use of the internet also allowed Health Care NOW to more easily reach out to and form alliances with pre-established single-payer organizations – this allowed HCN to start the process of reforming a national movement for single-payer. While there were still active single-payer organizations in many states, there had not been strong national organizational leadership in the Single Payer Movement since UHCAN had transitioned to focusing on more incremental measures during the late 1990s. Before the formation of HCN, state based single-payer movement sometimes knew of each other, but a call from activists in other states was cause for excitement due to its rarity.¹²⁴ MoSP leaders learned about HCN early on and two representatives – Julia Lamborn and Mimi Signor – attended the first HCN national strategy meeting held in the fall of 2005. MoSP was also the first state organization to hold a “Congressional Truth Hearing” about health care (in the spring of 2006), which was the first major nationwide mobilization effort developed by HCN. MoSP, although still concerned about the changes occurring in the provision of health care in Missouri, began to focus on supporting H.R. 676. At the 2006 HCN national strategy meeting, Mimi Signor explained to the gathered activists that

¹²³ www.old.healthcare-now.org

¹²⁴ MoSP board meeting minutes Fall 2005

the Missouri Single Payer bill does have the funding mechanism written in – a progressive income tax – but with the current political environment in MO, the bill had no chance of being passed and was really just a way to keep the dialogue open for the time being while they focused on H.R. 676.¹²⁵

While MoSP still retained their identity as a distinct state-based organization, state-based reform efforts took a backseat to the organizing around H.R. 676, including a campaign to encourage state and local governments to pass resolutions in support of H.R. 676, that was occurring around the country.¹²⁶

Alliances between state-based single-payer movement and HCN would later prove to be beneficial for SMO's caught on the wrong side of the digital divide. The founders of HCN started encouraging the support of unions and professional organizations very early in its development and some of these organizations became the primary financial backers of this fledgling organization. These financial resources allowed the founders to hire well trained individuals who would create and operate this empowering technology. From the start, Health Care NOW was on the right side of the digital divide. The relatively younger population that became involved in this new organization (including representatives of the American Medical Student Association – AMSA – which endorses single-payer) pushed HCN Now to use new social media and digital video technologies as they developed.

¹²⁵ Mimi Signore, VP MoSP, HCN National Strategy meeting, Nov. 2006

¹²⁶ While the California movement did successfully remobilize and pass their single-payer legislation through their state legislature in 2006 and 2008, this was vetoed by Governor Schwarzenegger both times. This encouraged many California single-payer activists (i.e. Don Bechlar) to become involved with HCN.

Young adults who were participating in the movement also pushed for the use of social networking sites just a few short years later. In my field notes for the 2006 annual meeting of Health Care NOW I wrote,

I said that I thought a very good way to target a younger constituency would be through the internet. That on internet networking sites, such as Myspace, the possibility for reaching people is exponential (I have 100 friends, those friends have 100 friends, etc etc). They agreed that this would be a good idea, but I had a feeling that they didn't really know what I was talking about.

The Media Strategy group did make, following my explanation of the potential for exponential networking, developing their use of MySpace and Facebook a priority. Health Care NOW would eventually use these networking tools to reach out to many communities. At the January 2006 board meeting for MoSP, I was directed to create a MoSP Myspace page after giving the board a lesson on the workings of the site. Although I did create this page and was able to network MoSP with my "friends" on MySpace, the board members of MoSP never created individual MySpace pages or became involved with the development and activities of this page. The page became inactive when focus of the social networking world transitioned to Facebook.¹²⁷ MoSP continued to be on the wrong side of the digital divide.

An awareness of this digital divide within the movement eventually led HCN to implement programs through which they could help their state and local allies adeptly use internet technology. Through a formal "affiliation program", organizational members could use the resources of HCN – including its technologically literate professional staff – to develop their internet based organizing efforts and connect with a

¹²⁷ MoSP eventually created a Facebook page in the fall of 2010.

wider audience through the HCN website. This formal affiliation also includes, for an extra fee, a long list of “tech services” including – database and email management; online donation management; and website design and maintenance. This affiliation program became a useful avenue through which organizations could overcome the digital divide.¹²⁸

The technological adeptness of HCN also facilitated the alliances that HCN formed with other nascent national organizations such as the Progressive Democrats of America. PDA was founded at the 2004 democratic national convention, by attendees who were committed to creating a strong progressive caucus within the Democratic Party.

A thousand activists—many from the presidential campaigns of Howard Dean and Dennis Kucinich—gathered in Roxbury to hear talks by Dean, Kucinich, Reps. John Conyers and Barbara Lee, Tom Hayden, Granny D, Medea Benjamin, and many others.¹²⁹

Although HCN was actually created prior to the founding of PDA, PDA eventually became very involved in the movement for single-payer. Mimi Signor, Vice President of MoSP attended the first national meeting of PDA and brought back the news that she had spoken with Howard Dean. She explained that it “seems he’s going to keep an open mind on this”¹³⁰ and that MoSP needed to direct this new organization toward talking about single-payer instead of universal health care. She got the impression from this meeting that they would be “open” to this and this impression became reality when PDA made single-payer part of their platform.

¹²⁸ By the end of 2011, HCN had 43 official affiliates in 33 states.

¹²⁹ <http://pdamerica.org/about-pda/history>

¹³⁰ Mimi Signor, MoSP Board Meeting, Feb 2005

Although local chapters of PDA focused on grassroots organizing at the local level, the National PDA organization used the internet for its mobilizing efforts in many ways.¹³¹ Much like HCN, PDA built a website through which they could share information, acquire donations, build a network, and call a wider audience to action. PDA as an organization decided very early on to support single-payer and to urge the newly formed progressive caucus to support H.R. 676. PDA would fill an important hole in the single-payer movement as the primary political organization that would support single-payer regardless of the desires of the dominant Democratic politicians.

The increased interest of these new organizations, as well as that of individuals, encouraged the leaders of MoSP to make the changes necessary in order to act on this increased opportunity for grassroots mobilization. Julia Lamborn, President of MoSP, used a clause in the MoSP bylaws to change the make-up of the MoSP board. By dropping several coalition based board members who had shown no interest in participating for some time, MoSP was able to create “a great new board and great movement forward¹³²” and finally consistently hold board meetings that fulfilled the requirements of a quorum. This more centralized board was able to quickly organize those interested in participating in the 2005 MoSP health care weekend, which included new actions such as street theater, and to convince Representative Dennis Kucinich (D-OH), an important political agent for the single-payer movement and founding member of PDA, to give the keynote address at MoSP’s Health Care Sunday held at the Ethical

¹³¹ <http://pdamerica.org/>

¹³² Julia Lamborn MoSP board meeting Feb. 2005

Society of St. Louis. This is still viewed as one of the most successful weekends of events that MoSP has organized.

The 2005 MoSP Health Care Weekend is still referred to the most successful event in MoSP history. The development of this weekend was facilitated by MoSP's new alliances with HCN and PDA. MoSP member's interaction with the national PDA organization resulted in the connections that were needed to contact and encourage Representative Dennis Kucinich to travel to Missouri in order to be the keynote speaker at MoSP's Annual Health Care Sunday. These alliances also encouraged the development of new tactics that played a major role in this particular health care weekend. Members of the local PDA were active organizers of and participants in the Single Payer Street Theater that took place. MoSP leaders were also very proud to hold the first state "Congressional Truth Hearing" – an action campaign that was designed and encourages at the 2005 Health Care NOW national strategy meeting.

The keynote address made by Representative Kucinich at the 2005 MoSP Health Care Sunday drew the largest crowd (over 600) that MoSP had ever experienced. Signs in front of the Ethical Society of St. Louis, where the Health Care weekend is held each year, simply said "Kucinich Here". Kucinich was introduced by President of MoSP, Julia Lamborn, as "one of the few politicians who actually talks the talk AND walks the walk. I really believe he is a man of the people".¹³³ Representative Kucinich then gave an inspiring speech about the need for single-payer and how everyone in the room should support MoSP in their efforts to achieve it, concluding that "NOW is the time for real

¹³³ Julia Lamborn, MoSP Health Care Sunday, April 2005

health care reform”.¹³⁴ This time period and event ushered in a new era of mobilization in support of single-payer.

While more analysis would be necessary to develop any conclusions about the successful use internet based resources, it is obvious from the discussions of these groups that this shift in material culture resulted in a “digital divide” between those who adapted to this shift and those who did not. By allying itself with Health Care NOW and other organizations that adroitly utilized the internet, MoSP was able to remain active while its members developed the skills necessary to take advantage of this digital revolution. They were also able to increase their mobilization efforts even with a context of institutional change and negative state based political opportunity. While other state based organizations focused on protecting state based programs rather than promoting single-payer, MoSP was able remain focused on single-payer by redirecting its focus to the national legislation promoted by the newly formed national organizations. Another aspect of the digital revolution, the democratization of film making, would also become an important focus of the single-payer narrative as it also allowed the single-payer movement to share their narrative with a wider audience.

Sickos for Health Care Reform

“Michael Moore gave us a great gift, we can capitalize on SICKO”¹³⁵

The democratization of film making is another significant shift in cultural opportunity that became very important to the Single Payer Movement during the second term of President Bush. This democratization involved both the development of

¹³⁴ Representative Dennis Kucinich (D – OH) keynote address at MoSP Health Care Sunday, April 2005

¹³⁵ Mimi Signor at MoSP board meeting, February 2008

ever more accessible and user friendly digital video recording technology and the development of ways in which to digitally distribute these videos. These advances served to free “the medium from the tyranny of up-front financing” (Hancock 2011, 2) and have resulted in more people having access to “camcorders” (Buckingham et. al 2007) and the means to share their films with a wider audience (Jones 2011, Lowood 2011). While there is also a significant skills gap between and within organizations in relation to this new technology, it has allowed for the production of films that represent significant opportunities for mobilization¹³⁶.

The discussion of a new film by “Roger Moore”¹³⁷ about the health care system enters the single-payer narrative in the spring of 2005, a few years before the film was released in the summer of 2007. Although single-payer activists had organized around films in the past (i.e. John Q and Damaged Care), Sicko had much longer lasting effects on the movement for single-payer. Sicko became a focus of the single-payer narrative of cultural opportunity several years before it was actually released and this narrative became important to the process of pragmatic liberation for many years as it produced hope even within the context of negative political opportunity.

Although Michael Moore, the director of Sicko, eventually became the director of the highest grossing documentary film of all time¹³⁸, he had much more humble beginnings. Moore’s film career began when he mortgaged his house in order to make the documentary “Roger and Me” about the effects of the GM factory closing on the

¹³⁶ This will be discussed in greater detail in Chapter 9

¹³⁷ Meeting minutes for MoSP April 2005 board meeting.

¹³⁸ Fahrenheit 9/11

residents of Flint Michigan. Although he eventually sold the distribution rights for this first film for 3 million dollars, he began with very little financial backing. Although Sicko had significant financial backing, its director came from very humble beginnings and benefited from the democratization of film making which was just beginning at the tail end of the 1980's.¹³⁹

Before Sicko was even finished filming, single-payer activists began to discuss the organizing that might take place around this film. At the 2006 Health Care NOW national strategy meeting, it was decided that there would be a nationwide organizing effort surrounding the release of this film. Single-payer activists around the country began to plan to “capitalize” on the opportunity represented by this film by discussing various strategies and tactics that could be used. Many attended the premiere of the film at the 2007 U.S. Social Forum in Atlanta Georgia.

Organizing around this film took several forms. Some organizations, when allowed, set up “permanent” single-payer tables outside theaters where the film was being shown. Activists took turns handing out information about H.R. 676 and manned these tables around the clock. Other organizations held local “premier” rallies when Sicko opened in their area. MoSP held a rally that was attended by over 100 “nurses and health care advocates”¹⁴⁰. When the DVD of Sicko was released, Michael Moore and the California Nurses Association (CNA) teamed up to provide copies of the DVD for all of the activists who attended the 2007 national strategy meeting of Health Care NOW with

¹³⁹ Michaelmoore.com

¹⁴⁰ Field notes 2007

the direction to “literally hold hundreds of showings in people’s communities”.¹⁴¹

Organizing around Sicko picked up again when it was nominated for an academy award.

Activists held award parties because this was “a good time for partying and for strategizing together.”¹⁴²

Sicko also resulted in a “new” tactic for this wave of the movement - “The Sicko Cure Road Show”. The goals of this road show were to

1. reach the public with information about H.R. 676 via events, and related media and internet publicity;
2. energize local coalitions that have already done some work on the issue;
3. serve as a catalyst for the formation of new local coalitions where none existed; and
4. apply pressure on targeted Congress people to co-sponsor H.R. 676¹⁴³

The first road show left in the “Sicko Bus” directly following the 2007 annual strategy meeting of Health Care NOW. This road show made stops in twenty-one cities in the south east. One road show participant said this about the experience

The five people on the bus are as diverse as their histories and cultures might suggest but we all believe in a health care system with the simple message: “Everybody in, nobody out.” And so far we’ve only had one person tape a little handmade note on the side of the bus that read: “Socialism.” The note was quite colorful, and we kept it aboard for the ride to remind us of all misinformation and myths we have to overcome as we take the message deeper into the south and across the nation.¹⁴⁴

The participants in the road show were able to keep the rest of the single-payer movement informed about their actions by using the blog on the HCN website. Through this medium, activists all around the country were able to support the road showers

¹⁴¹ HCN Conference Call August 2007

¹⁴² HCN Conference Call February 2008

¹⁴³ Road Show Evaluation Report

¹⁴⁴ Donna Smith, Nov. 10, 2007 “On the Road Again”

through their attention and comments. The first road show made stops in Indiana, Kentucky, Tennessee, Alabama, Mississippi, Louisiana, Florida, Georgia, South Carolina, North Carolina, Virginia, West Virginia and Pennsylvania. The success of this initial road show and the continued salience of the narrative presented in SiCKO encouraged other activists to plan regional road shows of their own in the Northwest, Southwest, North East and Midwestern United States. At each stop, activists would hold SiCKO showings, rallies, educational programs and other various activities that were desired by the local contact groups. This became an important tactic to raise awareness and support for single-payer.

The organizing around Sicko reinvigorated the movement for single-payer and by the fall of 2007 Marilyn Clement was already calling their efforts a success saying that Health Care NOW's list of participants "is just growing by leaps and bounds because of Sicko".¹⁴⁵ Several new organizations were formed and became affiliated with Health Care NOW during this time. These organizations were able to form quickly and start sharing their "message" with a large audience by using the internet. The origin stories of many of these organizations directly reference a Sicko viewing as the catalyst for creating the organization. A thirteen year old boy from New York State explained that

I saw SICKO and it moved me. And I realized that I wanted to do something to help change things. Joel gave me this great idea. Launch a website. As many stories that I can get – put them on website so anyone can see it. Bring people on floor of Congress. My other idea is to have students call in to local Congressman to have this arranged and have these people taken care of.¹⁴⁶

¹⁴⁵ HCN Conference Call September 2007

¹⁴⁶ HCN Conference Call February 2008

Although his website is no longer active, it is significant that even a child who was affected by SICKO could use the internet in order to become involved in the movement. This was taken as a very good sign by Marilyn Clement who said “we’ve got a youth developed movement, that’s what we need, great!”¹⁴⁷

Other individuals were inspired to create actual organizations that would go beyond organizing on the internet and would also organize grassroots actions. Katie Glantz, who founded Protest Health Care (an organization based in Texas) with the help of her family explained that,

This year started off so differently and has come to a close in the most humbling way I could have ever imagined. The film, SiCKO, touched my heart – and my mind will be changed *forever*. I was angry as to why our healthcare system was run by profiteering insurance and pharmaceutical companies. The audacity of our government to allow this to *keep* happening to our citizens. The film allowed me to consider other people's situations – not just my own – and to ask questions. **I am now a healthcare activist.**¹⁴⁸

This organization quickly “partnered with Health Care NOW”¹⁴⁹ and began organizing efforts in support of H.R. 676.

These are just a few examples of organizations and mobilizing efforts that were created following the release of Sicko. The organizing around this film was not only facilitated by advances in internet technology, but it was supported by ***cultural agents*** that came out of the making of this film. These individuals became very important agents in the single-payer narrative.

¹⁴⁷ HCN Conference Call February 2008

¹⁴⁸ Protesthealthcare.org

¹⁴⁹ Protesthealthcare.org

Of course a primary agent of cultural opportunity is the film director, Michael Moore. Although neither the film, nor the DVD extras, discussed single-payer as a solution to the crisis explicated in the film, according to the single-payer narrative “*Sicko*’s director Michael Moore supports the Congressional bill for Medicare for All, H.R. 676.”¹⁵⁰ Joe Segal, aid to Congressman Conyers, had this to say about the role of Michael Moore in the movement “The country is at a tipping point – a forum to discuss health care and have a quality discussion about that. The movement has started through Michael Moore, I think it started before that, but that was a (catalyst).”¹⁵¹ According to this action narrative, Michael Moore was the catalyst for the movement development and activities that followed. Moore, who consistently emphasizes the importance of grassroots mobilization, had this to say about the film,

It is just a movie. It requires a lot of political action by millions of people to get involved. But the good news is that, you don’t have to convince anybody any more that we have a very unfair and kind of rotten health care system, especially health insurance system. That, I think a majority of Americans get.¹⁵²

Sicko may have been “just a movie” but Michael Moore became a primary cultural agent for the movement and would be an outspoken proponent of single-payer in the years to come.

Several of the “stars” of *SiCKO* also became involved in the movement at this time. While they did not have the same level of “star power” as Michael Moore, they became very active participants in the movement itself. One star of *SiCKO*, Donna Smith,

¹⁵⁰ MoSP *Sicko* Rally August 2007

¹⁵¹ Joe Segal, Aid to Congressman Conyers, HCN Conference Call, July 2007

¹⁵² Michael Moore & Donna Smith: *Still Sicko*” GritTV with Laura Flanders. March 19, 2011

became a leader in several organizations that support single-payer. Of her involvement in the film Donna recently said,

I have to talk about the transformation even for me in the last 4 years, in that clip you see the dignity that the process of getting healthcare in Cuba created for me, the dignity of being in Sicko, Michael, Thank you. You helped elevate me to be able to speak the truth, to power, in ways I thought I had lost, because I had been so pushed down at such a low level, so, thank goodness for that effort and for the effort to allow me to get out there and speak on behalf of all those other 25,000 people who sent emails to you, and it wasn't that they wouldn't have gotten 50,000 or 100,000, they couldn't read any more than that so they had to stop at some point, and just pick out a few stories that really represented the truth, So, I can't say it enough, thank you, thank you.¹⁵³

Donna explains in this action narrative that her involvement in SiCKO was the catalyst for her participation as an activist because she was empowered through her participation in the film. This process of pragmatic liberation that Donna Smith experienced through sharing her narrative in SiCKO resulted in many positive additions to the efforts of the single-payer movement. Donna acted for some time as a cultural agent in her role as a “star of Sicko”. She traveled around the country giving talks and answering questions before and after showings of the film. She became an important ally for the leaders of MoSP and was the keynote speaker for their 2008 Annual Health Care weekend, which also involved a radio interview and a showing of Sicko. Donna also used her star power to mobilize groups that had not previously been mobilized. She created a new organization “American Patients United” in order to empower and mobilize individuals who had experiences like her own. Donna also became a very important liaison between the National Nurses Organizing Committee (NNOC) and

¹⁵³ Ibid.

Health Care NOW. As a board member of the Health Care NOW board and a paid organizer for NNOC (which would become one of the primary funders of Health Care NOW) she continues to work diligently for single-payer.

Yet another cultural agent who plays a small role in the single-payer narrative surrounding Sicko is Oprah Winfrey. According to this hope producing narrative of cultural opportunity, when Michael Moore appeared on the Oprah Winfrey show in the summer of 2007 she said, “you’ve opened my eyes and my heart and I’m gonna have a forum about it this fall,”¹⁵⁴ following her interview with Michael Moore and her viewing of SiCKO. According to this opportunity narrative, as “the most powerful woman in the world”¹⁵⁵ any level of support from Oprah had the potential to push the movement to the realm of political feasibility.

This idea, about the “Oprah effect” is not a new one. As an icon with an extensive amount of “cultural authority”(Peck 2002), Oprah could have changed the political, economic, and cultural opportunity that the movement would face during the upcoming elections season in ways that other cultural agents, with less cultural authority, such as Michael Moore, could not. This cultural authority has allowed Oprah to turn “books into best sellers, products into must have holiday gifts, and social issues into political movements” (Carroll et. Al 2007). Scholars have argued that Oprah has single handedly put books on the best seller list (Butler 2005), started a reading revolution (Peck 2002) ,affected voting behavior (Baum and Jamison 2006), and convinced even conservative voters to support more government involvement in family

¹⁵⁴ Julia Lamborn MoSP Board Meeting July 2007

¹⁵⁵ *ibid*

issues (Carroll et al 2007) . Having the cultural authority, not to mention the “deep pockets”¹⁵⁶, of Oprah behind the single-payer movement would have certainly led to some positive changes for the movement in the environment surrounding health care reform.

However, as the debate surrounding health care reform was heating up in anticipation of the upcoming Presidential election, single-payer activists began to doubt the opportunity stemming from Oprah’s earlier statements. Activists were eager to capitalize on the possibility of Oprah’s support, but the candidacy of Barack Obama would change their outlook. Donna Smith explained that “Oprah is complicated because of how loyal she is to Obama” and that, “the political reality is – once she came out for Obama, she wasn’t going to do anything to rock the Obama boat. Maybe she’ll do something in the future, but what?”¹⁵⁷ The opportunity that Oprah’s support could have created, was no longer a possibility and this is directly tied to the candidacy of Barack Obama in this single-payer opportunity narrative. This is just a foreshadowing of the tension that would develop between the single-payer movement and the new administration in the years to come.

¹⁵⁶ Becky S. 2008 HCN national strategy meeting

¹⁵⁷ 2008 HCN National Strategy Meeting

The Narrative Practice of Cultural Opportunity

This time period illustrates the ways in which shifts in material culture can affect social movement organizations. Rather than arguing that the resources made available through the democratization of media technology are always enabling, I have examined the ways in which these shifts can initially be negative for SMO’s that don’t have the skills to utilize them. I have also give examples of the ways in which alliances with other organizations and the interest of cultural agents can serve to sustain these organizations as they learn and develop their use of new technologies. In the case of the single-payer movement, this process of democratization has resulted in new allies in the form of cultural agents.

Table 3: Narrative Practice: Narratives of Cultural Opportunity

	Sense Making	Identity Building	Strategy Enhancing	Recruitment Facilitating	Hope Inducing
SiCKO	M.M. becomes important cultural agent and defined as “catalyst” for movement activity. Organizing around SiCKO defined as a success.	M.M. as a cultural agent helps to build the identity of the SP Movement by defining SiCKO as “just a movie” and the Movement as the avenue for success.	Focus on Organizing around SiCKO – Premiere Rallies, Tabling at SiCKO showings, Marching to SiCKO, SiCKO house parties and SiCKO Road Show – Grassroots Strategies.	SP uses SiCKO to recruit individuals who view the movie and have a “change of heart”. SiCKO results in greater “grassroots” opportunity for SP.	SiCKO came into the SP narrative very early – became a rallying point even before it was released. This narrative produced realistic hope that SiCKO would be an excellent opportunity to mobilize current supporters and recruit new supporters.
Oprah	The could – be active involvement of Oprah is defined as a catalyst for SUCCESS.	The could-be support of Oprah supports identity as effective and important.	Tactics for getting Oprah involved (i.e. letter writing) are discussed but not enacted.	Oprah would become a platform through which the Single Payer Movement could reach a much wider audience that transcends boundaries.	The Oprah opportunity narrative arose out of SiCKO and produced the hope of a “game change” – even though Oprah never actively supported SP.

The ***opportunity narrative*** that arose in relation to the documentary film SiCKO played an integral role in the practice of liberation during this time period in which the

opportunity to achieve single-payer through beltway politics was not positive. Three influential **cultural agents** played primary roles both as characters in these narratives and as co-constructors of these narratives. Michael Moore produced the film SiCKO, which very early on became the center of a hope producing narrative of opportunity which resulted in greater grassroots opportunity that encouraged new strategies, increased mobilization, and the formation of new organizations. The narrative surrounding Oprah's viewing of the film and subsequent support of the issue, although this support was never actively realized, became a secondary hope producing narrative of opportunity. According to this narrative, Oprah's active support would be a "game changer" due to Oprah's cultural authority and "deep pockets" and this hypothetical action narrative would result in the ultimate success of achieving single-payer. This narrative also helped to support the identity of the single-payer movement as effective and worth the attention of influential power holders. Finally, one of the "stars of SiCKO", Donna Smith, became a primary **active** leader as she took on leadership roles in several single-payer organizations – CNA, HCN, and American Patients United. These developments would continue to facilitate the actions of single-payer activists during the Obama era of health care reform.

Chapter 8

There is No NO!: Narratives of Grassroots Opportunity and Increasing Radicalization in the Single Payer Movement

*Stand up, Speak Out, there is no NO!*¹⁵⁸

In the final years of the G.W. Bush administration, single-payer activists began to heavily critique the argument that their goals could only be achieved with enough “political will”. The single-payer narrative included the discussion of earlier movements that pushed for their goals regardless of whether or not there was political support for them. The argument that “we can make it politically feasible” and the mantra that “there is no NO!”¹⁵⁹ were regularly used by single-payer activist leaders. They began using new strategies and new forms of material culture to act on what they perceived to be grassroots opportunity.

During the Obama era of health care reform, narratives of grassroots opportunity came to the forefront of the single-payer narrative in unprecedented ways. Single-payer activists had experienced an increase in grassroots opportunity during the final years of the G.W. Bush administration and acting upon this opportunity was facilitated by the development of new internet based methods of organizing. *Grassroots opportunity exists when there is active interest and participation of members, non-members, and new members in a social movement; when grassroots mobilization is seen as a legitimate outlet for political action; and when there are resources available to take advantage of this opportunity.* This analysis is unique in that I argue that grassroots

¹⁵⁸ Julia Lamborn, President of Missourians for Single Payer, MoSP annual meeting, Dec. 2006

¹⁵⁹ Julia Lamborn, *ibid.*

opportunity exists as a form of opportunity distinct from other types of opportunity (such as political), yet it is an excellent location to unpack the intersection of political, cultural, and economic opportunity.

A central tenet of political process theorizing is that the opportunity to mobilize is an important *outcome* of other types of opportunity. Social movement actors must first become cognitively aware of this opportunity and thus liberated (McAdam 1982). Meyer (2004) defined mobilization as a distinct outcome of some forms of political opportunity or lack thereof, but I argue here that during the Obama era of health care reform narratives of grassroots opportunity were important to the process of mobilization and what forms that mobilization took. “Windows of opportunity” (Royall 2010) in conjunction with adapted perceptions and liberating identity are linked with increased mobilization (see also Cornwall 2007, Josselin 2007).

Political process theorists have also focused on the importance of mobilizing structures which are “those collective vehicles, informal as well as formal, through which people mobilize and engage in collective action” (McAdam et al 1996, 3). These mobilizing structures are also important when activists determine that they are experiencing a period of grassroots opportunity. Mobilizing structures may exist outside of the movement in the environment of opportunity (i.e. networks of activists who come together and form alliances) or within the movement itself (i.e. the actual organizational characteristics of the SMO). These mobilizing structures can also be constraining and can limit movement activity when they are very narrowly defined (Miceli 2005, Rhodes 2011) and the “mobilizing frames” of these structures must match

the particular opportunities that with which activists are confronted (Diani 1996). An integral element of grassroots opportunity is the existence of internal and external mobilizing structures that serve to facilitate and encourage increased mobilization.

Increased mobilization cannot be fully explained by focusing on aspects of political opportunity. Periods of positive opportunity have in the past resulted in negative grassroots opportunity, while periods of negative political opportunity have resulted in positive grassroots opportunity (Hern 2005). Emotions have recently reentered theorizing about political movements (see Jasper 2001). Emotions should not be discounted as irrational and not relevant to political activity. Indeed, emotional transformation is an integral element to mobilization (Collins in Jasper 2001) as moral, and political, shocks often spur participation (Jasper 1997, Goodwin et. al 2001, Rohlinger and Brown 2009). Anger has been discussed by feminist scholars as a driving force for political action (Hercus 1999). The emotional status of possible constituents is defined by activists as an opportunity that exists beyond the internal environment of SMO's. Emotions drive rational participation in political action and periods of emotional upheaval (such as disappointment over the actions of political agents) represent to activists significant grassroots opportunity for SMO's able to act upon it.

A decrease in political opportunity that coincides with an increase in grassroots opportunity can lead to increasingly radical activities for groups that are marginalized. The lack of accommodation or increasing repression by state actors in conjunction with the "ability of the movement's activists to make symbolic appeals that resonate with the beliefs and interests of the group members, and their ability to effectively communicate

those appeals” (Saikia 2011, 3) often results in increasingly radical and risky actions by social movement actors, or in the use of new internationally salient frames (Grodsky 2007). As we shall see, the Obama period of health care reform resulted in the increasing radicalization of single-payer actions as activists were pushed out of the realm of institutionalized political activism, yet were still able to use new forms of material culture in order to act on grassroots opportunity and were thus able to mobilize a larger constituency of interested parties.

As I have discussed in the preceding chapters, the single-payer option became increasingly marginalized *within the movement for health care reform* during the years following the Clinton period of health care reform. The continuation of this marginalization during the Obama period of health care reform, coupled with narratives of grassroots opportunity, resulted in the single-payer movement becoming the radical flank of the movement for health care reform. Although grassroots mobilization is recognized in social movements theory as an integral element for progressive social change, the importance of the “radical flank” (Freeman 1985, Haines 1983) has largely been forgotten, or purposefully eliminated, from our collective history (Amenta 2006). The public, which represents grassroots opportunity, is at times largely ignorant of the important role that social movement groups, such as the Townsend Movement, have played in the development of our limited welfare state. The mainstream media often sensationalizes political action that occurs outside of the realm of institutional politics in ways that make grassroots political action seem illegitimate (Gitlin 1980). At the intersection of political opportunity, cultural opportunity, and grassroots opportunity

there lays the possibility for the legitimization of grassroots political activity in the eyes of the public. These periods challenge the idea that radical actions are ineffectual and can lead to the increased involvement of tactics viewed as radical by conservative forces.

In order to take advantage of periods defined as having positive grassroots opportunity, there must be resources that are accessible to both the social movement organization and the public. This is one place where grassroots opportunity and cultural opportunity intersect. The accessibility of the dominant form of material culture to the social movement group and to the interested parties outside of the SMO will largely determine whether or not the SMO is able to take advantage of periods of grassroots opportunity. As single-payer activists became more adept at utilizing the internet and social media sites to reach possible supporters, they were better able to act on shifts in grassroots opportunity.

Past research on health care reform has not fully addressed the important role that grassroots opportunity has played in the success or failure of health care reform. In this chapter, I will examine the ways in which narratives of grassroots opportunity intersect with narratives of political, economic, and cultural opportunity; and the ways in which these narratives are related to the development of new strategies and tactics that were used during this period of increasing radicalization, in which the Obama administration eventually became the antagonist in the single-payer narrative.

“We Are the Change That We Seek”¹⁶⁰

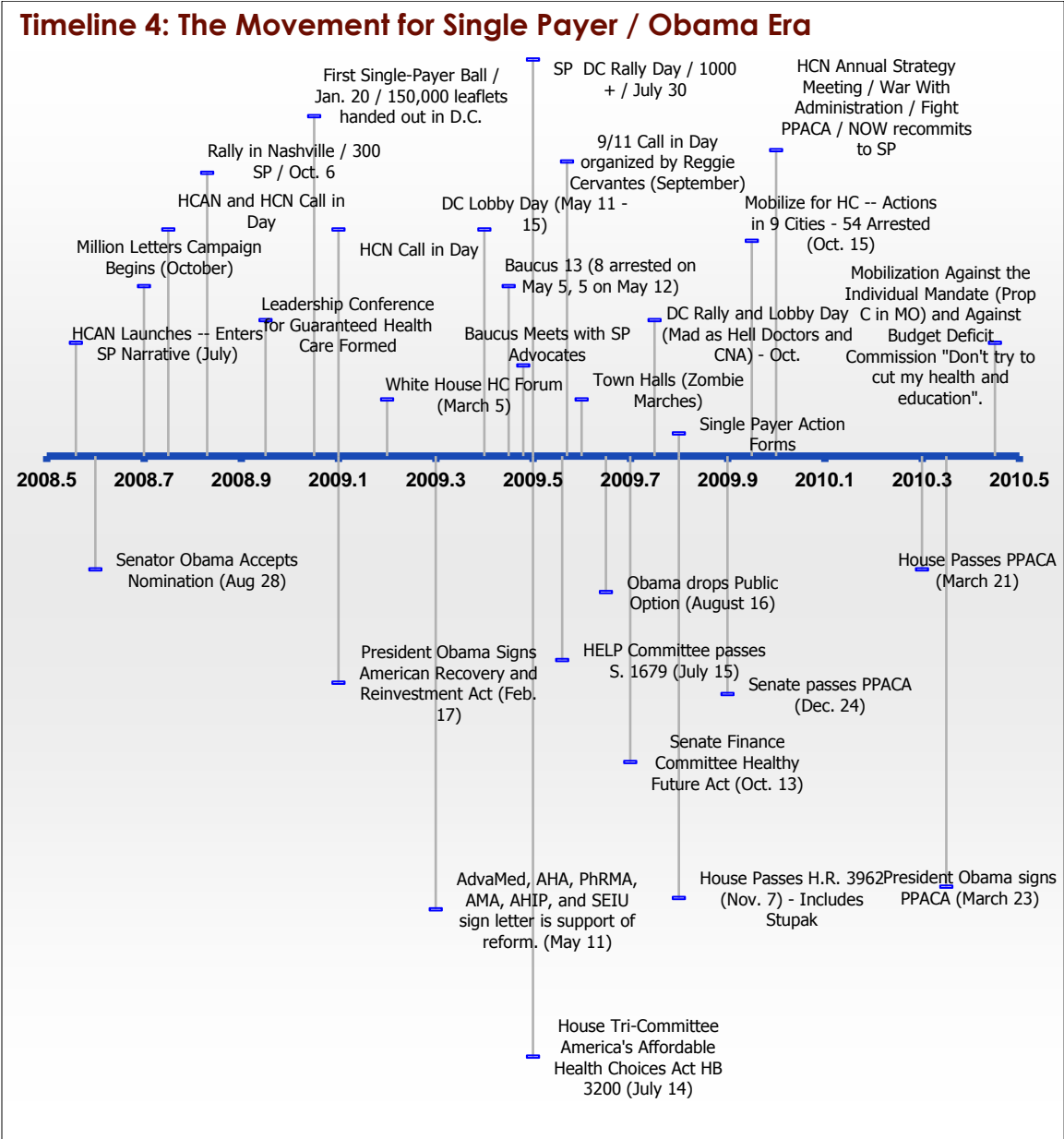
Health care reform once again became the focus of political discourse during the 2008 election season. The economic recession, financial crisis, and health care crisis were of primary concern for most Americans and were dominant within the political discourse surrounding the election season. All of the Presidential candidates, regardless of political affiliation, developed political rhetoric, if not specific plans, for dealing with these issues.

The candidacy and campaign of Barack Obama was rooted in a narrative of change. The Obama campaign was built upon the proposition that an Obama presidency would not result in politics as usual. Many aspects of the Obama campaign, such as the focus placed upon grassroots mobilization, led the public to believe that this would be the case. Single-payer activists were also encouraged by this narrative of change. In the single-payer narrative, one of the changes proposed by Senator Barack Obama is that of developing a single-payer system in the United States. According to this narrative, Obama was a supporter of single-payer because at an AFL-CIO convention in the summer of 2003, Obama stated that

I happen to be a proponent of a single payer universal health care program. I see no reason why the United States of America, the wealthiest country in the history of the world, spending 14 percent of its Gross National Product on health care cannot provide basic health insurance to everybody. And that’s what Jim is talking about when he says everybody in, nobody out. A single payer health care plan, a universal health care plan. And that’s what I’d like to see. But as all of you know, we may not get there immediately. Because first we have to take

¹⁶⁰ Barack Obama, Speech, February 5, 2008

back the White House, we have to take back the Senate, and we have to take back the House.¹⁶¹



This, coupled with a declaration from Obama that

He requires a **mandate** from the voters, as he stated to a reporter. That word "mandate" relates to the suggestion that he made in the meeting.

¹⁶¹ Barack Obama, Speech to Illinois AFL-CIO "Civil, Human, and Women's Rights" Conference, June 30, 2003.

He said citizens can get a specific health care policy by sending a thousand to two thousand letters from every U.S. Congressional District that communicate the need for whatever health care policy we want. He promised that the U.S. Representatives will listen. As Bob¹⁶² shared, Barack Obama clearly recognizes that the immense power of the health insurance companies must be overcome with the overwhelming force of thousands of educated constituents communicating to their U.S. Representatives.¹⁶³

made single-payer supporters very hopeful that the opportunity to pass single-payer legislation would increase if Obama became the democratic presidential candidate.¹⁶⁴

Many single-payer supporters threw their support, as individuals, behind nominee Obama due to these narratives as well as due to lingering distrust of the other democratic nominees who had not supported single-payer during earlier debates on health care reform. While other democratic nominees, such as Hillary Clinton and John Edwards, were “pushing half measures that don’t matter”¹⁶⁵ and focusing on individual mandates for insurance, Obama was narratively defined as opposed to individual mandates “except for children”.¹⁶⁶ The specter of “individual mandates”, which were, according to the single-payer narrative, an extensively flawed aspect of the recent reforms in Massachusetts, became an important dimension of the single-payer mobilization during the 2008 election season and throughout the Obama era of health care reform. Although single-payer supporters were encouraged to support congressional elections instead of specific presidential candidates because “what will get this bill through is the election of a progressive Congress, that must be reminded

¹⁶² Haiducek, Health Care NOW member and organizer of the “Million letters” Campaign

¹⁶³ Bob Haiducek Health Care NOW Conference Call Oct. 2008

¹⁶⁴ This prompted the start of a “Million Letters Campaign” – to send 2000 letters from each congressional district.

¹⁶⁵ Representative John Conyers (D-MI) Health Care NOW Conference Call September 2007

¹⁶⁶ Jim Galligher / CNA organizer / HCN Conf. Call February 2007

that we pay their bills”¹⁶⁷, many single-payer supporters were hopeful that an Obama Presidency would result in real change of the health care system through the implementation of a single-payer program, even though he did not support the single-payer option in his campaign, except to say that it would be the best option if the United States could “start from scratch”.¹⁶⁸ This *hope producing narrative of political opportunity* was very much related to the changes in grassroots opportunity that single-payer supporters experienced at this time.

The Obama campaign was able to mobilize the grassroots to an unprecedented degree and this mobilization was facilitated by the use of the internet and social media networking sites. Perhaps the most interesting and influential aspect of the internet-based Obama campaign is that it was able to not only accumulate an unprecedented amount of campaign funds through small donations (Luo 2008), but that it was able to translate virtual organizing to on the ground grassroots organizing in unprecedented ways (Coburn and Espinoza-Vasquez 2011). This served to further legitimate conventional grassroots activity within the context of traditional American politics. At this time, single-payer activists were also committed, for the most part, to these conventional and non disruptive forms of grassroots organizing.

One way that this campaign served to increase grassroots opportunity was by legitimizing grassroots efforts in the context of mainstream politics. For single-payer activists, the Obama campaign became a lesson that they should learn from and a lingering opportunity that they should act on. Although single-payer activists cautioned

¹⁶⁷ Donna Smith at MoSP SICKO showing – April 2008

¹⁶⁸ Barack Obama, Town Hall, Rio Rancho New Mexico, May 2009

that “pinning our hopes on him directly would not be the right way to go”¹⁶⁹, they also believed that the Obama campaign had “really taught us that you still can organize to make change”¹⁷⁰ and that there were many lessons that they could learn from this campaign. A few of these important lessons were that the campaign was “decentralized, but focused”¹⁷¹, that adopting slogans used in the campaign, such as “Yes We Can”, could also be effective¹⁷², and “how to reach out to all people regardless of their political opinions”.¹⁷³

Single-payer supporters also defined the mobilization of a larger progressive constituency during the Obama Campaign as grass-roots opportunity. The Obama campaign was able to mobilize large numbers of people, especially young voters, in support of his candidacy (Keeter et. al. 2008). Because these agents were mobilized in the context of the narrative of “change” developed of the Obama Campaign, they, according to single-payer activists, could also be supportive of single-payer. However, the formation of a new grassroots organization specifically directed toward health care reform would serve to undermine this new found opportunity in the single-payer narrative and yet would also become an important component of this ***identity building narrative of opportunity.***

¹⁶⁹ Donna Smith HCN National Strategy meeting Nov. 2008

¹⁷⁰ Ibid.

¹⁷¹ Ethel Longscott HCN National Strategy Meeting Nov. 2008

¹⁷² Sandy Fox HCN National Strategy Meeting Nov. 2008

¹⁷³ Aileen Satushek, Vice President of United for National Healthcare in Bellingham Washington, Internet based open ended interview.

“We are the real Grassroots!”¹⁷⁴

As discussed in chapter seven, the grassroots opportunity that became increasingly positive during the final years of the G.W. Bush administration resulted in the formation of new grassroots organizations and in increased participation in the single-payer movement. This was initially a boon to the Single Payer Movement. However, the combination of this grassroots opportunity and the political opportunity for health care reform that the 2008 elections represented also resulted in the formation of new SMO's that focused on reforming the health care system in ways that were not in line with the single-payer movement. Health Care For America NOW became a primary focus of the single-payer narrative of grassroots opportunity and the grassroots competition that arose between Health Care NOW and HCAN resulted in HCAN being temporarily constructed as the “enemy” of the single-payer movement. This competition had extensive consequences for the political, cultural, economic, and grassroots opportunity experienced by movement activists at this time. HCAN became an integral aspect of the single-payer movement's system of opportunity narratives and a central component of their identity building narrative practice.

Health Care for America Now (HCAN) entered the single-payer movement's system of opportunity narratives in the summer of 2008 and quickly became a focus of the single-payer narrative of grassroots opportunity. According to the HCAN origin story, it was formed in order to

¹⁷⁴ Dr. SteveB, Single Payer to HCAN: We Will Not NOT Be Listened To! Posted on July 19, 2008
www.pnhp.org

create a nationwide movement for comprehensive health care reform. We knew the only way to succeed was to build a base of grassroots activists and to ignite a national movement to demand action, lay out an agenda for change and answer the powerful forces arrayed against quality, affordable health care for all.¹⁷⁵

Single-payer activists were initially cautious about this new organization that had a name which was “confusingly similar to an existing coalition called “Healthcare-Now”” and which “threatened to divide the progressive movement for health care reform”.¹⁷⁶

During the July 2008 Health Care NOW conference call, activists were warned that,

Health Care for America NOW (HCAN) will launch this week, and it seems that they do not support single payer because their ten point plan states that people should have the choice between public and private insurance. They campaign for a publicly funded Medicare system that will compete with the private insurance. New York Times stated they are pushing a \$40 million ad campaign.

Healthcare-NOW is putting together a position paper that is going to be approved by the steering committee on what role we should play in exposing this group.

Although the 40 million dollar budget and coalition membership of several major labor unions, including the AFL-CIO and SEIU, were constructed as a boon for health care reform by many involved in this movement, single – payer activists were very critical of the policy recommendations of HCAN and the source of its funding. In a position paper circulated by Physicians for a National Health Program, one of the primary intellectual leaders of the movement stated that

HCAN’s proposal tries to avoid a head-on collision with private insurers, but the result is a plan that cannot achieve universal coverage or make care affordable. For physicians, offering a placebo in place of effective treatment is a serious ethical violation. Hence, while we salute the good

¹⁷⁵<http://healthcareforamericanow.org/about-us/mission-history/>

¹⁷⁶ Mogulescu 2008

intentions of the members of the HCAN coalition, we must warn against their proposal.¹⁷⁷

Although HCAN was oriented toward the goal of “universal” health care and toward building a movement in support of this goal, their use of the term “universal” and the principles that went along with the use of that term were not compatible with the goal of the single-payer movement to implement a universal single-payer health care system that eliminated the need for private insurance companies that cover basic care. It became very important to single-payer activists that they make these differences clear.

Partly because the name of the new group is so similar to our own, it is important that we point out what distinguishes the HCAN position from ours. Even more essential, the distinction is important because the policy issue is the crucial foundation of successful health care reform. We have to get it right this time around.¹⁷⁸

The single-payer movement’s relationship with HCAN became progressively more contentious as HCN was forced to compete with this new organization for economic, grassroots, and political support.

While the budget of HCAN was unprecedented in the progressive movement for health care reform, the source of this funding became another location for single-payer criticism of this organization. According to the single-payer narrative, much of this funding came from a very contradictory source.

I want to talk to you about the alternative movement to single-payer. There is an organization called HCAN that supports a universal insurance plan. The driving forces and funding source is AHIP – Americas Health Insurance Plans – an insurance lobby organization that is trying to push for an all insurance universal plan for America.¹⁷⁹

¹⁷⁷ David Himmelstein MD “A Policy Response to Health Care for America NOW” July 9, 2008 <http://pnhp.org/blog/2008/07/09/a-policy-response-to-health-care-for-america-now/>

¹⁷⁸ Health Care NOW Position Paper “Regarding HCAN” Nov. 7, 2008

¹⁷⁹ Mimi Signor at MoSP Annual Meeting, Nov. 2008

Single-payer activists frequently called out HCAN for being critical of private health insurance, while at the same time including private insurance as an integral aspect of its proposed legislation. This was tied to the funding behind the organization as well as its political ties. The increasing marginalization of single-payer activists in the movement for health care reform had been tied to the funding sources of multi-issue organizations (i.e. the financial contributions of the Missouri Foundation for Health to Missouri Association for Social Welfare (MASW) was blamed for the MASW's transition from actively supporting the goal of single-payer to supporting more incremental measures). This made single-payer activists very concerned about the funding for other progressive groups working for health care reform, but who did not specifically support single-payer. HCAN itself was very critical of organizations that took funding from AHIP and heavily critiqued the Chamber of Commerce for accepting AHIP funds saying

This reflects poorly on everyone involved. The Chamber of Commerce - ostensibly a principles interest group with its own constituency and goals - is revealed to be nothing more than a front group for hire. And the insurance companies and AHIP not only lied about their support for reform (as we've known all along), but lacked the courage of their convictions to put their money into their opposition publicly.¹⁸⁰

While single-payer activists critiqued HCAN for being funded by corporate special interests, those on the right who were opposed to "Obamacare" critiqued HCAN for accepting funds from "leftist" organizations and unions.¹⁸¹ While single-payer activists eventually realized that HCAN was also being funded by a "consortium of unions and

¹⁸⁰ <http://blog.healthcareforamericanow.org/2010/01/12/breaking-ahip-and-insurance-companies-funding-chamber-of-commerce-attack-ads/>

¹⁸¹ <http://michellemalkin.com/2009/06/24/who%E2%80%99s-funding-the-obamacare-astroturf-campaign/>

liberal groups”¹⁸² that had also supported single-payer in the past (i.e. SEIU – Service Employees International Union) or that single-payer activists believed should have been supportive of single-payer (i.e. MoveOn), the funding for the organization was still a questionable issue in this narrative of opportunity. It is possible that single-payer activists initially conflated HCAN with the Families USA coalition – which was partially funded by special interests or The Campaign for an American Solution which was a project of AHIP that claimed to be a grassroots mobilization effort. Some of HCAN’s first activities were actual protesting The Campaign’s “listening tour” that was held in the summer of 2008 (Kirsch 2012). HCAN was actually funded through 500,000 dollar commitments from each organization on the executive committee and substantial grants from The Atlantic Philanthropies and The California Endowment (TCE) which was a “conversion foundation” established when Blue Cross Blue of California transitioned to for profit status in 1996 (Starr 2010; Kirsch 2012). Neither of these entities supported a single-payer option. Richard Kirsch, one of the founders of HCAN, explained the situation this way,

While a growing number of groups decided to support HCAN’s approach, many single-payer advocates remained highly skeptical. Rumors circulated on the web that we were an insurance industry front group. I was even asked by a prominent single-payer advocate if Atlantic Philanthropies was financed with insurance company money (it’s not). Other single-payer advocates engaged in convoluted dissections of the Herndon research¹⁸³ to show that it was biased and based on faulty assumptions.

¹⁸² <http://www.washingtonpost.com/wp-dyn/content/article/2010/01/06/AR2010010605160.html>

¹⁸³ This was a poll used by Kirsch and others to sway single-payer supporters to support the public option and the principles of HCAN (Kirsch 2012). Single-payer supporters were very critical of this research done by Celinda Lake which concluded that the American public favored “guaranteed affordable choice” over single-payer. http://www.pnhp.org/news/2008/december/why_does_celinda_lak.php

While I respected the single-payer champions' concerns about the many potential shortcomings of reforms that kept much of the nation's potential shortcomings of reforms that kept much of the nation's health financing system in place, we were no longer debating theory. We were actually trying to get a president and Congress to pass a law that provided affordable health coverage to everyone in the United States. (Kirsch 2012)

If HCAN was indeed entirely funded by progressive and liberal groups or individuals (i.e. Billionaire George Soros)¹⁸⁴, this still resulted in less economic opportunity, in the form of large organizational donations, for single-payer organizations. However, HCAN continued to be tied to special interest funding in the single-payer narrative of grassroots opportunity centered on this new organization. This - tying the funding of HCAN to the special interests that were so reviled by the single-payer movement - served to further decrease the likelihood that these organizations could ever work together. These issues also resulted in activists increasing use of the motto "the revolution will not be funded"¹⁸⁵.

Jacobs and Skocpol (2010) argue that progressive groups had planned ahead for this round of health care reform and, much like the Obama administration, did not want to make the same mistakes that were made during the Clinton era of health care reform.

What is more, this time around in the long-running quest for universal health insurance in America, most liberal health care reformers decided in advance that they would not insist on the single-payer approach, but would, instead, champion a compromise idea called the 'public option', a proposal to create a publicly run health insurance plan to compete side by side with private insurance. (78)

¹⁸⁴ Starr, 2010

¹⁸⁵ Mimi Signor, V.P. of MoSP, 2009

Jacobs and Skocpol go on to argue that most would-be supporters of single-payer joined forces with the “chief orchestrator of pressure” – HCAN – which began to ardently press for the public option.¹⁸⁶ Single-payer activists were also critical of HCAN’s support of the “public option” over single-payer. According to this narrative of grassroots opportunity, those who funded and supported HCAN purposefully co-opted the grassroots opportunity of this time period by convincing would-be single-payer supporters to support an inferior financing mechanism – the public option - that left for profit insurance in place.¹⁸⁷ It became important for single-payer activists to “chip away the HCAN support – people are not aware that there is a contradiction between HCAN principles and H.R. 676 – we need to explain and clarify”¹⁸⁸ to HCAN supporters who were “buying Health Care NOW T-shirts”.¹⁸⁹

After Barack Obama was elected president and officially rejected single-payer in favor of the public option, HCAN became tied to specifically supporting the Obama administration’s agenda for health care reform. The degree to which the policy recommendations of HCAN affected the policy initially recommended by the Obama administration, and vice versa, is significant (Jacobs and Skocpol 2010), however, what is also clear is that the focus on the public option and the activities of HCAN became increasingly tied together within the single-payer narrative of grassroots opportunity.

¹⁸⁶ It is significant that single-payer is present, even on a very small scale, in this state level analysis of health care reform. Although Jacob’s and Skocpol’s analysis does account for the significant role that HCAN played, it does not account for the extensive organizing of the single-payer movement.

¹⁸⁷ In his memoir, Richard Kirsch explains that the HCAN founders developed a specific procedure using “power maps” to convince single payer supporters, such as Public Citizen Action, to support the Public Option and join HCAN. (Kirsch 2012).

¹⁸⁸ Kay Tillow, Health Care NOW conference call, Nov. 2008

¹⁸⁹ Rebecca Elgie, Health Care NOW conference call, Nov. 2008

Single-payer activists became more critical of President Obama's apparent rejection of the single-payer option and his connections to insurance company financing. Although the fact that Obama was challenged to the point of rejecting single-payer by conservative opponents was constructed as a sign that single-payer had become the "unattractive alternative" instead of "irrelevant because it is not politically feasible"¹⁹⁰, single-payer's new role as the straw man for the Obama administration's health care reform agenda did not result in significantly increased political opportunity.¹⁹¹ HCAN came to be viewed by single-payer activists as an extension of the Obama agenda for health care reform.

Obama is also helped by a grassroots campaign known as Healthcare for Americans Now (HCAN), made up of progressive groups and unions across the country backing Obama on his health care plan.¹⁹²

This tie between HCAN and the Obama administration signified to single-payer activists that single-payer would not be on the table in the upcoming debate about health care reform. It became an important sense-making narrative practice in their understanding of political, as well as grassroots, opportunity. According to this narrative, the focus on the "public option" of both HCAN supporters and of the Obama Administration served to decrease the likelihood that their perspective would be heard in the debate, as well as decrease the amount of grassroots support the single-payer movement would be able to mobilize.

¹⁹⁰ Quinton Young M.D., Head Organizer for PNHP, Interview March 2007

¹⁹¹ When H.R. 676 was Reintroduced on Jan. 26th, it only had 33 co-sponsors, a significantly lower number than the 90 cosponsors that it had in the previous legislative season. Single-payer activists struggled to bring that number back up.

¹⁹² Ricardo Kaulessar for Hudson Reporter, Filed under Single-Payer News, www.healthcare-now.org

Single-payer activists began asking if HCN had a plan to “combat HCAN in any way”.¹⁹³ Single-payer activists also began attending HCAN events in order to “move the discussion to the left”¹⁹⁴ and HCN organized actions on the same day as HCAN actions (i.e. a call in day to Congress on October 7, 2008). It is also interesting that Kirsch discusses the involvement of single-payer activists in HCAN events as evidence that they were able to “turn around single-payer activists with our actions, not our words” (Kirsch 2012, 82), rather than as evidence that there was still a vibrant, critical, and dedicated movement for single-payer committed to having a voice in the debate. This is just one example of the ways in which important information is often not visible from a position of relative power. While single-payer activists viewed HCAN as a major competitor in the grassroots movement for health care reform, they were also confident that the opportunity to push single-payer into the discussion was possible largely due to “real” grassroots support for single-payer.

According to the single-payer narrative, the Obama administration’s and HCAN’s focus on universal care through a public option in combination with private insurance was based on problematic research¹⁹⁵ and flew in the face of increasing popular support for single-payer. Several polls that were completed in the years leading up to the 2008 election season were used as evidence of public support for single-payer health care.

Meanwhile, an Associated Press poll in December, 2007 asked voters "Do you consider yourself a supporter of a single-payer health care system that is a national plan financed by taxpayers in which all Americans would

¹⁹³ Jill, Health Care NOW conference call, September 2008

¹⁹⁴ Joan, Health care NOW conference call, September 2008

¹⁹⁵ http://www.pnhp.org/news/2008/december/why_does_celinda_lak.php

get their insurance from a single government plan, or not?" 54% said "Yes" and 44% said "No".

A CBS News poll last September asked "Which do you think would be better for the country: having one health insurance program covering all Americans that would be administered by the government and paid for by the taxpayers, or keeping the current system where many people get their insurance from private employers and some have no insurance?" 55% chose "One Program for All" and only 29% chose "The Current system".¹⁹⁶

These figures, coupled with the extensive response¹⁹⁷ of single-payer activists to the HCAN statement of principles, and to other grassroots groups that signed on in support of these principles (i.e. MoveOn) indicated to the single-payer movement that they should have the support of a large percentage of the public. This encouraged single-payer activists to focus on mobilizing public and political support in order to force single-payer into the beltway debate, rather than staging protests against the Obama administration's agenda for health care reform. Unlike the conservative protests that occurred at early town hall meetings, the presence of single-payer activists was intended to push the debate in a particular direction, not to shut it down or reframe it in a very negative light. At this early stage, single-payer activists were still concerned about working within conventional forms of political debate.

As HCAN grew in numbers and political influence, single-payer activists became progressively more critical of anyone who supported this organization, including their

¹⁹⁶ Miles Mogulescu, "What Do MoveOn Members Think About Health Care? Who Knows?" Huffington Post August 15, 2008

¹⁹⁷ Single Payer activists attended HCAN house parties, HCAN Rallies, and flooded HCAN's website with comments about single-payer.

political leader, Representative John Conyers. In October of 2008, Representative Conyers endorsed HCAN and released the following statement,

I am proud to join HCAN's broad progressive campaign to raise awareness about the need for true universal health care reform. The HCAN coalition and I are united by our belief that the current non-system of health care run by profit hungry insurance companies is unsustainable and inhumane. It will take a monumental effort to defeat the entrenched special interests that benefit from the status quo. I remain firmly committed to the passage of my single-payer universal health care bill, H.R. 676, and believe that private insurance will never provide the kind of guaranteed affordable health care America needs. However, I agree with HCAN that a true policy debate in the Congress can only begin when there is broad consensus that the sham reform trumpeted by the industry is off the table.

This endorsement resulted in an uproar in the single-payer movement and almost resulted in a drastic shift in the identity of the organization. Many single-payer activists were immediately critical of this statement and suggested that HCN ask Conyers to retract this statement. This was cause for much debate within the single-payer community as some activists were convinced that HCAN was the "enemy" and they needed to hold Conyers' "feet to the fire"¹⁹⁸. There was even some discussion of no longer calling H.R. 676 the Conyers Bill or developing a new bill altogether. Others argued that Conyers was "playing a waiting game" until Obama was elected, at which point he would start pushing for single-payer in earnest, and encouraged activists to focus on building the movement and not arguing about this divisive issue. This event illustrates the contradictory – and yet collective identity building - aspect of narrative, which can result in disagreements about which narrative understanding, and thus which actions, will become dominant within a SMO (see Polletta 2006).

¹⁹⁸ Health Care NOW conference call October 2008

Representative Conyers was quick to address this conflict by attending the annual strategy meeting of HCN in November of 2008 where he directly addressed the 100 activists that were present. In this talk Conyers explained that, although H.R. 676 had over 90 cosponsors at that time, single-payer supporters were up against incredible odds in the current debate about health care reform. He also explained that President Elect Obama was not going to support single-payer and that many single-payer supporters still believed that it was not politically feasible and thus would remain in the “closet” while supporting the Obama administration’s agenda for health care reform. However, he assured the gathered activists that he was still one of them saying,

I consider you my extended family, because we believe in the same thing, we’re related by ideology. Because we share the same world view, not on everything, but on this subject we are one and that’s why we’re gonna win.

This reassurance mollified single-payer activists, but the tension between this grassroots group and the political figures that supported single-payer would be a reoccurring issue as the debate surrounding health care reform came to the forefront of public and political discourse.

Another narrative that played a significant role in the system of opportunity narratives at this time was the narrative dealing with the election of Eric Massa to the House of Representatives. According to the action narrative of this election, Massa, a cancer survivor and former Navy sailor who was “alive due to single-payer health care”¹⁹⁹, was elected in a conservative district in New York through a campaign based on

¹⁹⁹ Representative Eric Massa, Key Note Address, MoSP Annual Health Care Weekend April 2009

a single-payer platform, making him the most “improbable member of Congress”.²⁰⁰ Although Massa encouraged activists not to make the Obama sponsored plan that would be developed the “enemy of perfection”²⁰¹, or the enemy of the single-payer movement, he became a stalwart and unwavering supporter of single-payer during the health care reform debate that ensued. While other political agents important to the Single Payer Movement waivered in their support, Massa became the politician who would not accept anything less than single-payer. This was an important boon for the single-payer movement, however the most salient aspect of the narrative surrounding Massa’s election was not that it resulted in another political agent that supported single-payer, but that it illustrated what single-payer activists narratively defined as grassroots support for single-payer. Even after Massa resigned due to allegations of sexual misconduct in March of 2010, the narrative of his election was still useful as an illustration of positive grassroots opportunity for the single-payer movement.

According to this identity building opportunity narrative, the single-payer movement was the “real grassroots movement”, regardless of how much funding or political support HCAN had.

We are doing that [holding meetings] around the country. We don’t have the funding that HCAN has but I have in front of me the list²⁰² of tactics and activities that are going on. We’ve got a lot of energy behind us. The movement for H.R. 676 is strong and HCAN knows that.²⁰³

²⁰⁰ Ibid.

²⁰¹ Representative Eric Massa, MoSP Dinner Party, April 2009

²⁰² See timeline for sampling of activities.

²⁰³ Katie Robbins, Health Care NOW conference call, Oct. 2008

The grassroots activities that were happening around the country, as well as the creation of new grassroots single-payer organizations, such as the “Private Insurance Must Go Coalition” and the “Leadership Conference for Guaranteed Health Care”, were cited as evidence that the grassroots support that would be necessary to push for single-payer during the upcoming debate on health care reform was there, if only they could act on it. Although this narrative indicated that there was less grassroots opportunity for single-payer due to the activities of HCAN and it served to disconnect the focused single-payer organizations from HCAN, it also served to support the empowering identity building action narrative that HCN was the “real grassroots”. This identity building action narrative encouraged single-payer activists to continue to act in ways that would convince a wider audience that they should support the “real grassroots” which was rooted in a grassroots, rather than political, understanding of the case for health care reform. As the debate surrounding health care reform came to the forefront of most political discourse in Washington D.C., it became even more important that those groups that did support single-payer join forces, organize, and form a collective strategy.

The Leadership Conference For Guaranteed Health Care

Perhaps one of the most significant differences between the Obama period of health care reform and the Clinton period of health care reform is the extent to which mobilizing structures existed *before* the start of each period. Mobilizing structures are “those collective vehicles, informal as well as formal, through which people mobilize and engage in collective action” (McAdam et al 1996, 3). While several multi-issue organizations supported single-payer during the Clinton era (i.e. Church Women United,

The Gray Panthers, Neighbor to Neighbor, etc.) and these acted as important mobilizing structures during this period, the organizations that were focused on the sole issue of single-payer (i.e. UHCAN, MoSP, etc) did not really develop until that period of health care reform debate was already underway. Their development was rooted in the political opportunity that the new administration represented. Although the grassroots movement in support of single-payer had gone through a few periods of abeyance, it continued to develop after the “death” of health care reform following the Clinton era. “While the beltway and people ‘who knew better’ did little after 1994, it has been Single-payer advocates who continued more than anybody to do the hard work of actually building a grassroots infrastructure and support.”²⁰⁴ Several organizations had continued to mobilize at the state level and several new national organizations (i.e. Health Care NOW and PDA) were formed.²⁰⁵ By the time the health care reform debate, centered on the newly elected Obama administration, started, the single-payer movement had developed an extensive network of mobilizing structures that used traditional, as well as newly formed internet based structures, to push for single-payer.

The political, professional, and grassroots organizations that supported single-payer prior to the Obama era of health care reform, refined their alliance structure during this period in order to more efficiently push for single-payer through a collective strategy focused on beltway politics. As discussed in the previous chapter, two organizations formed during the administration of G.W. Bush and eventually became

²⁰⁴ Dr. Steve B, Single Payer to HCAN: We Will Not NOT Be Listened to, posted July 19 2008, www.pnhp.org

²⁰⁵ See chapters 5 – 7 for details.

allies in the movement for single-payer health care – Health Care NOW and Progressive Democrats of America. Two professional organizations also played a major role during this period of health care reform – Physicians for a National Program (which had formed in 1987 in order to specifically push for single-payer) and the California Nurses Association²⁰⁶ (which had also played a major role in pushing the California based single-payer ballot initiative during the Clinton era). In the period between the Clinton era and the Obama era, these organizations had grown substantially. The membership of PNHP had grown to 16,000 by the start of this period and CNA had become a national organizing force known as the National Nurses United (NNU)²⁰⁷. These four organizations formalized their alliance in the fall of 2008 by forming the umbrella organization The Leadership Conference for Guaranteed Health Care (LCGHC).

The LCGHC was formed in order to “have a visible impact in DC in the next year, to show the H.R. 676 movements’ great diversity and strength.”²⁰⁸ While HCN, PDA, PNHP, and CNA were considered to be the “four partners”²⁰⁹ of this new mobilizing structure, importance was also placed upon encouraging other multi-issue organizations that had supported single-payer in the past (i.e. NOW, Unitarian Universalists, etc) to join this coalition and actively push for single-payer. While many of these multi-issue organizations supported single-payer theoretically (as illustrated through resolutions passed and official policy recommendations), most favored supporting less focused

²⁰⁶ National Nurses United (NNU) currently has 170,000 member in “every state”, 31 State and Local Chapters in 15 states. <http://www.nationalnursesunited.org/pages/about>

²⁰⁷ This is a unification of California Nurses Association/National Nurses Organizing Committee, United American Nurses, and Massachusetts Nurses Association

²⁰⁸ Tom Knoche, HCN Conference Call, Sept. 2008

²⁰⁹ Ibid.

organizations such as HCAN because single-payer was not defined as “politically feasible”.²¹⁰ Others supported this new umbrella organization in more practical, but less action oriented, ways. During this cycle of health care reform debate, the United Methodist Church provided the LCGHC with office space in Washington D.C. This was an excellent resource for the single-payer movement leaders, who began focusing on the beltway political issue of encouraging more congressional support for single-payer because it became

clear that we must target Congress particularly at the Congressional District Level. We need new Congressional Targets – identify key actors in the House with leadership roles in Key Committees – new targets who need to be identified and added to the much stronger and expanded national coalition.²¹¹

The LCGHC also encouraged local groups to take advantage of the grassroots opportunity presented to them by focusing on “Outreach, Lobbying, Media, and Fundraising”.²¹²

The development of internet based mobilizing structures (networks) facilitated the efforts of local and national groups to participate in outreach, lobbying, media, and fundraising. Unlike during the Clinton era of health care reform, single-payer organizations had ready access to material culture that would allow them to share their counter narratives with a larger segment of the public. Many organizations had already begun to network via social media sites such as facebook, and a few, such as Health Care NOW, had developed YouTube channels. These new mobilizing structures were

²¹⁰ Unnamed caller, Health Care NOW conference call, Sept. 2008

²¹¹ Tom Knoche, HCN Conference Call, December 2008

²¹² Ibid.

also integral to the development of the more radical tactics (which will be discussed in greater detail later in the chapter).

The existence of mobilizing structures and a well developed infrastructure for the single-payer movement prior to the Obama period of health care reform better enabled single-payer activists to take advantage of the opportunities that existed during this period. This in itself is an issue important to grassroots opportunity and it allowed single-payer activists to mobilize a wider audience and adapt more quickly to the ever changing dynamics of the environment of opportunity – including the opportunity that economic crisis represented.

Economic Crisis or Economic Opportunity?

The economic crisis is the 800 lb. gorilla that will impact whatever we do on a national and local level. We have to respond to this crisis by linking the bailouts of Wall Street and the refusal to deal with Main Street. We must be bolder and offer solutions that are going to show the hypocrisy of Congress and our leaders.²¹³

The economic crisis that the United States was just beginning to address during this time period also became a source of grassroots opportunity. The Obama administration also chose to react to the economic crisis as an opportunity to go forward with health care reform rather than a reason not to move forward (Jacobs and Skocpol 2010). Economic turmoil can often lead the public to question the supremacy of hegemonic economic narratives (Amenta 2006). While this economic crisis could have been, and was by a minority within the single-payer movement, defined as a negative

²¹³ Josephine Disparti Single Payer New York, Online Interview, Nov.25 2008

aspect of the environment of opportunity because it could become “another excuse, for politicians, why we can't afford to do this for everyone”²¹⁴, the dominant frame for this economic narrative was that it represented an opportunity to mobilize the public that would become disenchanted with for profit health care, to convince political agents (through effective uses of grassroots opportunity) that the best solution to the crisis would be to implement a cost-saving single-payer plan, and to “make a better economic case for reform”.²¹⁵

The economic crisis represented grassroots opportunity because single-payer activists believed that it would encourage the public to question the hegemonic economic narrative that came to the forefront of American politics following the Clinton era of health care reform and during the development of the “Contract With America”. According to this opportunity narrative, the “Government response to the crisis could improve the chances of public looking more favorably on involvement of government.”²¹⁶ Single-payer activists began to argue that “the economic crisis is opportunity”²¹⁷ that would “open some doors for Health Care NOW”²¹⁸, and that they should take advantage of this opportunity in any way possible. In his address to the gathered activists at the 2008 annual Health Care NOW meeting, Dr Arthur MacEwan summarized the issue in this way,

²¹⁴ Linda Gonzales, New Mexico for Single Payer, Online Interview, Nov. 25 2008

²¹⁵ Richard Davis, Executive Director of Vermont Citizens Campaign for Health, Online Interview, Nov. 25 2008

²¹⁶ Legislator from the South West and Single Payer Advocate, Online Interview, Nov. 25 2008

²¹⁷ Josephine Disparti N.Y. Single Payer, Online Interview, Nov. 25 2008

²¹⁸ Male Single Payer Advocate – Eastern United States, Online Interview, Nov. 25 2008

The most important opening created by current crisis is that it discredits the ideology and the idea that free markets are the only way to go in finance and in general. The end of the argument changes – government involvement is no longer bad – Laissez Faire is over. You know that something is different as a result of the events of the last year or so. What’s happening with finance – what’s happening with the automobile industry is that that ideology doesn’t work. When crisis exists in the economy – there are possibilities for political change that weren’t there before. We should certainly take advantage of that. We can be preemptive about Baucus, Kennedy, and Obama. There is the possibility for pushing, now is the time.

This period of economic crisis was defined by single-payer activists as a period in which the dominance of free market ideology would be questioned, and anti-government sentiment would lessen within the public.

Single-payer activists began discussing ways in which they could garner support for single-payer by convincing the public and politicians that single-payer could, in part, solve the economic crisis. They worked to “link comprehensive single-payer health care reform as a vital part of the reform package for economic recovery. Definitely civil rights/human rights but also the failure of the free market to benefit people and anti-corporate sentiment.”²¹⁹ Many single-payer activists argued that they should focus on pointing out that “single-payer will actually save the US government and the US economy at least \$350 billion per year”²²⁰ and driving home the point that “health care is a significant part of our economic crisis. Real health care reform could lift all boats, make business more competitive, and provide relief for federal and state budgets.”²²¹

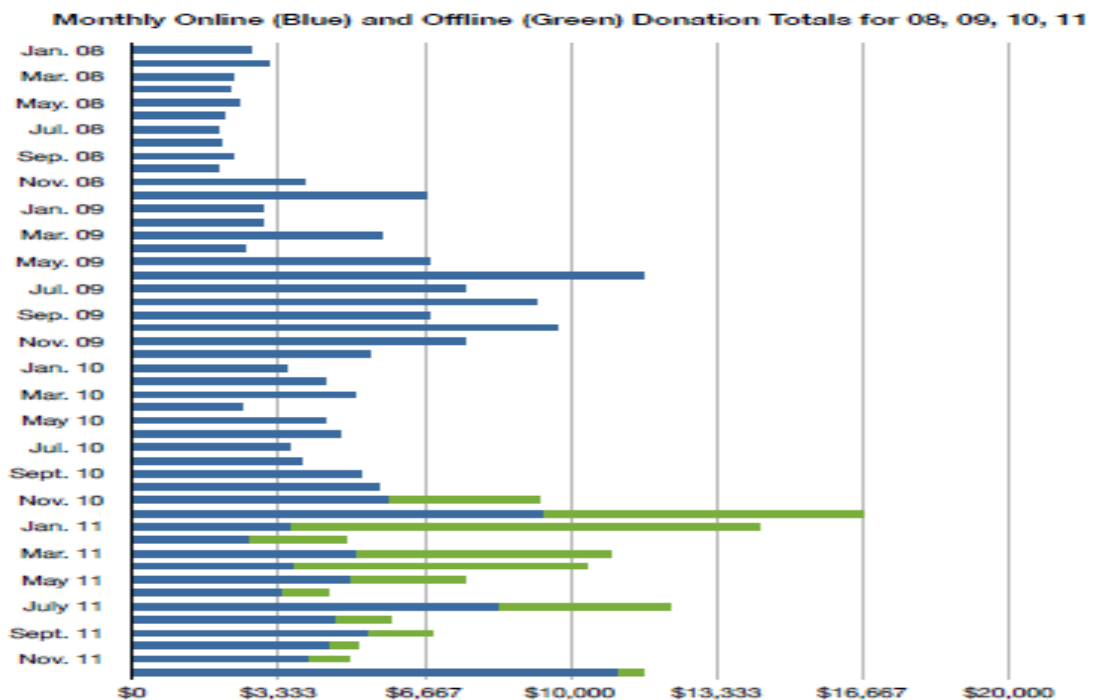
²¹⁹ Margaret Flowers M.D. Organizer for Maryland chapter of PNHP and HCNOW board member / Online Interview, Nov. 25th 2008.

²²⁰ Aileen Satushek, Vice President of United for National Health Care Bellingham Washington, Online Interview, Nov. 25th 2008

²²¹ Michele Swensen – Health Care for ALL Colorado, Online Interview, Nov. 25th 2008

In Maryland the plan was to “emphasize that going to a national/state SP universal healthcare plan will save BUCKETS of money! More people will fall into healthcare crises and the struggle will therefore become even more important”.²²² Health Care NOW included these assessments of the economic crisis in their funding solicitation emails for online donations. Chart 2 below illustrates that this time period did result in an increase in a material component of economic opportunity – funding donations.

Chart 2: Health Care NOW Individual Donations By Month



This narrative of economic opportunity became important in the single-payer movement’s criticism of the HCAN position on health care reform. The position of single-payer activists was that “incremental reforms help only a few and do not address the central problem, effectively delaying the ultimate requirement. It only benefits the

²²² Jim Baldrige, Maryland Health Care NOW Chapter, Online Interview, Nov. 25th 2008

insurance companies while the crisis and suffering remain,” yet “HCANOW is another diversion that takes SP allies away from the winning strategy.”²²³ The threat that HCAN could claim the grassroots opportunity that resulted from this economic opportunity was a very real concern for single-payer activists. However, some were also convinced that the economic crisis would “shut the door on the HCAN/Obama Plan” which was still mired in the free market capitalist framework and that the public would realize that “It’s now single-payer or nothing”.²²⁴

Activists developed several strategies and tactics in order to act on this narrative of economic opportunity. While encouraging unions to join the single-payer movement had long been a key factor in their strategy, the economic crisis encouraged activists to increase their focus on union involvement. Kay Tillow led a union involvement campaign that had already successfully persuaded “417 union organizations in 48 states including 107 Central Labor Councils and Area Labor Federations and 33 state AFL-CIO’s”²²⁵ to endorse H.R. 676, but this had not yet translated into the sponsorship of the National Organizations. The AFL-CIO and SIEU, which had also endorsed H.R. 676 in July of 2008, had endorsed the HCAN proposal and convincing these influential national organizations to support single-payer became a primary focus. Single-payer activists continued “working to pressure the national AFL-CIO from the grassroots up”.²²⁶ Single-payer activists worked to convince local chapters of the AFL-CIO to endorse H.R. 676 and inspired a resolution campaign at the 2009 national meeting of the AFL-CIO. At this

²²³ Jim Baldrige, Health Care NOW Maryland and Veterans for Peace, Online Interview, Nov. 25th 2008

²²⁴ Doug Rogers Health Care NOW New York, Online Interview, Nov. 25th 2008

²²⁵ Health Care NOW Conference Call October 2008

²²⁶ Health Care NOW Conference Call December 2008

meeting, a resolution to actively support H.R. 676 was passed and it became “the policy of AFL-CIO to be the advocate of single-payer”.²²⁷

Single-payer activists also further developed their campaign to acquire city endorsements of H.R. 676 in the context of the economic crisis through the development of the Win Win Campaign, which was spear-headed by Tom Knoche. The Win Win Campaign, which was being developed as early as May 2008, is a “campaign to enlist local government officials, school boards and others in the campaign for passage of H.R. 676”.²²⁸ The development of this campaign was based on the assessment that local government entities were also experiencing the economic crisis and should be informed of how much money they would save if the United States transitioned to a single-payer system. This ongoing campaign has been able to successfully acquire endorsements from 70 state and local governments²²⁹, as well as the endorsement of the American Conference of Mayors (an effort that was spearheaded by Alison Landes).

While it is clear that the single-payer movement was able to use the economic opportunity that the economic crisis presented to them in order to successfully mobilize a large enough constituency to push for increased endorsements from unions and local governments, which were also important mobilizing structures, it is less clear whether or not they were able to successfully use the narrative of economic opportunity in order to successfully address the grassroots opportunity that this time period also

²²⁷ Jerry Tucker, Health Care NOW national strategy meeting, Nov. 2009

²²⁸ HCN Conference Call June 2008

²²⁹ <http://www.healthcare-now.org/campaigns/win-win/>

represented.²³⁰ Their efforts to redefine single-payer as the only reform option that would successfully address the health care crisis in the eyes of the dominant health care reform organizations (HCAN) and dominant political agents in the health care reform debate was not successful. Instead, single-payer activists became progressively more marginalized within the movement for health care reform and this, in combination with perceived grassroots opportunity, the opportunity presented by new forms of material culture, and the single-payer movement's narratively affirmed identity as the "real grassroots", resulted in the use of more radical tactics and strategies in order to put single-payer "on the table".

"On the Table"

None of us wants there to be no real reform (even if it is a first step) in 2009-2010!

But do not ignore us.

Do not tell us to shut up.

Do not tell us to go away.

Do not ask for our support after the fact.

*So here is a deal... You include single payer advocates at the table from the beginning, you leave single payer in as **an** option, and I (speaking just for myself, not necessarily PNHP as an organization) won't insist on it as the only option. This is just the beginning of the fight with AHIP, Pharma, the for-profit hospitals... there's no need to take any of our chips off the table before real negotiations even begin. Let us organize and fight together.²³¹*

Directly following the election of Barack Obama to the presidency, single-payer activists began to focus on making sure that they had a seat at the table during the debate surrounding health care reform. Single-payer activists were still cautiously optimistic that,

²³⁰ Although they were able to mobilize more grassroots funding resources – see Chart 2.

²³¹ Dr. Steve B. "Single Payer to HCAN: We Will NOT Not Be Listened To! July 19, 2008 www.pnhp.org

His presidency provides an opening for real health care reform but it means that HC-NOW will need to prove that there is a mandate from the public and that SP can be passed by Congress. Best courses of action are expanded grassroots organizing, deeper and smarter Congressional District lobbying, emphasizing cost savings, and exposing problems with incremental proposals.²³²

Although the public support of single-payer was still an important factor in the single-payer narrative and mobilizing the grassroots was viewed as a very important objective, the single-payer movement began to focus on beltway politics. Partly because they expected “his presidency to provide a friendlier, more favorable atmosphere in the struggle for single-payer”²³³ and partly because single-payer activists believed that they still had extensive political support, a beltway strategy was initially deemed the best route to achieving single-payer.

This beltway strategy included staffing an office in the center of it all in D.C., encouraging past H.R. 676 sponsors to re-enlist, pushing more congressional office holders to endorse H.R. 676, and, of course, pushing single-payer into the debate on health care reform. Single-payer activists held rallies and lobbying days in D.C., as well as demonstrations at local congressional offices.²³⁴ They organized letter writing campaigns based on congressional districts in an attempt to meet Obama’s requirement of a “mandate” in order to put single-payer on the table. When single-payer politicians were not invited to the Health Care Summit organized by President Obama in March of 2009, single-payer activists organized a nationwide call in day, which, according to this action narrative, successfully resulted in Representatives John Conyers and Dennis

²³² Josephine Dispartì N.Y. Single Payer, Online Interview, Nov. 25th 2008

²³³ Jim Baldrige, Health Care NOW Maryland and Veterans for Peace, Online Interview, Nov. 25th, 2008

²³⁴ See time line for a sampling of these activities.

Kucinich being invited to the forum at the last minute. They attended town hall meetings held by President Obama and inserted single-payer into the discussion. At the town hall meeting held in Rio Rancho, New Mexico on May 14, 2008, it became clear to single-payer activists that the Obama administration would not accept single-payer as a valid option. At this meeting, President Obama responded to a question regarding single-payer saying that it would be an option only if they could “start from scratch”, but that he would focus on maintaining and expanding the current employment based system. Single-payer activists began to understand that they would not have a seat at the table.

Single-payer activists also began to critique the media “blackout”²³⁵ that they were experiencing. Although they were already participating in many actions around the country, including demonstrations in front of insurance companies and candle light vigils for those who had died due to the for profit health care system, these actions were not being covered by mainstream media. Through Fairness and Accuracy in Reporting (FAIR), activists started an online “petition to **ABC, CBS and NBC**, demanding that single-payer be a part of their coverage of the healthcare debate.”²³⁶ The single-payer movement also began to use alternative media forms, including Youtube, with increased vigor. Most actions were recorded and then posted to one of the Youtube channels²³⁷ in an effort to increase the audience that was reached through these actions and to provide evidence that there was a vibrant grassroots movement in support of single-

²³⁵ Healthcare NOW conference call Oct. 2008

²³⁶ http://salsa.democracyinaction.org/o/592/t/9039/petition.jsp?petition_KEY=1993

²³⁷ <http://www.youtube.com/user/healthcarenow4all>, <http://www.youtube.com/user/Singlepayeraction>, <http://www.youtube.com/user/singlepayermedia>, <http://www.youtube.com/user/singlepayer1>

payer. These alternative media forms became progressively more important as activists began to commit to more radical forms of activism.

Radical forms of activism are more costly than more institutionalized forms, such as citizen lobbying, or more conventional forms, such as sponsoring educational programs. Radical activism requires more participants – it only takes one or two activists to lobby a politician or conduct an education program, but a rally or demonstration with “less than 500 people is just not worth it”.²³⁸ Radical activism also offers less autonomy and a higher risk of legal repercussions.

Radical tactics, such as acts of civil disobedience, also require a higher degree of performance than other types of institutionalized actions. Although it has been argued that all activism requires some degree of performance (Tarrow 1998), some actions are more performance oriented than others. Rachel V. Kutz-Flamenbaum (2007) calls this type of political activity “performance activism”, when the performance activity is highly structured. According to Kutz-Flamenbaum, in order to be labeled a performance an action must include one of the following characteristics - costumes, skits, actions, song, dance, and “staying in character.” I would add to this list of characteristics the importance of scripts and staging in relation to an audience. Scripts are important to political performance because they give activist performers a unified narrative through which they argue their position and attempt to change the frame of the discourse surrounding a particular issue. Although performance activism does not typically occur on a theatrical stage, the staging of the performance is no less important. The staging of

²³⁸ Don Bechlar, Health Care NOW National Strategy Meeting, Nov. 2009

a political performance is related to the intended audience for a particular action and affects the reach of the narrative that is told through the performance. All of these factors make performance activism more costly than other types of activism due to the time required to develop the performance, and this cost increases as the performance becomes more structured. Consider the difference in the prep time required for a rally to which activists can just show up with a sign in comparison to a structured performance that requires the preparation of a script, the learning of that script by the activists, rehearsal time, and the time it takes to develop costumes and props!

These costs make reaching a wider receptive audience through the performance even more important and this is an important factor in the staging of a performance. An audience is an integral part and the primary focus of any performance. Performances are inherently interactive. The level of permeability between the audience and the activist changes depending on how structured the performance is (Kutz-Flamenbaum 2007) and what the organizational goals for the performance are (Hern 2010). Activist performers construct who their audience will be, assign meaning and value to this audience, and assess how influential audiences are, as well as how likely they are to be influenced (Blee 2012). The audience's understanding of movement narratives, the increased involvement of the audience, and the degree to which a collective identity is formed are measures that are also important to political performance (Rupp and Taylor 2004).

When social movement actors perceive that there is public interest in and support for their goals (grassroots opportunity), but less political interest or support,

radical activism and radical performances become more likely (Grotsky 2007). However, if the social movement activists are not able to reach this wider receptive audience, the costs of performance may outweigh the benefits. Ideally, performance activity would encourage the coverage of mainstream media, but as performance became a common aspect of political organizing it also began to draw less media attention (Tarrow 1998). Single-payer demonstrations that involved some degree of performance were still subject to the “media blackout” experienced by movement activists at this time. But, new forms of internet based media allowed single-payer activists to share their performances, and their narratives, with a wider audience.

The combination of perceived grassroots opportunity in form of public support for single-payer, cultural opportunity in the form of decentralized media outlets, and negative political opportunity during the debate surround health care reform after President Obama took office resulted in the single-payer activists taking on progressively more radical and increasingly collective performance based tactics. The breadth of these tactics cannot be unpacked here and notable activities will not be covered (such as the actions of the Mad As Hell Doctors²³⁹). However, the following activities are representative of this issue.

The Baucus 13

When Senator Max Baucus, chair of the finance committee held “health care roundtables” in the spring of 2009, single-payer was once again left off of the table.

²³⁹ Mad as Hell Doctors (MADH) is a group of “Physicians and Advocates” from Oregon and California who mobilized in August 2009 and set out on a 3 week caravan to Washington D.C. – stopping at single-payer rallies and events along the way. They visited “30 towns and cities in 15 states” and “attracted 6000 participants”. <http://madashelldoctors.com/about/>

While Baucus claimed that the round tables would address all perspectives in the debate on health care reform, the single-payer perspective was excluded. This, understandably, infuriated single-payer activists and made the “blood of single-payer supporters boil.”²⁴⁰ According to the single-payer action narrative of this event,

Senator Baucus, chair of the Senate Finance Committee, convened the May Roundtable to kick off the public consideration of the 111th Congress’ legislative proposals for healthcare reform. The Leadership Conference for Guaranteed Health Care, a coalition of nurses, doctors, labor, faith, health advocate and community groups representing over 20 million people nationwide, sent a request to the Finance Committee for one of their leaders testify. When this was denied, thousands of single-payer supporters across the nation contacted the committee to request that single-payer be included.

“Despite the outpouring of requests,” said Katie Robbins of Healthcare-Now.org, “we were clearly told that we would be excluded. This cemented our growing impression that the healthcare debate was at best, political theater, and that we would have to try a different tactic in order that the only really affordable health reform solution, that addresses the real health care needs of 100% of our nation be heard.”²⁴¹

Several single-payer activists did not accept this and decided to take the more radical action of “disrupting” the roundtables by forcing the single-payer perspective into the discussion.

The Baucus 13 were “all trying to find ways to make sure that this time when Congress and the White House addressed health care reform, that we actually had an open and honest debate about health care reform, about what was best for the people

²⁴⁰ Helon Redmond for Counterpunch, “I Prefer Single-Payer, But...” July 28, 2009 Single Payer News www.healthcare-now.org

²⁴¹ “Probation Ends for Baucus 8” Healthcare-NOW! Updates, January 8, 2010

of our nation.”²⁴² When Baucus invited “around 43 people or so to testify, not one of which represented what we wanted, what we believed the majority of the American people wanted,”²⁴³ these activists took direct action in order to bring the single-payer perspective to the table. It became essential for these activists to “pierce the veil and let everyone see what’s really going on,”²⁴⁴ which was defined by single-payer activists as “political theater.”²⁴⁵²⁴⁶ The hearings were “really conversations of interest groups, and the interest groups that weren’t there were the patients and the providers. And that offends. It offends! Such a misrepresentation of democracy is so troubling, it’s really worth getting arrested for.”²⁴⁷ The troubling nature of this hearing process, along with the potential to reach a supportive public by “lifting the veil” made this action worth the heavy cost and risk of arrest associated with acts of civil disobedience.

Several elements of performance were present in the actions of the Baucus 13. Although this action did not develop the extensive costumes used in some other single-payer performances (i.e. hospital gowns and fake plastic rear-ends), there was an element of costuming for the Baucus 13, which involved wearing single-payer accoutrement (i.e. buttons, t-shirts) along with their otherwise professional attire. Disrupting the roundtables also involved a short, but no less important script. The

²⁴² Margaret Flowers M.D. Video transcript. “Baucus 8 One Year Later: Path to Victory” http://www.youtube.com/watch?v=aMdwK3R3iok&feature=plcp&context=C46b3c41VDvjVQa1PpcFPY_sGg5dz8qrCs5j99FM5C0zzXPnUH0ys%3D

²⁴³ Russel Mokhiber, Esq. of www.singlepayeraction.org, *ibid.*

²⁴⁴ Kevin Zeese, Esq. of www.prosperityagenda.us, *ibid.*

²⁴⁵ Katie Robbins, Organizer for Health Care NOW, *ibid.*

²⁴⁶ It is important to note that I am not using the term political performance or performance activism in the same way that Katie is using the term “political theater”, which refers to the perceived farcical or fake quality of the roundtable proceedings.

²⁴⁷ Pat Solomon-Rodriguez M.D. www.pnhp.org, *ibid.*

Baucus 13 understood that they would peacefully repeat the phrase “We (single-payer supporters, patients, providers) want a seat at the table”. That’s all that they were asking for at this time, to be allowed to be part of the debate. To have the voices of patients, providers, and health care activists to be valued and heard. Rather than complying with this request, Baucus is quoted as saying “We need more police”.²⁴⁸ Each of the 13 single-payer supporters that spoke out at the round tables was arrested and dealt with the consequences for many months that followed and supporting them through their arraignments and court dates became a rallying point for other single-payer activists.

Another important aspect of this political performance is the importance placed upon staging in relation to a particular audience. The staging for this action was oriented toward multiple audiences. The Senate finance committee, including Senator Baucus, was one audience, but perhaps not the most important one. The emphasized audience in the action narrative of this activity was not Baucus or the Committee, but the American Public that was defined as supportive of “real reform”, but unaware of the farcical nature of the proceedings. This made it very important that the action reached a wider audience beyond those who were present at the proceedings. The actions of the Baucus 13 “received Great media coverage from Bill Moyers, Ed Shultz, and other mainstream media outlets.”²⁴⁹²⁵⁰ Single-payer activists were also able to share this action performance with an even wider audience by sharing videos of the action and

²⁴⁸ <http://www.healthcare-now.org/baucus-8-update-single-payer-in-the-news/>

²⁴⁹ Katie Robbins Health Care NOW Conference Call June 2008

²⁵⁰ See Crowley 2010, Eggen 2009, Curtis 2009,
<http://www.pbs.org/moyers/journal/02052010/profile3.html>

interviews with the activists online through Youtube channels and organizational web pages.

Although only a small segment of the single-payer movement actually participated in this action, the thirteen individuals who participated and were arrested due to their participation became folk heroes of the single-payer narrative. They were, and still are, asked to give lectures about this experience to single-payer groups around the country. Supporting them during their legal battles and court dates became a rallying point for further single-payer activity. Their actions during this early period of the debate on health care reform had a lasting impact on the single-payer narrative, single-payer movement, and single-payer activities.

A few of these folk heroes of the single-payer movement also became semi public faces within the debate on health care reform. Katie Robbins, head organizer for HCN and a member of the Baucus 13, became a primary public face of the single-payer movement. An article, in the Vows section of February 18, 2010 issue of the New York Times, discussed Katie's involvement in the protests of the Finance Committee hearings and explained that she had finally married her long-time partner "For love and health"²⁵¹, because she had insurance coverage and he didn't. Single-payer activists were excited when Dr. Margaret Flowers, another folk hero of the single-payer movement, was asked to explain her experience as a member of the Baucus 13 for NBC's Frontline special "Obama's Deal" which aired on April 13, 2010. However, when

²⁵¹ Abbey Ellin, "Vows: Katie Robbins and Philip Swift", New York Times, February 18, 2010

the program aired the single-payer perspective was cut from the discussion. According to Dr. Flowers,

The producers at Frontline carefully cut single-payer out of the film. When the host, Mr. [Michael] Kirk, interviewed me for “Obama’s Deal,” we spoke extensively of the single-payer movement and my arrest with other single-payer advocates in the Senate Finance Committee last May. However, our action in Senate Finance was then misidentified as “those on the left” who had led a “counter attack” because of “liberal outrage” at being excluded.²⁵²

The narrative of the performance action – that single-payer was being left off the table – was reframed as “the power of the insurance lobby and showed how activists like Dr. Flowers were excluded from the debate over the bill”.²⁵³ According to Ken Dornstein of PBS, the single-payer perspective was left out of their coverage of the debate because,

Obama’s Deal” was centered on the political process that led to the final reform bill, and on what that process revealed about the president and his style of governance during his critical first year in office. While there is much to say about the merits of the single-payer idea — and about the politics of why it did not, in the end, figure significantly in this past year’s debate — this issue ultimately fell outside the scope of this single hour of television. This is not “censorship,” as Dr. Flowers argues, it’s the work of journalism to report widely on a topic, then find the sharpest focus for his or her reporting, unfortunately leaving out much strong material along the way to shaping the clearest communication possible in the time or space allowed.²⁵⁴

While this might be true, the PBS Ombudsman, Michael Getler, received “almost a thousand critical e-mails”²⁵⁵ that dealt with this program. Gelter concluded that,

while the hard-nosed journalistic decision may be to focus on the real options and debate, it seems to me that to ignore something that was

²⁵² Margaret Flowers M.D. in “Frontline Disguises Single-Payer Advocates as Public Option Promoters” By Peter Hart for FAIR, April 21,2010

²⁵³ Michael Kirk – Obama’s Deal producer – response to criticisms of Dr. Flowers in “Single-Minded about Single-Payer: The Ombudsman Column by Michael Getler of PBS

²⁵⁴ Ibid.

²⁵⁵ Ibid.

out there and popular with millions of people and thousands of health-care professionals but not really on the table, was a mistake. Although obviously tight on time, the producers should have found 30 seconds to take this into account because many Americans support it yet the deal makers never mention it nor is the politics of discarding it addressed.

This recounting of the Obama era of debate that ignored the activities of the single-payer movement *even when using interviews with single-payer activists who discuss single-payer* further illustrated the importance of using other forms of decentralized media to share the single-payer narrative.

While the actions of the Baucus 13 were not successful at getting single-payer a seat at the roundtables, it was uninformed, but typical, for anyone to argue that the actions of single-payer activists were not an important part of the story of health care reform. As Getler pointed out, single-payer was not “a typical throw-away or easily cast aside idea”.²⁵⁶ Even Senator Baucus, who was successfully persuaded to meet with single-payer supporters in late May of 2009, after the roundtables had concluded, admitted that he had perhaps made a mistake by leaving single-payer supporters out of the discussion. This was defined as “concrete movement” by Dr. David Himmelstien, intellectual leader of the movement, who also cautioned that “he announced no intention of opening up the hearings on single-payer in the future and we will therefore need to continue to press him.”²⁵⁷ This call to action was taken seriously by the grassroots segment of the single-payer movement, which had defined this action as a success saying “the dynamics have changed since the arrest. People have been coming

²⁵⁶ Ibid.

²⁵⁷ Carrie Dudoff “Baucus Soothes Single Payer Backers” in Politico, posted on healthcare-now.org, June 3, 2009

out of the closet for single-payer.”²⁵⁸ Single-payer supporters, such as Katie Robbins and Dr. Margaret Flowers, were also invited to testify at the congressional hearings on health care reform held later in the year. While the actions of the Baucus 13 were not successful at putting single-payer on the table, it does represent an activity that was successfully able to act on the grassroots opportunity that a receptive public represented and the cultural opportunity that new forms of social networking and digital video sharing presented. Single-payer activists began discussing the next stage of the debate and how they could act at the health care forums that Obama was “calling for”²⁵⁹ in order to insert single-payer into these discussions.

Zombies for Single-Payer

During the current health care debate, one option is curiously being left out: a single-payer system. Because it would eliminate the profits of the health insurance industry, their lobbyists have effectively pushed it off the table. We need to organize demonstrations to force single-payer back onto the table. And what better way to do that than with a zombie march?²⁶⁰

In the spring of 2009, Organize for America, the grassroots group that formed in relation to the Obama campaign, began a “Listening Tour” which became the central focus for many progressive, and conservative, grassroots organizations. The official purpose of this listening tour was to retain and build support for the newly elected President’s agenda. It represented the new administration’s continuing concern for the “grassroots”. According to their website,

²⁵⁸ Katie Robbins, Health Care NOW conference Call, June 2009

²⁵⁹ Ibid.

²⁶⁰ <https://www.facebook.com/group.php?gid=135768649967>

In many ways these small (and sometimes not so small) gatherings echo the same type of meetings that took place in diners and homes in the early days of the campaign, over two years ago. This time however, the focus is not on any one election, but on how to build support for the President's agenda on a wide range of issues, and how to bring about the change that so many of you worked so hard for.

The campaign brought an unprecedented number of new voices into the process. Our goal now is to make sure those voices remain at the center of the debate as the President and Congress move forward to address the challenges we face.²⁶¹

This listening tour represented another opportunity for grassroots organizations to express their perspectives to the new administration and, as indicated in the above excerpt, make their voices part of the debate. These listening tours inspired many grassroots groups to mobilize, on the left and the right, and the opportunities that they represented encouraged the development of somewhat radical tactics.

Single-payer activists quickly realized that the “Organizing for America listening tour can be an effective tool to use in reaching people about single-payer”.²⁶² They began to mobilize in around these events in fairly conventional ways. They attempted to insert the single-payer perspective into the discussions that the Obama administration and the political elite were “listening” to.

Activists targeted Baucus when he came home on recess after the finance committee hearings. Single-payer healthcare supporters were a visible and vocal presence at town hall meetings across Montana. Baucus canceled personal appearances, sending instead a video and a representative for this “listening tour.” A “buy back our senator” campaign is in the works.²⁶³

²⁶¹ <https://my.barackobama.com/page/content/listeningtour>

²⁶² Rebecca Elgie, Health Care NOW Conference Call August 2009

²⁶³ Laura S. Boylan <http://www.healthcare-now.org/fighting-to-cure-a-sick-system-single-payer-advocates-take-unconventional-approach-to-healthcare-reform/>

These town hall forums provided single-payer activists with another opportunity to confront politicians and to act on the grassroots opportunity that they concluded still existed in a public that was supportive of a truly universal health care system. Another “grassroots” group would challenge the opportunity to reframe the discussion by reframing it in ways that were contrary to the single-payer perspective.

The emergence of the Tea Party in the spring of 2009 resulted in another shift in grassroots opportunity. Although the Tea Party identifies as “grassroots”, evidence shows that it was initially an astro-turfed organization to which “conservative leadership organizations provided resources, direction, and standardized messages that were crucial in instigating and sustaining Tea Party protests” (Lo 2012, 1). Although single-payer activists and Tea Partiers differed greatly in their goals for the health care system, they were both “energized by a feeling that their ability to influence the policy process is limited and the legitimacy of the political process is in question” (Courser 2012, 47). As single-payer activists began to mobilize in relation to the listening tour they also had to develop ways to deal with “tea baggers” who would “show up and are told to be disruptive.”²⁶⁴ The videos recorded of single-payer activities at these events make clear the confrontational relationship between single-payer activists and the Tea Partiers who, according to the single-payer narrative, acted with “destructive rage”²⁶⁵ and fabricated “‘death panels’ scares to the traumatized seniors urging legislators to keep the government’s hands “off my Medicare,’” which caused the health care debate to

²⁶⁴ Leona, Health Care NOW conference call, August 2009

²⁶⁵ Update: Join the Mad As Hell Doctors on September 30th in Washington D.C., Campaign News, <http://www.healthcare-now.org/update-join-the-mad-as-hell-doctors-on-sept-30th-in-washington-dc/>, Sept. 24 2009

“lurch[ed] off the rails.”²⁶⁶ Although most single-payer activists confronted these town halls through fairly conventional tactics (i.e. tabling, rallying, discussing), a small segment of the single-payer movement developed a fairly radical performance activism tactic – the Zombie March.

The “Zombies for Single Payer” segment of the single-payer movement developed a unique performance based tactic rooted in the symbolic narrative of the zombie apocalypse. Zombie narratives have represented various societal fears in different historical periods and have often been used as a “safe” avenue through which to discuss these fears (Drezner 2010; Saunders 2012). This ***strategy enhancing symbolic narrative*** dramatically illustrated the fear of and concern about a dysfunctional health care system by connecting it to the culturally salient narrative of an epidemic that would end civilization as we know it. According to the single-payer zombie narrative,

The Zombie hordes are upon us. As the undead shamle across our world, devouring humans and spreading their disease, we find the private health insurance companies to be woefully inadequate in preventing the Zombie outbreak from spreading to apocalyptic proportions.

Only a universal single payer health care system would stop the Zombie Apocalypse. Under the private insurance companies, many people who are bitten by Zombies, cannot afford to see a doctor who would be able to treat the bite and prevent that person from becoming a Zombie. It seems that the Undead Panels are the Billing Departments of the Insurance Companies, denying care to the poor simply because they cannot afford it.²⁶⁷

²⁶⁶ Rose Ann DeMoro <http://www.healthcare-now.org/lets-get-back-to-what-health-care-reform-should-be-about/>

²⁶⁷ <http://miami.indymedia.org/news/2009/08/13656.php> / Miami Independent Media Center / stopthezombieapocalyps.com

This narrative was the basis for performance activism that involved culturally salient costuming, staging, and script. The zombies explained that,

we are calling on the victims of the Zombie virus, and the victims of the Health Insurance Industry, to stand up and speak out in support of single payer universal health care. Organize Zombie rallies, picket at Town Hall meetings in full zombie garb, forward this to your friends and organize for equal healthcare for all!²⁶⁸

The zombie garb that made up the zombie costumes for this event illustrated the zombie's support of single-payer, with single-payer written across the chests of ripped t-shirts in what resembled blood. While the script for this performance mostly consisted of zombie speak (i.e. Arghhh), in videos of these events, subtitles inform the audience that the zombies are supportive of single-payer. This is illustrated in the following transcript.

Reporter: Zombies. The undead, intent on feasting on the living, and wreaking havoc on society, or perhaps just another misunderstood and underrepresented demographic in our society, not unlike libertarians or the Irish. (to Zombie) Is there a particular form of health care reform that you favor?

Zombie: Aiuuuu, Urgh, Argh, (etc.)

Subtitle: "One that really addresses cost control and provides true health care parity."

Reporter: Ah. So a single-payer system is what you're advocating for?

Zombie: ERRR ARGHHHH

Subtitle: "Of Course."²⁶⁹

Although this particular activity seems to have been short lived (although the Zombies recently marched on Wall Street²⁷⁰ and in California for "The Horrors of Corporate

²⁶⁸ Ibid.

²⁶⁹ <http://www.youtube.com/watch?v=KfPK1d1nsQI> Zombie March, Health Care Town Hall, 8 – 31- 09, Skokie IL, aired on Chicago Independent Television,

²⁷⁰ <http://www.youtube.com/watch?v=RMsgN2WF0-M>

Health Care: April Ghouls Day”²⁷¹), Zombie marches occurred in many places around the country and the zombie narrative was shared with many people who attended these health care town halls.

The zombie narrative, and the single-payer message within it, was shared with a much wider audience than those who were actually present at the town halls. These marches were staged so that they could be shared with a larger audience through digital film sharing. Many²⁷² of the zombie marches were recorded, edited, and shared on Youtube or through independent television (i.e. Chicago Independent Television). This is another example of the ways in which the decentralization of media, including the advent of digital film making, and internet distribution technology represented significant cultural opportunity for single-payer activists. The zombies for single-payer were not only able to share their narrative with a wider audience through digital technology, they also utilized social media networking sites as their primary venue for organizing the zombie marches. One facebook page, for the Twin Cities Zombies for Single-Payer, explains that “the plan is to use this group to begin organizing for events. Anyone who wants to see this happen, get active!”²⁷³ The Zombie’s for Single Payer were effectively able to use social networking sites in order to organize and mobilize.

Although the Zombies for Single Payer seemed to be an energized segment of the single-payer movement and represented a constituent population that the single-payer movement wished to mobilize (young adults), this performance activism did not

²⁷¹ <http://pnhpcalifornia.org/zombie-march/>

²⁷² i.e. Chicago 2009, Atlanta 2009, Minneapolis 2009

²⁷³ <https://www.facebook.com/group.php?gid=135768649967>

become an aspect of the dominant single-payer action narrative. I had not heard of the Zombies for Single Payer through my work with the dominant single-payer groups (i.e. Health Care NOW or LCGHC) and discovered them randomly in the fall of 2009 as I searched for videos and news coverage of the single-payer movement. I, a fan of zombie lore, became excited about what I saw as an interesting and creative way to attract a younger population to the movement. I knew that the zombie narrative was culturally salient and already had a large subcultural following. I, much like the CDC eventually would in connection to disaster preparedness²⁷⁴, saw it as a way to draw attention to the issue and mobilize a new constituency to act. However, when I mentioned my discovery to leaders of the mainstream single-payer movement, they were just as surprised, but not as excited, as I was about the activity. They seemed to think that it was an amusing, but not productive, avenue for mobilization. Although zombie activities did garner “main stream” news coverage, possibly more than typical single-payer activities, there is *not a single* report about the zombies on the Health Care NOW or the national Physician’s for a National Health Program website other than a brief notation of a news article about a zombie march. This begs the question as to why the mainstream single-payer movement did not act on the grassroots and cultural opportunity that the zombies represented.

Although the mainstream single-payer movement did use progressively more radical tactics that acted on grassroots opportunity during this time period, these tactics were still conventionally oriented toward beltway politics. While the actions were risky

²⁷⁴ <http://www.cdc.gov/phpr/zombies.htm>

and radical, they were still encased in the realm of “legitimate” radical activity that has been used in the past to work for social change. The greatest risk of the zombie performance activism was that it could possibly delegitimize the single-payer movement in the eyes of the political and economic elites who were still constructed as the primary target of grassroots mobilization, regardless of the importance placed on grassroots opportunity. At this time, even radical activity was only viewed as legitimate if it worked to mobilize the grassroots in relation to these elite entities, other activities were not constructed as legitimate in the same way. The most traditionally risky, in regards to the cost of arrest, activity of this time period was rooted in the legitimacy of the civil rights movement and in the single-payer movement’s identity as the “real grassroots”.

Die Ins, Teach Ins, and Sit-ins: Mobilizing for Health Care for ALL

“Patients! Not Profits! Medicare For All!”²⁷⁵

*America deserves better, and that's why we voted for change. But the insurance companies are spending millions to confuse and scare the public to keep us from ending their grip on our health and our money. When the civil rights movement faced serious challenges in the struggle to end segregation, nonviolent civil disobedience moved the nation and made reform possible. **Just like the lunch counter sit-ins did for the civil rights movement**, we have to make it impossible for the media and our country to ignore how outrageous the status quo of private insurance is for the American people.²⁷⁶*

Early in the Obama era of health care reform, single-payer activists in several areas began using direct action as an avenue through which to insert the single-payer perspective into the debate, but this did not become a wide-spread mobilization effort

²⁷⁵ Chant used at Insurance Company Sit-ins. <http://www.youtube.com/watch?v=xOB1zOBr7IM>

²⁷⁶ Mobilizeforhealthcare.org/about

in the form of civil disobedience until the fall of 2009. While single-payer activists had been using “conventional” forms of direct action, such as rally’s and protests, they did not start using “disruptive” forms of direct action on a mass scale until the fall of 2009. High levels of public interest and support in conjunction with low levels of political support for a particular group often results in more radical and disruptive tactics being used (Saikia 2011). The support of political officials for a particular challenge, or the development of a “brokerage” relationship, may result in increased grassroots mobilization using conventional tactics whereas low levels of political support may result in increased grassroots mobilization using disruptive tactics (Sherman 2008). In the fall of 2009, the dominant single-payer strategy became increasingly focused on forms of nonviolent civil disobedience due to a decline in political opportunity, while grassroots, cultural, and economic opportunity were still defined as positive.

Although single-payer still had many supporters in the halls of Congress – most notably Representatives Eric Massa (D-NY) – who became the stalwart defender of the single-payer position and Anthony Weiner (D - NY) – who introduced a single-payer amendment to the House Bill 3200 that would replace it with H.R. 676, as well as Representative Dennis Kucinich and Senator Bernie Sanders (I - VT) who both introduced a single-payer amendments that would allow for states to develop single-payer systems, the political opportunity that confronted single-payer activists was being defined as progressively more negative. While Senator Ted Kennedy was not supportive of the single-payer option as he had been in the past²⁷⁷, and he was defined as a “colossal

²⁷⁷ See Health Security Act of 1971

failure”²⁷⁸ by some single-payer activists, his death on August 25, 2009 resulted in a significant shift in the political opportunity for health care reform as it resulted in the Democrats losing their super majority of 60 senators.²⁷⁹ While many activists were critical of the Obama administration for compromising from the outset of the health care reform debate, the loss of Senator Kennedy, and of the super majority, was defined as a shift that would result in even further compromise – even of “half measures” such as the public option. Single-payer was even farther away from having a seat at the table.

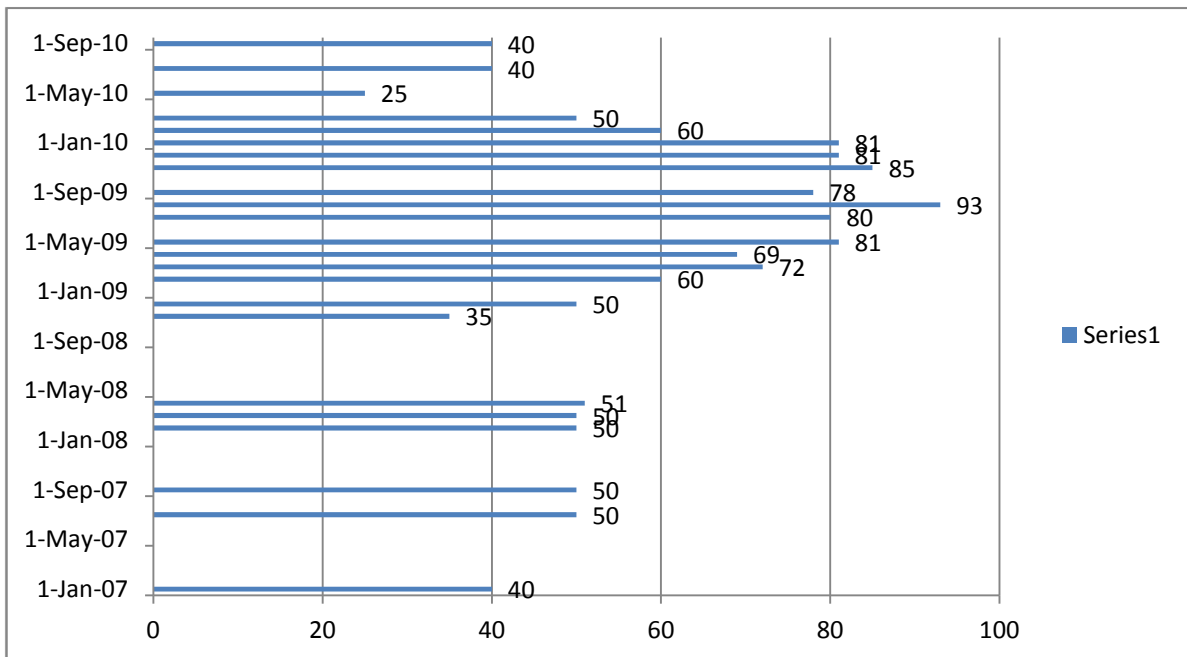
This decrease in political opportunity was occurring at the same time as a narratively defined increase in grassroots opportunity as more supporters of universal health care and of single-payer were realizing that the actions of Congress would not result in a “real” change of the health care system. “Real” change would mean creating a system based on “care not profit”- that removed for profit insurance from the health care delivery system or at the very least provided a nonprofit, or public, option. While the House Bill, HR 3200, did initially include a public option that would provide care for a very small percentage of the population, even this weak version of the stated goal was written, or debated, out of the final legislation (Jacobs and Skocpol 2010). This period was defined by activists as being a positive period for mobilization of the public and the positive grassroots opportunity experienced by the single-payer movement is also quantifiable and visible with the increased participation in monthly organizational

²⁷⁸ Helen Redmond <http://www.healthcare-now.org/the-lion-sleeps-tonight/>

²⁷⁹ Although Jacobs and Skocpol (2010) argue that the upset election of Tea Party favorite Scott Brown to fill the vacant Kennedy seat actually served to strengthen health care reform and the final version of the reform bill.

conference calls (See Chart 3). This increased participation facilitated the use of a wide range of tactics and an increased focus on strategizing outside of beltway politics. This also facilitated the development of a strategy of widespread and collective civil disobedience oriented toward disrupting the operations of for profit insurance companies, as well as disrupting the hegemonic economic narrative that profits should be an important factor in health care.

Chart 3: Conference Call Attendance By Month



In the spring of 2009, Russell Mokhiber and Jason Kafoury of the Daily Citizen Inc. formed Single Payer Action which doesn't "do inside the beltway politics", would "never compromise on single-payer", and does "direct action".²⁸⁰ According to Health Care NOW, this new group supported,

direct action targeting members of Congress and the health industry's corporate agents. They believe in using creative actions to get press

²⁸⁰ <http://singlepayeraction.org/about.html>

attention, e.g. belly dancers for single payer in West Virginia, and burning health insurance bills at the AHIP [America's Health Insurance Plans] meeting in DC.²⁸¹

This groups' strategy of direct action outside of beltway politics became the direction towards which other single-payer groups moved as the process of political maneuvering and compromise occurred in D.C. By the fall of 2009, the leaders of Single Payer Action were suggesting a uniform strategy of nationwide disruptive direct action or civil disobedience.

Civil disobedience is an even riskier radical tactic because it moves beyond conventional forms of direct action, to disruptive forms of action that can be defined as illegal. Civil disobedience has been used by many of the most important and influential social movements that have resulted in significant social changes in American politics (Piven and Cloward 1973; Polletta 2006). One particular act of civil disobedience that has had a resounding effect on American political culture is the act of sitting in. The "sit in" is a tactic that was developed and utilized by student organizations during the civil rights movement and was effective at encouraging increased participation in and awareness of the movement (Polletta 2004). The origin story of Health Care NOW connected it to this earlier movement and supported the single-payer movement's identity as the "new civil rights movement".²⁸² This connection was also invoked when single-payer activists began planning to "sit in" at the head quarters of insurance companies around the country.

²⁸¹ Katie Robbins, HCN Conference Call, May 2009

²⁸² See Chapter 5

Single-payer organizations, most particularly Single Payer Action and Health Care NOW, joined efforts in a new strategy called “Mobilize for Health Care”. This strategy invoked the sit-in movement of the 1960’s and in the promotional video for this the narrator states that “we have to do the same thing for the civil rights movement of today”.²⁸³ In this promotional video, concerned parties are encouraged to continue to organize, because “many who believed our chance to win universal health care had finally come are losing hope, but now is not the time to turn back or give up.”²⁸⁴ They are encouraged to take on the “real villain” of reform, which is defined as insurance companies although all politicians “Democrat and Republican, are standing against reform, on the side of the insurance companies that fund them, rather than the people who elect them”.²⁸⁵ This digitally enabled promotional video was used to recruit activist participants around the country.

Although the stage for this act of performance activism was to be the headquarters of insurance companies in “major cities” around the United States, the intended audience was much larger. Activists planned to directly confront insurance companies and demand that they provide care for those in critical need of it.

We hope that we can save the lives of some of the people who are being denied critical care for life threatening conditions today, but we know we can save the lives of millions of people in the decades to come, by dramatizing just why our health care system is broken and demonstrating the fierce urgency of fundamental change.²⁸⁶

²⁸³ Mobilize for Health Care Promotional Video at Mobilizeforhealthcare.org

²⁸⁴ Ibid.

²⁸⁵ Ibid.

²⁸⁶ Ibid.

Although the actions would ideally entail directly confronting the heads of these insurance companies, the participants would through their “sacrifice ... speak beyond them to the conscience of our nation and call on our fellow Americans, to demand real reform – Medicare for All”²⁸⁷ by “dramatizing” this situation. In order to reach this wider intended audience, it would be necessary to garner mainstream media attention and record, edit, and distribute footage of the actions themselves. Posting video of all demonstrations “within 5 hours”²⁸⁸ of them taking place as a way to ensure that the activists were not just “talking to ourselves”²⁸⁹ had been a policy of the movement for some time. This was a central component of the Mobilize for Health Care strategy that took activists out of the belt way and into the domain of for profit insurance.

The prospect of being arrested was an important part of the script for this performance action. The first sit-in took place at the headquarters of Aetna health care in New York City and resulted in 16 arrests. This was an intended outcome of this activity, as illustrated by the Mobilize for Health Care promotional video.

Imagine, with the whole country watching, people willingly going to jail and even staying there, because private insurance companies refuse to cover the care their patients need. Our actions will put the health care reform media spotlight where it belongs, on the problem.²⁹⁰

The act of being arrested has been a useful tactic for social movements to garner attention for their goals and to illustrate their commitment to the cause (Piven and Cloward 1973). The arrests of the activists who committed to sitting in (many more

²⁸⁷ Ibid.

²⁸⁸ HCN Conference Call Notes

²⁸⁹ HCN Conference Call Sept. 2008

²⁹⁰ Mobilize for Health Care Promotional Video

demonstrated outside of the building on public sidewalks) figured prominently in the videos that were edited and shared widely through Youtube and organizational websites. Activists are shown being forcefully removed from the headquarters with their wrists in plastic handcuffs while still chanting “Patients, not profits, Medicare for All”, which was also an important part of the script for this performance action.

Participants also wore low key costumes for these actions. At the initial Aetna sit in, participants wore t-shirts that said “Victim of For Profit Insurance” on the front and “Medicare for All” on the back and variations of this costume were used at following sit-ins. In these costumes, activists presented a unified front as they linked arms while sitting in a semi-circle in the lobby of the headquarters and chanted “Aetna Profits, People Die! Medicare for All”. Another important aspect of this performance is the incorporation of the “teach-in” tactic that was developed in the anti-war movement of the Vietnam era (Gamson 1991) with the “sit-in” tactic of the Civil Rights Movement. The sit-ins of the single-payer movement often also involved an informational lecture about the health care system performed by one or more of the activists involved. These short lectures were also important in the videos of the events that were distributed digitally.

These informational aspects of the sit in mobilization also countered the narratives created and supported by other grassroots organizations involved in the health care reform debate. By narratively reframing the issue and solidly putting the blame on for profit insurance companies, single-payer activists countered the “death

panel” narrative that Tea Party activists and conservative politicians so often used in their argument against the Obama agenda for health care reform.

We are just here because of the many people that we know who die because the insurance companies put profits before people’s care. The myths about government death panels are a lie. The reality is that the death panels are the people who are paid every day to deny care to people. That’s their job.²⁹¹

In this statement, Mark Milano directly confronts the “death panel” narrative and develops a counter-narrative which argues that the “reality” of the situation is that death panels do exist, within the for profit insurance industry. Further, this **strategy enhancing counter narrative** also rejects the hegemonic economic narrative that resulted in a for profit insurance system. The narrative told through this performance action not only constructs insurance companies as primary offenders in the health care crisis experienced by millions of Americans, but it also targets the hegemonic economic narrative of the free market which privileges profits over patients as activists stridently chant “Patients. Not Profits. Medicare for ALL!”

While the Mobilize for Health Care website initially requested that 100 activists commit to sit-in to the point of being arrested in order for the strategy to be effective, many more committed (700) and 150 activists were eventually arrested due to this mobilization effort. The action narrative of this strategy uses this figure to define it as a success. However, the video of the first sit in at Aetna in New York City ends with the statement “we are here to say that we will not rest until every person that needs care in

²⁹¹ Mark Milano at Aetna Sit-in NYC, Sept. 29th 2009

America gets it and the way to get that care for everyone is Medicare for All”.²⁹² While this strategy did continue to be useful for several months, with sit-ins taking place in 30 cities around the country, they did not continue until the passage of Medicare for All as the above statement indicates was the overall goal.

The passage of the Patient Protection and Affordable Care Act and the signing of this act by President Obama on March 23, 2010 would result in another reorganization of the single-payer movement’s strategy and orientation. The radical performance activities detailed above acted on perceived grassroots opportunity, were facilitated by the cultural opportunity that the decentralization of media represented, and were oriented toward shifting the debate that was occurring in D.C. at this time. The passage of PPACA was viewed by many as the end of the debate on health care reform, but single-payer activists constructed this as the beginning of a new era for the single-payer in which they would act on the grassroots opportunity that followed this passage and focus on “building the movement” rather than on beltway politics, which became narratively defined as the “enemy” of the single-payer movement.

Build the Movement

“We learned that legislators are not movement leaders – they will sacrifice principles if they think it’s needed to pass the bill. We also learned that we were actually at war with the White House for the past year -- we thought that we could convince him (Obama) – “we know that the President will have us at the table” -- instead they excluded us and fought us every step of the way. They did not want to be tainted as a government run bill -- so they had to distance themselves from single-payer. This resulted in an undeclared war with the White House. We lost the debate on government run healthcare – the right wing became the defenders of Medicare! I was involved in the Clinton year health care fight. Single-payer was taken off table in a way that would make your head swim -- in those 15 years we began to build a movement, we didn’t let it go away.

²⁹² Mark Milano *ibid.*

*We are a movement with many tactics but one objective. That objective will continue to be at the forefront of our movement.*²⁹³

Following the passage and eventual signing into law of the Patient Protection and Affordable Care Act (PPACA), single-payer activists were angry that they had never been provided the “seat at the table” that they so desired. Health Care NOW and the gathered single-payer activists representing many organizations at the 2009 Health Care NOW strategy conference in St. Louis Missouri, were “the only group of Health Care reform activists who are meeting and not celebrating this bill”, while “3000 people met at the capitol to celebrate this bill”.²⁹⁴ Activists began to redefine the political opportunity for single-payer and their relationship with the Obama Administration. This narrative of opportunity redefined their relationship as a “war” which pitted single-payer activism against politics as usual and resulted in the movement redirecting its focus to grassroots strategies oriented toward “building the movement”, rather than redirecting the beltway debate - a redirection that was encouraged by narratives of grassroots opportunity.

When single-payer activists met in November of 2009 to develop their strategy for the coming year, the Senate Finance Committee had already passed through their Health Care reform bill (The Healthy Future Act²⁹⁵) to the floor of the Senate and the House had already passed H.R. 3962²⁹⁶. Their assessment of these events made it clear to single-payer activists that they had not successfully won single-payer a seat at the

²⁹³ Michael Lightly, CNA organizer and HCN board member, Health Care NOW annual strategy meeting, Nov. 2009.

²⁹⁴ Ibid.

²⁹⁵ <http://www.opencongress.org/bill/111-s1796/show>

²⁹⁶ http://housedocs.house.gov/rules/health/111_ahcaa.pdf

table. Although single-payer activists still continued to work with some of their political allies in order to push through single-payer amendments to these bills (i.e. Senator Bernie Sanders Amendment which would allow for the development of single-payer systems at the state-level by circumventing ERISA conventions), they began to reconsider their relationship with traditional beltway politics. This narrative of political opportunity redefined their relationship with the Obama Administration, which had used single-payer as a straw man in order to distance itself from government run health care, as an overt conflict, with some single-payer leaders even defining this relationship as a “war”. Single-payer activists warned that they should not ally themselves with any particular political party, because most of the progressive Democratic representatives who had co-sponsored H.R. 676 (with the notable exception of Rep. Eric Massa (D-NY)) had voted in favor of H.R. 3962, including the original sponsor of H.R. 676 – Representative John Conyers (D-MI). The discussion was redirected toward how they could best build a grassroots movement that would be large enough to force politicians to act in the best interest of the public.

Although the passage of the House and Senate health care reform bills indicated to single-payer activists that there was less opportunity for political mobilization, this was also defined by single-payer activists as an event that would increase the grassroots opportunity that the single-payer movement would now face. Single-payer supporters believed that the passage of bills that did not even provide a strong, or any, public option would encourage single-payer supporters, who had redirected their energy toward supporting the Obama Administration’s reform agenda, to once again support

single-payer. Lynn in California explained how **“moveon vigils have provided good opportunities to push single payer** -- my experience is that 90% of attendees support single-payer. Going to these events is worth the effort” and Ken in Texas expressed hope that “if the President drops the public option, HCAN and others may join the ranks of single payer supporters”.²⁹⁷ This narrative constructed the disappointment of public option supporters as an opportunity to mobilize these forces in order to build the grassroots movement for single-payer.

Disappointment over specific aspects of the bills did indeed encourage the re-commitment of some influential organizations to the cause of single-payer. The inclusion of the Stupak Amendment, which imposes “tight restrictions on abortions that could be offered through a new government-run insurance plan and through private insurance that is bought using government subsidies”,²⁹⁸ “incensed”²⁹⁹ the National Organization for Women (NOW). NOW, which had originally voted to support single-payer in 1993,³⁰⁰ recommitted to the goal of single-payer and prepared to “roll out a national action campaign in support of single-payer health care”.³⁰¹ While NOW had long-supported single-payer and had recommitted to this goal as recently as 2004³⁰², they had also redirected their focus on shaping the Obama Administration’s agenda for health care reform.

NOW has long argued that single-payer health care is the best way to achieve the goal of universal, comprehensive and affordable care for

²⁹⁷ Health Care NOW Conference Call September 2009.

²⁹⁸ <http://documents.nytimes.com/the-stupak-amendment>

²⁹⁹ <http://www.now.org/press/03-10/03-21a.html>

³⁰⁰ <http://www.now.org/issues/health/052204owl.html>

³⁰¹ Terry O’Neill at Health Care NOW annual strategy meeting September 2009

³⁰² <http://www.now.org/issues/health/050504vives.html>

everyone. We believe single-payer will give doctors and patients, not the government and not a profit-driven industry, the power to choose the best medical care for each patient. At minimum, any health care reform package must contain a strong public option, while also allowing states to create their own single-payer plans.³⁰³

When it became obvious that the legislation that was being pushed through Congress would not only not include a public option, but that it would also restrict the reproductive choice of women, NOW once again recommitted to pushing for *national* single-payer instead of other options. This was a significant legitimization of the narrative of grassroots opportunity that single-payer activists constructed at this time.

This narrative of increased grassroots opportunity encouraged single-payer activists to focus on the strategy of “building a movement” and to develop specific tactics that would support this strategy. Single-payer activists began to focus on making connections to and building coalitions with other grassroots organizations by specifically addressing more situational or located issues, while still maintaining that their overall goal was achieving a national single-payer system. The actions of the “deficit commission” became a location for mobilization and for making these connections, or reconnecting, with other grassroots organizations. Single-payer activists in NYC joined with the “Raging Grannies” to perform the flash mob performance “Stop in the Name of Health”. In this performance, activists sing directly to President Obama

Stop! In the name of health, don't cut my Medicare.
Hey Obama, I'm aware of where you're going,
Each time you talk about cuts.
You're telling the Deficit Commission
To try to cut my health and education.
But this time, don't treat me like dirt.

³⁰³ <http://www.now.org/press/09-09/09-10.html>

Leaving me sick and hurt.
Think it over. Think it over.³⁰⁴

This performance activism was shared with a wider audience through the use of digital film-making and digital video sharing via youtube. In it, the joined activists directly confront not just the deficit commission, but the Obama administration. Single-payer activists also worked to build coalitions with the public by mobilizing in relation to the continuing effects of the health care crisis. They mobilized in protest of the closing of public hospitals around the country and mobilized in support of the Temple nurses strike in Philadelphia. Activists also continued to mobilize unions (who were disapproving of the excise – or “Cadillac” tax on excess benefits packages that PPACA will put into place in 2018³⁰⁵) and local governments through the win-win campaign.

An unlikely intersection between the single-payer movement and the Tea Party movement also developed at this time. The activities of these two very different organizations intersected due to their criticism of the individual mandate component of the Patient Protection and Affordable Care Act (PPACA). While, single-payer organizations did not introduce the wave of state-based bills in opposition to the individual mandate, which swept across the nation following the passage of PPACA, there was extensive discussion regarding whether or not single-payer activists should mobilize in support of these bills. Proposition C, a bill in Missouri that was one of the first of its kind, became a focus for this national debate in the single-payer movement. I was asked, by national leaders, to conduct a policy analysis of this bill. My conclusion

³⁰⁴ Flash Mob Protest, July 30, 2010, NYC <http://www.youtube.com/watch?v=H2JyxM1vUkc>

³⁰⁵ <http://eba.benefitnews.com/news/ppaca-cadillac-tax-top-concern-mercer-2719354-1.html>

was that although single-payer supporters disagreed with an individual mandate to purchase for profit health insurance, the bill would actually prohibit the development of a compulsory health care system of any kind – including single-payer. In my brief, which was shared widely with the single-payer community, I concluded that

After this reading of the text, it is clear that Proposition C works against the single-payer agenda. It is a good thing that Prop C is not binding.

While the actual vote could still be interpreted as a public speaking out against mandates to buy specifically private insurance, because most of the public has only read or heard the condensed ballot text [which was misleading], and that this could be a good indication of the discontent that the public has with private insurance -- the actual implementation of this measure would work against our goals for a publicly financed system.³⁰⁶

Although this analysis was shared with a wide audience, the issue of proposition C still came up in single-payer discourse as illustrated by the following conversation,

Helen from Chicago: Not sure about what Ali said about something with the Tea Partiers. But I'm opposed to working with them because we shouldn't find a way to find common cause with them. They're against big government.

Ken in Houston: Obviously we don't want to align with the Tea Party. But the Missouri vote brings up a challenging opportunity for the movement. The vote targeted against the individual mandate by the right. But it's hard for SP supporters because it sort of lines us up with them against the mandate, but we need to distinguish ourselves from the right.

Katie Robbins: When you looked at the language of the Prop. C, even though the media made it sound like it was all about opposing the individual mandate, the actual language of Prop C wouldn't be something single-payer advocates could support as it opposes publicly funded health care completely.³⁰⁷

³⁰⁶ Lindy Hern "Prop C: The Single-Payer Position?" A policy analysis presented to the single-payer movement.

³⁰⁷ Health Care NOW Conference Call September 2010

While many in the single-payer movement decided to focus on “building the movement” instead of working against specific aspects of PPACA, some are still working to counter-act the implementation of a mandate to purchase for profit insurance.³⁰⁸

The strategy of “building the movement” took on several forms in the years following the passage of PPACA. One important aspect of this strategy was to make sure that the frustrated public knew the role that single-payer had not been allowed to play in the debate surrounding health care reform. This involved constructing and sharing a “Single-Payer Narrative” about this era of health care reform.

The idea behind the Single-Payer Narrative, is that we answer the question, "what happened to healthcare reform this year, and how do we get there from here?" The idea is to tell the story, emphasizing the decision to leave single-payer out of the debate by the Democrats, and instead negotiate with the insurance industry. The strategic point to this is that, one of the things we were told is that single payer isn't feasible. But the conclusion I draw from this year, because single payer was off the table, it was inevitable that process would go the way that it did--into the hands of the insurance industry--and that real reform becomes impossible. A lot of people fell into the trap of the public option, and we need to tell them that the only way to go forward is with single-payer as the lead issue, because without it, you don't have much of a debate.³⁰⁹

This narrative strategy recently culminated in the production, by Helen Redmond and Marilena Marchetti with the support of Health Care NOW, of the film “The Vampires of Daylight”, which is a

documentary film about health care [that] looks at the crisis from the perspective of ordinary people. It asks if they believe health care is a human right and if they support a single-payer, national health care system. It's also an unapologetic takedown of President Obama's fundamentally flawed health care legislation, the PPACA. The filmmakers argue that a mass movement must be built to abolish the for-profit

³⁰⁸ <http://www.healthcare-now.org/against-the-health-care-mandate/>

³⁰⁹ Ken Kenegos, Health Care NOW Conference Call March 2010

health insurance industry. We document the fight in 2009 for single-payer that the mainstream media ignored.³¹⁰

The filmmakers were able to develop this narrative, which counters the dominant narrative of the successful passage of “landmark” health care reform legislation, by utilizing the new forms of democratizing technology discussed in chapter seven. They also draw on less material forms of cultural opportunity by connecting the narrative in the film with the pop-culturally salient and powerful narrative of the “Vampires of Twilight”. This film was shown for the first time on March 15, 2012 in NYC and activists around the country were invited to attend via social media networking sites including facebook.³¹¹ This is a very new resource for the single-payer movement, so its effectiveness is yet to be determined. However, it does illustrate the importance placed on this narrative strategy and the ability of the single-payer movement to act on contemporary forms of cultural opportunity.

Single-payer activists also drew on the successful use of the “human rights” mobilizing strategy, or “human rights repertoire” (Hagan 2010), used by many progressive activists around the world. At the 2010 U.S. Social Forum in Detroit, Michigan, single-payer activists organized several activities including a Health Care workshop, a single-payer march lead by the “Retirees for Single Payer”³¹², and a People’s Movement Assembly on the future of Health Care Reform. At this PMA, the 130 plus activists in attendance developed a statement on the “Principles on the Right

³¹⁰ <http://vimeo.com/37090131>

³¹¹ <https://www.facebook.com/events/188273931281691/>

³¹² This is an organization initially made up of mostly retired United Auto Workers in Detroit MI, but which has since spread to other areas and working class groups.
<http://www.retireesforsphc.org/Newsletter.html>

to Health”³¹³, which was then endorsed by eighteen organizations. A central tenet in this statement of principles is that “health care is a human right”. This frame, and narratives regarding the violation of this human right, became a central mobilizing tool for the single-payer movement. This central mobilizing theme was also viewed as a powerful narrative to act on grassroots opportunity and build relationships with other organizations dealing with issues of human rights (such as the human right to housing). The *sense making action narrative* dealing with the state-based movement in Vermont links the successful passage H. 202³¹⁴, which was signed by Governor Shumlin on May 25, 2011, with the Vermont Workers Center’s use of the “Health Care is a Human Right” narrative. This relative success was a powerful validation of the use of this narrative.³¹⁵

“Onward to Single-Payer”

The Obama era of health care reform represented a time when the country, and the new president, seemed ready for change. For single-payer activists, this meant removing the for-profit financing mechanism from the health care system. While single-payer activists were disappointed that their definition of change was not supported by the new administration, they were initially hopeful that they would be able to force their perspective into the political debate. When it became obvious that this would not be the case, single-payer activists produced several strategic narrative practices that would facilitate their process of pragmatic liberation, even within an increasingly negative political context. The narrative practice of producing hope through narratives

³¹³ <http://www.healthcare-now.org/campaigns/peoples-movement-assembly/>

³¹⁴ <http://www.leg.state.vt.us/docs/2012/bills/Passed/H-202.pdf>

³¹⁵ The emergence of this narratives falls outside the time frame of this study.

of political and grassroots opportunity and enhancing strategy through performance based narratives that actively utilized aspects of cultural opportunity encouraged single-payer activists to continue to mobilize in increasingly radical ways. Following the signing of PPACA into law, single-payer organizations continued to find ways to mobilize by reaching out to and building alliances with a more diverse audience through narrative based tactics and the use of the Human Rights repertoire in order to “build the movement” for single-payer. Unlike earlier eras of health care reform, the dominant single-payer organizations of this era seemed poised to continue the fight for single-payer into the foreseeable future.

Chapter 9

“Onward to Single Payer”: Systems of Opportunity, Reality Based Hope, and the Future of a Movement

The movement for single-payer health care reform has continued to build and develop even during eras in which there was very little traditional (i.e. political) opportunity to achieve their goals. The relationship between opportunity and grassroots mobilization is not as simple as concluding that positive opportunity results in increased levels of grassroots mobilization. Between opportunity and action exists the on-going and intentional process of pragmatic liberation which is rooted in the narrative practice of grassroots activists and organizations. Through narrative, agents of social change not only come to an understanding about the opportunities that they face, but they also construct and work to reconstitute those opportunities. A more diverse “narrative system” rooted in narratives of opportunity in many different forms facilitates continued action even within a context in which others see very little hope for progressive social change. Their “reality based hope” is that through this process and the actions that they develop to act on their narratively defined opportunities they can change the environment that has stymied their effort to achieve single-payer in the past and thus change the opportunity to achieve single-payer.

The Clinton Years

During the Clinton era of health care reform, the primary narrative practice utilized by single-payer activists involved the construction of opportunity narratives that countered the dominant political opportunity narrative which concluded that single-payer was not politically feasible. Although there were many different tactics used

during this time period, they were almost all focused on beltway political entities and agents. Although this narrative system was limited, it did facilitate the practice of liberation and encouraged the continued action of single-payer activists.

Table 4: Clinton Era Narrative Practice

	Political	Cultural	Economic	Grassroots
Opportunity	+/-	-	-	-/+
Narrative	Single-payer activists worked to challenge the narrative of “Political Infeasibility” but were not able to win single-payer a seat at the table of national beltway politics. However, they continued to construct narratives that produced hope that there was significant political opportunity for SP HCR.	Single-payer activists experienced a “media blackout” and were not able to successfully counter the oppositions use of the dominant form of material culture – television – although they did create narratives that countered the “Harry and Louise” ads through humor.	Narratives of economic opportunity did not play a significant role in the narrative practice of the SP Movement. However, economic resisters – i.e. insurance companies – were constructed as the enemy of health care reform at this time.	Narratives of grassroots opportunity did not come to the forefront of single-payer narrative practice until late in this era of health care reform when the Clinton administration began to push for grassroots support and as single-payer activists began to focus on state single-payer ballot initiatives that were supported by extensive grassroots mobilization.

The 1992 presidential campaign represented a period of increased political opportunity for health care reform. Bill Clinton represented change in many ways. Although a Rhodes scholar, he was seen, and portrayed, as a populist candidate, a man of the people. His humble roots in the South and his personable manner encouraged voters who had been alienated by the neo-liberal policies of the 1980’s, to once again become active in the political system (Navarro 1994). Mary Hussman, long time single-payer activist, recalls becoming involved in the movement at this time. She recalls travelling to Arkansas from California in a CARE-avan to join a rally of 1000 people at the state capitol in Little Rock. The hope that they shared - that this president would fix their “sick” health care system - was strong at this time.

The *narratives of opportunity* told by single-payer activists at this time indicated that there was significant political opportunity for health care reform - embodied by Candidate Clinton. These narratives encouraged the development of grassroots organizations for single-payer. Although the origin story of Missourians for Single Payer (MoSP) indicates that this organization had actually been created prior to this period due to state-level support for single-payer and a “trip to Canada”, The Missouri Coalition for Single Payer Health Care was officially formed in 1993 in order to specifically act on the opportunity that the Clinton Presidency represented. Universal Health Care Action Network (UCHAN), a national organization initially focused on the goal of Single-Payer health care, was also formed during this period (in November of 1992) and organized the first nation-wide conference to strategize for single-payer. UCHAN actually organized the CARE- avan of which Marry Hussman spoke, as well as organized several other activities in the period leading up to and directly following the election.

Directly following the election of President Clinton, single-payer’s position in the environment of opportunity for health care reform began to shift. Initially, there was significant economic opportunity for health care reform, if not for single-payer. Then President Clinton began his first term by focusing on other things, such as balancing the budget and implementing the North American Free Trade Agreement. NAFTA resulted in the Clinton Administration losing the support of unions who had been in favor of health care reform (Skocpol 1994, Quadagno 2007). When Presidential attention did turn to health care reform, it resulted in a very secretive process disconnected from the public and the grassroots base of support (Skocpol 1994). While the left was ignoring

the grassroots opportunity represented by externally established organizations, the right was very effective at mobilizing the opposition against Clinton's Health Security Proposal.

The right, funded by wealthy stakeholders in the system (i.e. insurance and pharmaceutical companies) was able to take advantage of the dominant form of material culture at the time – television. The “Harry and Louise” ads that they funded were very effective in decreasing public support for health care reform of any kind (Skocpol 1996, Quadagno 2007, Starr 2012). The grassroots groups that were organized at this time did not have the same resources and were reduced to using more modestly priced strategies, such as letter writing and pamphletting, although they did attempt to develop an ad campaign to counter the Harry and Louise narrative through humor. Although this counter-narrative was a positive resource, it was not funded well enough to be shared with a wide population.

Single-payer activists were eventually alienated from the political process of health care reform. Many recall then First Lady Hilary Clinton, in response to the question of a single-payer activist, saying “Single-Payer is not on the table”, this is a major turning point in the single-payer narrative of this time period. This alienation from the political, economic, and cultural institutions of that time resulted in the single-payer movement refocusing their strategy on support of single-payer bills. They lobbied for the “American Health Security Act” the single-payer bill, proposed by Jim McDermott and Paul Wellstone, in Congress at that time and later focused on fostering the growth of state based initiatives around the country.

When the narrative of opportunity dealing with the Clinton Health Security attempt concluded that this attempt would fail, single-payer activists and organizations began to focus on state-based efforts for reform. Following the Canadian model, they began to focus (or re-focus) on passing single-payer on a state by state basis. This is the direction that MoSP took and the single-payer activists in California continued to mobilize in support of their single-payer ballot initiative – Proposition 186. Proposition became a major focus of the national single-payer narrative as it was concluded that a success in California could lead to other successes around the country. This encouraged nation-wide mobilization efforts in support of this initiative – including a Health Care Summer that involved hundreds of house parties and the participation of single-payer activists from around the country.

The action narrative regarding the failure of Proposition 186 and of this era for health care reform that was told by single-payer activists at this time concludes that this era was still in some ways a success. It was defined as a success because single-payer activists had successfully built a movement in support of their goals and had challenged the legitimacy of private insurance in the eyes of the public. The enemy in this narrative of the “war” for health care was the special interest groups who had successfully lobbied the legislature and pushed them in a direction that was not in line with their single-payer goals. Although Democratic leaders were some of the most vocal agents regarding the political infeasibility of single-payer at this time, they were consistently viewed and defined as potential allies by single-payer activists. Single-payer activists never constructed this as a battle between “managed competition” – the policy favored

by the Clinton administration – and single-payer, rather they saw it as a battle between single-payer and the private insurance industry.

The Contract With America

The focus on narratives of political opportunity which dominated the single-payer movement during the Clinton era of health care reform would be challenged during the second term of the Clinton administration. The rise of the “Contract With America” narrative, which was rooted in the hegemonic economic narrative dealing with the supremacy of the free-market would change the political and economic climate that the single-payer movement faced. This is the time period that really resulted in a downturn of single-payer activities, or an abeyance period.

Table 5: “Contract With America” Era Narrative Practice

	Political	Cultural	Economic	Grassroots
Opportunity	-	-/+	-	-
Narrative	Although this period was initially defined as a success, following the failure of health care reform at the national level and ballot initiatives at the state level, progressive HCR was removed from the political agenda. Single-payer activists attempted to reinsert health care reform into the dialogue by working against cuts to Medicare and Medicaid that stemmed from the new CWA and the “turn against government”.	Single-payer activists experienced low levels of cultural opportunity as they had little access to the use of the dominant material culture of the time (television), little support of cultural agents, and low levels of attention from mainstream media. The advent of internet based organizing began to alter the SP Movements relationship to material culture. This became an important aspect of the narrative practice of the SP Movement.	The political-economic narrative of the “Contract With America” became the dominant political and economic narrative that the SP Movement confronted through their narrative practice. Actual material changes to health care financing (managed care) entered their narrative practice as an opportunity to mobilize health care professionals who were not happy with the new system. This also redirected the focus of some SP advocates.	The political, economic, and cultural context resulted in narratively defined and materially founded low levels of grassroots activity. Many SP activists and organizations focused on defensive and incremental measures rather than SP. Their narrative practice utilized the general terminology of “health Justice” instead of SP. This resulted in division within the SP Movement and an abeyance period for the national movement.

The political economic narrative of the Contract with America, of which Representative Newt Gingrich was a central narrator, concluded that there should be less regulation of the free-market and more importance placed on traditional values in

the economic and social policy of the United States government. This narrative built upon the “turn against government” (Skocpol 1994) which had occurred due to conservative efforts to stymie health care reform. Single-payer activists began to confront this narrative by creating counter-narratives that supported the increased involvement of the federal government in the health care system rather than less and by creating strategies that would limit or stop cuts to the social programs that already existed – including Medicare and Medicaid.

The failure of the Clinton era of health care reform and the rise of the Contract With America also had important implications for the actual delivery of health care in the United States. As health insurance became increasingly vertically integrated into for profit managed care systems, many single-payer supporters redirected their focus to supporting measures that would limit the negative effects of managed care and that would protect the rights of patients within managed care systems. This redirection of focus contributed to the abeyance period experienced by the single-payer movement at this time. When formerly single-payer organizations (i.e. UHCAN) did mobilize to act on the opportunity that the 2000 Presidential elections represented, through the U2K campaign, they were no longer even using the term single-payer. This created a conflict within single-payer organizations between those that followed this trend to focus on “health justice” and those that continued to focus on single-payer. This was a disruptive time for the single-payer movement which continued into the first term of the single-payer movement and the first few years of the “War on Terror”.

The Bush Years

The election of G.W. Bush to the presidency represented an even more negative shift in the political opportunity for health care reform and the awareness of this shift is apparent in single-payer narratives of opportunity during this time. Yet, single-payer activists eventually experienced increased opportunity for mobilization due to other factors in the environment of opportunity. Single-payer activist began to develop their narrative practice to include narratives of grassroots and cultural opportunity which was facilitated by the development of technology that democratized material culture.

Table 6: Bush Era Narrative Practice

	Political	Cultural	Economic	Grassroots
Opportunity	-/+	+	-/+	-/+
Narrative	Although there was some mobilization for HCR during the 2000 election, the election of G.W. B. was defined as negative for the political feasibility of achieving SP by many groups that had previously supported SP. This initially had negative consequences for the SP movement. HR 676 became a central focus in the SP narrative and an important rallying point during the second term of GWB and encouraged the creation of new SP organizations such as Health Care NOW.	The SP Movement began to use the new narrative stage of the internet to share their counter narratives. SiCKO became a central focus of the hope producing and strategy enhancing narrative practice of the single-payer movement. Several “SiCKO Stars” became important cultural agents for the SP movement. The cultural authority - Oprah - became a central focus of their hope producing narrative practice of cultural opportunity.	Single-payer activists began to define the “failure” of managed care as an opportunity to mobilize health care professionals. The Economic Crisis was redefined by the SP Movement as an opportunity to mobilize economic actors that had been negatively affected by the crisis and by the current health care system. Strategies were developed to directly act on this defined opportunity. This resulted in the development of important economic alliances.	Single-payer activists initially experienced low levels of grassroots opportunity as many SP groups transitioned to incrementalism. However, the SP Movement experienced an increase in grassroots opportunity as new SP organizations were formed and the public was narratively defined as frustrated and angered by the Bush era policies. SP activists were able to act on this opportunity through the decentralized media outlets.

While health care reform was not a focal point during the first term of the Bush administration, even before the attacks on September 11, 2001, and the start of the Iraq and Afghanistan wars, these years did represent a significant period of grassroots opportunity due to the increasing pain and frustration that the public and health care

professionals were experiencing in the health care system based on for profit managed care. Julia Lamborn, now president of MoSP, was a small business owner who was suffering due to the increasing costs of providing insurance for her employees. She did her research, decided that single-payer was the best option, and is now cited by organizational members as one of the most effective leaders that they have ever had. PNHP and CNA experienced significant growth during this period as more health care professionals realized that the managed care system was affecting them, as well as their patients, in very negative ways. Similar stories were prevalent for people of all sorts of backgrounds during this time period.

There was also an important development in material culture during this time period which made organizing across great (or small) distances much more accessible to economically disadvantaged groups. The advance and increased accessibility of the internet and digital video technology represented significant cultural opportunity for social movement organizations. Internet based movements that formed in protest to Bush era policies, such as move-on.org, set the example for the how to conduct internet based organizing. Still, some groups that relied on a relatively technologically illiterate constituency, such as MoSP, initially found it difficult to use this resource to their advantage. They were disadvantaged and constrained by this form of material culture, where as other organizations with the know-how and resources were enabled. This digital divide was a significant issue in the single-payer narrative system at this time.

Yet, while organizations in more liberal states were finding success (the single-payer movement in California passed their single-payer bill through both houses of the

legislature twice, although it was vetoed by Governor Swartzenegger both times), organizations in red or conservative states found it hard to draw mass interest. Some of their members were more concerned with working to get the Bush administration out of office, than in fighting for a single issue like single-payer. This resulted in very low attendance at meetings, although the core leadership kept the organizations going.

When G.W. Bush was re-elected in 2004, the movement leaders of MoSP expected the worst. This was a period of great grassroots opportunity due to the “political shock” (Rohlinger and Brown 2009) that the left leaning public had over the re-election of President Bush. This was narratively defined a positive grassroots opportunity. They took advantage of this not only by educating the public about single-payer and their state based bills, but also by being strategically nimble in the use of other forms of political protest, such as street theater.

During this time period, in part due to the increasing loss of autonomy in the managed care system, more doctors and nurses also began seeking out ways to reform the health care system. PNHP saw a surge in membership during this time period and the California Nurses Association (now the National Nurses Organizing Committee – NNOC) which was formed in 1903 began focusing on single-payer health care reform. Unions, due to the reduced ability to collectively bargain for health care benefits, also began to redirect their attention toward more progressive forms of health care reform. Single-payer activists, such as Kay Tillow, recognized this increased opportunity and developed programs to convince these unions to support their single-payer goals.

Up until this time, since the redirection of UCHAN toward incremental reform, there had been no strong national grassroots single-payer organization. This changed when long time organizer and health justice advocate, Marilyn Clement, took advantage of this period of opportunity by creating Health Care NOW (HCN) which was formed not only to support the implementation of single-payer but to directly focus on the passage of H.R. 676, the new national single-payer bill proposed by Representative Conyers (MI), an agent of political opportunity. HCN held their first national strategy meeting in Chicago in the fall of 2005. Activists from all over the country attended that first meeting and the initially labeled “birth place of the movement” has continued to grow by building connections with and between pre-existing organizations and by encouraging the formation of new single-payer organizations around the country.

One way that HCN makes these connections and increases its membership is through the effective use of the internet. The development of internet technology resulted in the democratization of material culture. For HCN, internet organizing is a primary focus and the drive to increase their data-base and connect data bases around the country is of great importance. For HCN this drive is not the end of organizing, but it is merely a way that HCN can increase and facilitate the grassroots activities that are occurring around the country. HCN has also developed a system of organizational affiliation through which they can help their less technologically literate allies effectively use the internet. This aspect of cultural opportunity, and having the ability and resources to act on it, has been integral to the development and continued growth of this organization and their alliances.

Another feature in the realm of cultural opportunity during this time period also involved the democratization of the sharing of narratives through video through the development of digital video technology. This shift in material culture is related to the development of the film SiCKO which, along with the cultural agent Michael Moore, became an important focus for a strategy enhancing and hope producing narrative of cultural opportunity. Single-payer activists began talking about the film SiCKO, long before the general public was aware of its production. When SiCKO was released in the summer of 2007, it became a central location for the grassroots organizing of the movement. When the movie was in theaters, activists were encouraged to take pamphlets to the theater and talk to the audience as they were leaving. Once the DVD was released, activists were encouraged to hold SiCKO showings and discussions in their local areas. Michael Moore also used his website to promote single-payer and also developed the Sicko.org website to open up the discussion and promote single-payer. This mobilization around the cultural opportunity represented by Michael Moore was effective in encouraging new members to join (the 2007 national strategy meeting was full of new advocates who had seen SiCKO and decided to join the movement) and new organizations to form (such as American Patients United). Several of the patients featured in SiCKO, most notably Donna Smith who later became a professional organizer for CNA/NNOC, became activists themselves (SEE Chapter 6).

The narrative of cultural opportunity that featured SiCKO and the cultural agent Michael Moore resulted in another effective, if short lived, hope producing narrative of opportunity. SiCKO was featured as the must see movie of the summer by perhaps the

most powerful cultural icon of our time – Oprah Winfrey. The “Oprah effect” has been discussed by scholars in relation to products, books, and even political elections, but has not been addressed in relation to many specific social issues. According to this narrative of opportunity, when Michael Moore first appeared on Oprah in the summer of 2007 and then again in the fall of 2007, Oprah declared that implementing a national health program would become one of her top priorities. Single-payer activists were elated by the possibility of having Oprah’s support both as a cultural authority and as a financial backer with deep pockets. The thought of having such a powerful cultural icon supporting their cause was an even more invigorating than having the respected, but marginal, Michael Moore on their side. However, this narrative would not be effective for long, as Oprah would, instead of actively supporting the single-payer movement, throw her powerful support behind the next Presidential candidate who represented hope and change – Barack Obama.

The Obama Years

Barack Obama, much like Bill Clinton, also represented a significant change to the American people. As the first black candidate representing one of the two viable political parties in the United States, he represented not only a change from the previous two terms of the Bush administration, his campaign was also rooted in a narrative of change from politics as usual. Indeed, his campaign indicated that this would be a goal of his administration. Thus he, as a political agent, initially represented the opportunity for reform in the single-payer narrative practice of this time period.

Table 7: Obama Era of Health Care Reform Narrative Practice

	Political	Cultural	Economic	Grassroots
Opportunity	+/-	+	+	+/-/+
Narrative	The candidacy of Barack Obama was initially defined as an opportunity as he had indicated his support of SP in the past. The many Congressional supporters of H.R. 676 were also cited as evidence of political support for SP. But, SP soon became the “straw man” for the Obama agenda for HCR and the SP narrative practice increasingly defined political opportunity as negative. The “enemy” of the SP movement became politics as usual or the “political theater”.	The SP movement became increasingly adept at using decentralized media forms (i.e. Youtube) to reach a wider audience with their counter narratives. They developed their use of internet organizing through training alliances in order to overcome the “digital divide”. Many SiCKO cultural agents remained involved in the movement. SP activists used culturally salient narratives to reach new audiences (i.e. The Zombies for Single Payer).	The SP Movement continued to define the economic crisis as economic opportunity. They developed specific strategies to act on this opportunity (i.e. Win Win Campaign) and were able to mobilize more support from economic actors (i.e. NNU and AFL- CIO). They were also able to raise grassroots funds through internet based fundraising.	The use of grassroots organizing by the Obama campaign was defined as a legitimization of grassroots activism. The public was defined as supportive of reform. The development of other “grassroots” organizations (i.e. HCAN) was defined as negative, but lead to the empowering identity building narrative of the “real grassroots”. The combination of this opportunity narrative practice encouraged the use of more radical performance based tactics.

According to this hope producing narrative of opportunity, Obama not only represented the opportunity for health care reform, but due to a speech made at a 2003 meeting of the AFL-CIO, candidate Obama also represented significant opportunity for progressive reform, specifically for a single-payer system. Single-payer activists, who were still mistrustful of Hillary Clinton, focused on his message of hope and applied it to their support of his candidacy.

Candidate Obama’s campaign also illustrates the intersection of political opportunity with cultural and grassroots opportunity. Candidate Obama’s campaign seemed to recognize the important role that grassroots organizing plays in social change and thus organized or encouraged the organization of several top down “grassroots” groups, such as Organizing for America. While this made grassroots mobilizing more legitimate and thus had a positive effect on grassroots opportunity (and on the success

of Obama's campaign), this actually resulted in negative grassroots opportunity for single-payer. Many health care reform activists, whether veteran or freshman, who had previously supported single-payer, instead threw their support behind Candidate Obama and more limited measures of health care reform.

One particular group, Health Care for America NOW (HCAN) began to draw support away from the single-payer movement. The similarity of the name to the pre-existing Health Care NOW, was no laughing matter to single-payer activists who were frustrated with the practices and goals of this organization, which became a central focus of the single-payer narrative of grassroots opportunity. According to this narrative, HCAN was drawing support away from single-payer by using faulty research to encourage former single-payer supporters to instead support the public option. While this narrative limited the extent to which single-payer organizations could work with organizations with other goals, it also helped to build the identity of the single-payer movement as the "real grassroots".

When candidate Obama became President Obama, single-payer activists were cautious but hopeful. They began a campaign that would include lobbying in D.C. as well as educating the public during the push for health care reform. The Leadership Council for Guaranteed Health Care, which includes national leaders from PNHP, NNOC, HCN, and Progressive Democrats of America (PDA), was formed in the fall of 2008, in order to strategize and organize their constituencies for the upcoming health care reform battle. This influential new mobilizing structure build upon the existence of effective mobilizing structures formed or developed during the G.W. Bush

administration. This organization facilitated the mobilization of single-payer supporters in beltway political actions. However, single-payer activists became increasingly alienated from the political process as they were consistently denied a seat and the table. While H.R. 676, the national single-payer bill, began the cycle with over 90 cosponsors, many of these sponsors shifted their attention to supporting the Obama administrations health care reform agenda. It was a significant disappointment for single-payer activists when Representative John Conyers signed on in support of HCAN's principles, which called for health care reform but not single-payer. Another major blow came when Representative Eric Massa, who had been one of the stalwarts of the single-payer cause, resigned his post due to accusations of indecent behavior. As the process of health care reform continued on Capitol Hill, there was less and less political opportunity for the successful passage of a single-payer system, or even for the passage of a public option. These low levels of political opportunity, in conjunction with higher levels of cultural and grassroots opportunity, encouraged single-payer activists to suggest and participate in ever more radical and performance oriented tactics.

Instead of this alienation resulting in decreased activity at the national level, as it did during the Clinton Health Security attempt, it resulted in increased activity. Periods of political opportunity represented by a supportive administration are often met with more forms of direct action, rather than the formation of new organizations. This period resulted in both of these for the single-payer movement as more groups were formed, and new forms of civil disobedience were used, specifically through "Mobilization for Health Care Reform Campaign". When President Obama initially

organized the first health care summit to discuss health care reform, he did not include single-payer proponents. Health Care NOW organized a national call in day, which, according to the single-payer action narrative, resulted in the late invitation of Representatives Conyers and Kucinich to the health care summit. When Senator Baucus would not allow any single-payer proponents to speak at the hearings designed to develop the health care reform bills, 13 single-payer activists, including doctors and nurses, were arrested for speaking up about single-payer and demanding that it be put on the table. When activists became completely alienated from the process, they organized sit-ins at insurance company headquarters around the country. These increasingly radical, risky, and thus costly performance based actions were able to be shared with a wider audience due to the single-payer movements use of digital video technology and the internet.

The passage of the Patient Protection and Affordable Care Act signaled the end of this cycle of health care reform on Capitol Hill, yet it did not signal the end of the movement for health care reform. Single-payer activists saw, through their narrative practice, the passage of this act as an opportunity to mobilize those grassroots activists who, working with groups like Health Care for America Now, had supported the administrations reform agenda but were now disenchanted due to the lack of any kind of public option in the bill that was actually passed. Since March 23 of 2010 when the bill signed into law, grassroots activists have concentrated on taking advantage of this perceived grassroots opportunity by reaching out to these organizations and taking on other causes that will ally them with these groups, such as defending public hospitals

against closure and defending Medicare and Social Security against possible cuts due to the recommendations of the Deficit Commission. Several major organizational allies have either pledged to continue their work for single-payer, such as the AFL-CIO, or have recently joined the fight for single-payer, such the League of Women Voters. The mission of Health Care NOW has not swayed from single-payer, but they are now focusing on achieving that goal not through beltway politics, but by mobilizing a mass amount of people and organizations in order to force politics to come around to the single-payer agenda.

Narrative Practice and Narrative Systems

While the experience of alienation that single-payer activists experienced during the Obama drive for health care reform was similar to that experienced during the Clinton drive for health care reform, the reactions of single-payer activists were very different. This cannot be fully explained if the focus and prime importance is placed upon political opportunity. Both time periods had many of the same characteristics in relation to the construction of political opportunity narratives – including a new leader who promised change and health care reform, but who did not ultimately support single-payer. During the Clinton era, the narrative practice of the single-payer movement focused on the realm of political opportunity and understanding this warrants focusing on an explanation for why the single-payer movement eventually faded in one case and continues to thrive in the other. This may also be ultimately tied to the “success” of health care reform in the Obama period and the failure of health care reform in the Clinton period.

Table 8: Opportunity Narrative Practice

	Political	Cultural	Economic	Grassroots
Clinton Era of HCR	+/--	--	--	--/+
Contract With America	--	--/+	--	--
The Bush Era	--/+	+	--/+	--/+
The Obama Era of HCR	+/--	+	+	+/--/+

The economic opportunity that confronted the single-payer movement and the movement for health care reform as a whole was very different in these two time periods. Although the economy was troubled when President Clinton took office, and Clinton is credited with policies that resulted in an economic upswing, it was in no way as troubled as it was when President Obama took office. The United States was in a state of severe recession as Obama started his first term. This economic state and the massive bailouts to leading financial firms contributed to an economic climate that lead people to question the validity of the economic narrative that had dominated during the G.W. Bush administration – The Contract With America. Activists began to act on this narratively defined economic opportunity by developing specific strategies to encourage the support of economic actors (i.e. unions) and political institutions (i.e. state and local governments through the win-win campaign). This shift in economic contexts affected not only the public, but also economic agents who were looking for better ways to

provide health care to their constituencies. Although unions were supportive of health care reform during the Clinton era, Clinton lost their support due to NAFTA and other neo liberal economic policies. By the time of the Obama era, and in no small part due to the work of single-payer activists in the time period between, many unions were moved beyond being supportive of health care reform in general and were supportive of single-payer in particular. Although some unions through their support behind the Obama administration's reform agenda (such as the SEIU), others continued to support and still continue to support single-payer. Professional organizations, such as the NNOC and the PNHP also increased in size and in level of support for single-payer.

The structural component of cultural opportunity found in the dominant forms of material culture was also very different in these two periods. During the Clinton era, the mobilization against health care reform had access to television through which it could disseminate its point of view, where as the mobilization for health care reform was largely unable to successfully use this dominant form of material culture. The rise of the internet changed this dynamic and gave access to the dissemination of information to a much broader base. This not only allowed the single-payer movement to share their narratives with a wider audience, it also allowed the movement to connect and mobilize people of similar minds in disparate areas around the country. The use of this avenue for mobilization by the Obama administration and the success of organizations like Moveon.org served to further legitimize this form of grassroots mobilization. This, for technologically literate organizations, effectively democratized the use of material culture in the mobilization for and against health care reform. There

were also agents central to narratives of cultural opportunity that served to encourage grassroots mobilization for health care reform. Although Michael Moore is considered by many to be a marginal voice of the left, his film SICKO was seen by millions of people. This was defined by single-payer activists as an opportunity to not only make them aware of the condition of the health care system, but also how to fix it. Some of those people were motivated to support groups like HCAN and thus support the administrations agenda, others were motivated to join the single-payer movement as single-payer activists mobilized around this film and then mobilized again around Michael Moore's next film "Capitalism: A Love Story".

These aspects of economic and cultural opportunity were integral to the narratives of grassroots opportunity that supporters of health care reform constructed in the period leading up to this most recent attempt for beltway health care reform. According to this narrative, eight years of the G.W. Bush administration policies, economic crisis, and the emotions that arose from this left many in search of a progressive cause to support. In the period between the Clinton and Obama health care reform attempts, single-payer activists became very adept at disseminating information about the health care system, developing creative ways to talk about the possibilities for reform, and had developed an extensive network of mobilizing structures. Thus they were able to challenge the grassroots legitimacy of dominant health care reform organizations (HCAN) and become pragmatically liberated as the "real" grass-roots movement for health care reform.

During the Obama era of health care reform, the idea of single-payer was very much a part of the discourse around the issue, even if the movement in support of this option was not allowed a seat at the table (Jacobs and Skocpol 2010, Starr 2010, Kirsch 2012). While the single-payer movement was able to remain active during the Clinton era, the single-payer movement thrived in more diverse ways during the Obama era and was thus available to be the “radical flank” in the grassroots movement for health care reform. This radical flank changed the environment of opportunity that confronted the Obama administrations drive for health care reform as it effectively became the straw man for the Obama health care reform agenda (Jacobs and Skocpol 2010, Starr 2010). Whereas the right was able to demonize the Clinton administration’s relatively conservative version of health care reform and successfully stop it from passing through Congress, the right was never able to demonize the “public option” in the same way, although they were able to push it out of the final bill (Kirsch 2012). While opponents of the Obama Administration’s agenda for health care reform still used the terms “socialized medicine” and also began using the term “single-payer” in their attempts to demonize it, this was necessarily not as effective because there was a very vocal grassroots organization that was adamantly Single-Payer and which contradicted the conservative narrative that the Obama Agenda was in any way, shape, or form single – payer.

This dynamic resulted in the Obama administration and politics as usual eventually being narratively defined as the “enemy” in the battle for single-payer. While during the Clinton era the antagonist in the narrative practice of the single-payer

narrative continued to be the special interests that were so against any form of government sponsored health care reform, in the Obama era narrative these same entities were supportive of some of the major aspects of the Obama agenda for health care reform and were invited to take a seat at the negotiation table while others were not (Starr 2010). They were thus linked with the “politics as usual” position of the Obama campaign, which contradicted the narrative of change that had encouraged the support of progressive constituencies. Single-payer activists, rather than being alienated to the point of inaction by this definition of opportunity, were encouraged by their narratives of grassroots, cultural, and economic opportunity to continue to mobilize for single-payer by focusing on out of beltway strategies that would build a grassroots movement for single-payer. This process of pragmatic liberation was facilitated by the narrative practice of single-payer supporters which included a more diverse system of narratives than the system that was present during the Clinton era.

Pragmatic Liberation and Reality Based Hope

Many of the grassroots groups that had ardently supported single-payer during the Clinton Era of health care reform were convinced to support the “public option” during the Obama era of health care reform. The founders of Health Care for America now had also been active supporters of single-payer until the year leading into the 2008 presidential election. Richard Kirsch discusses the moment that he decided to push for a public option saying

The Public option gave us the high ground with the public because it could withstand attack against the charge of a government takeover of health care. We could always argue that it was an individual’s choice whether to keep their private insurance or enroll in a public health

insurance plan. Time proved that we were correct. Even after the right spent tens of millions of dollars and mounted a big campaign against the public option, polling – even in conservative states – still found strong support for giving people the choice of a public health insurance plan. (Kirsch 2012, 80 – 81)

This conclusion, along with the strategy devised by Kirsch and his colleagues to convince other single-payer supporters to instead support the public option, were rooted in the dominant narrative that single-payer is not politically feasible. This resulted in a narrative practice, by the founders of HCAN, that would facilitate the pragmatic liberation of individuals and organizations that would support the public option in the upcoming debate.

While Kirsch says that he has respect for those who remained ardently in support of single-payer health care, he also argues that their actions were not rooted in reality. Kirsch argues that while the policy goals of single-payer activists were not possible, they (HCAN) were “actually trying to get a president and Congress to pass a law that provided affordable health coverage to everyone in the United States” (Kirsch 2012, 80). Kirsch also insinuates that single-payer activists who continued to support single-payer were not actually committed to achieving reform saying,

One other observation on the single-payer debate lies at the heart of the gap between the many single-payer activists who worked with HCAN and those who continued to criticize our approach. John Meyerson, a longtime activist who directs the legislative and political work for Pennsylvania United Food and Commercial Workers (UFCW) Local 1776, asked me, “Have you noticed that the single-payer or bust people all have great insurance?” He’s right. The activists on the left who insisted that only single-payer was worth enacting didn’t really have any skin in the game. (Kirsch 2012, 81)

Not only does Kirsch indicate that single-payer activists were not really concerned with promoting the “politically feasible” option because they didn’t have any “skin in the game”, but he also indicates that this commitment was rooted in the ignorance of this segment of single-payer supporters saying,

I also clarified a common misunderstanding among many single-payer advocates, who often equated single-payer with universal health care. One of the myths about health care around the world is that “everyone but us has single-payer.” In fact, that is the way Canada provides a government guarantee of good health coverage. Other countries – including the European countries usually held up as models – do it differently, with all sorts of variations of public, private, and non-profit insurance and socialized medicine. But what’s true in all these countries is that health care is guaranteed and regulated as a public good” (81)

This narrative indicates that unwavering single-payer supporters are not as knowledgeable about the specific dynamics of health care systems around the world. Both of these conclusions are incorrect and illustrate a profound lack of understanding about those occupying this marginalized position.

Single-payer activists did not continue to focus on single-payer rather than committing to the public option because they had “no skin in the game” or because they were ignorant of technical aspects of health care systems. Single-payer supporters whom I have interviewed and with whom I have had intimate conversations, all have stories that counter this claim that they do not have “any skin in the game”. There is Julia Lamborn, who became a single-payer activist because she, as a small business owner, realized that she could not provide adequate health coverage for her employees and be financially successful with the current health care system in place. After educating herself, Julia decided to actively support the push for a single-payer system.

While her involvement in the movement did begin out of self-interest, and while she did rejoice when she turned 65 and received her Medicare card in mail, she remains a vocal advocate of making health care a human right through a single-payer system. There is Mimi Signor, who through her experience as a nurse trying to care for her patients within a system that contradicted her at every turn, realized that there must be a better option and began to push for single-payer, because it is a “life and death” situation. There is Donna Smith who became bankrupt due to the health crisis that she and her husband, Larry, shared. Donna became educated and “empowered” through her involvement in the film *SICKO*. She eventually directed her new found energy towards supporting the push for single-payer health care in many ways. One only has to read through the comments and story boards on single-payer websites to find hundreds of reasons why committed single-payer supporters do have “skin in the game”.³¹⁶

Single-payer activists are also far from being ignorant of the specific technical issues of health care systems around the world. They have become very educated about these distinctions and adept at explaining them to others who often conflate these varying systems under the umbrella term of “socialized medicine”. While the single-payer movement has strong intellectual leadership in the form of the doctors and nurses in the PNHP and CNA, who share detailed policy analysis with the grassroots single-payer movement, this does not mean that lay members of the movement do not find other ways to educate themselves. Many explain that they became involved in the movement because they self-educated themselves about health care systems around

³¹⁶ It would be interesting to complete a more complicated analysis of this issue at a later date.

the world and concluded that single-payer was the best type of universal system for the United States. Single-payer activists do not equate single-payer with Universal Health Care, but they do counter the idea that systems of universal insurance based in a for profit ethic are equal to universal care. Many of the activists who experienced hardship within this system, such as Donna Smith, were insured – but this insurance did not provide the care that was so desperately needed. Ardent single-payer supporters have correctly concluded that having for profit health insurance does not equal having guaranteed health care and are very critical of those who use the term “Universal Health Care” when discussing systems that leave the for profit insurance industry intact.

These assumptions illustrate the ignorance that sometimes comes from positions of power and further legitimate the importance I place in studying social phenomenon from a marginalized position. My greatest hope for this project is that the reader will conclude that single-payer activists should be respected for their passion, altruism, and creative action when working to promote solutions that others have defined as not realistically possible. My greatest fear is that the reader will conclude that single-payer activists are sectarian fundamentalists without a basis in reality. The practice of liberation that activists undertake through the telling of narratives is not rooted in delusion, but is rooted in the understanding that progressive social change in the United States requires that groups collectively act in order to change the reality that they face. This “reality based hope” is rooted in the actions of single-payer activists rather than on the dominant understanding of the opportunity for specific types of reform. Bob

Haiducek, untiring organizer of the Million Letters for Health Care Campaign, recently discussed the process of reality based hope saying,

Remember our reality-based hope. We know that realistic hope is based on realistic actions of education and communications, which is what our campaign is all about: Americans knowing what the subject is and getting their questions and concerns answered. That is followed by an opportunity for an informed American(s) to participate in our massive monthly communications action(s). Keep in mind that we can and will get single-payer health care, improved Medicare for All, and that it will be the best health care for all system. Reality-based hope can help instill in you a realistic, firm belief that U.S. health care for all can and will happen³¹⁷

Reality based hope is rooted in the “realistic actions” that can affect the environment of opportunity in which activists act. This process is facilitated through the multiple forms of narrative practice in which activists participate. Time periods during which activists are realistically able to create a more diverse array of opportunity narratives, due to material conditions, facilitate the development of a more diverse array of strategies and tactics which can then have an increased impact on further mobilization and the environment of opportunity. The little ant that could reach the top of the table leg was not ignorant, delusional, or unconcerned – it was able to re-construct the reality that it faced by ignoring those who were constructing this reality in ways that negated the possibility for a more just system. In reality, the “public option” that was supported by groups like HCAN was no more successful than the single-payer option, even though it had the backing of financial and political resources that single-payer activists have never had. Throughout our history as a nation, progressive social change has occurred because enough individuals shared a vision for a more just social order and were able to

³¹⁷ <http://www.medicareforall.org/pages/Hope>

reconstitute through their actions and the development of empowering narratives the material reality that they faced in their efforts to promote social justice.

Occupy Health: The Future of the Movement

While the movement for single-payer did experience a downturn in activity in the first few months following the signing of PPACA on March 23, 2010, it recovered from this period and is still committed to promoting single-payer by building a grassroots movement in support of this. While a segment of the single-payer movement decided to continue to focus on tearing down the Individual Mandate through a Supreme Court brief that challenges the constitutionality of the individual mandate³¹⁸ and encourages the implementation of a Medicare for all system, most single-payer organizations decided to continue to focus on building the movement in other ways.³¹⁹

The rise of Occupy Wall Street (OWS) in the fall of 2011 presented the single-payer movement with another period of grassroots and economic opportunity – as this movement mobilized thousands of participants across the nation through grassroots activities and challenged the supremacy of the free-market economic narrative that has prohibited the development of single-payer in the past. Single-payer organizations did not immediately become involved in the Occupy movement. In the Fall 2011 newsletter for Missourians for Single Payer (MoSP), Julia Lamborn discussed this issue in the “Message From Your President”.

³¹⁸ Most notable Single Payer Action. This brief is distinct from the republican challenge to the mandate that is currently being debated by the supreme court. Health Care NOW decided not to focus on striking down the mandate, but to insert single-payer into the debate through the “Never Mind the Mandate Campaign”.

³¹⁹ <http://www.healthcare-now.org/index.php?s=Individual+Mandate>

As an organization should we support the Occupy Movement? As your President I am conflicted. I support peaceful demonstrations. Thousands will need to take to the streets to achieve Medicare for All. We continue to be a one issue organization. That is why we do not join with most other organizations; no matter how we personally support the issue. In some ways, having one issue has hurt MoSP's growth and in other ways it has put us in the lead. MoSP is the only organization in Missouri (to my knowledge) that works for and educates for Medicare for All (improved and expanded). There is no confusion in our message. MoSP, the organization, will not support a different message. As individuals we are free to support issues and organizations with which we can agree. The Occupy Movement has opened a dialogue. We thank them for this important achievement.

Activists were then encouraged to support the Occupy Movement in 11 other ways, including donating resources and living space, "moving your money", supporting and following the movement in person and via social media, and simply "understanding the movement".

At the national level, this support of the Occupy Movement took on more active forms as single-payer organizations joined OWS marches and developed the narrative based frame "Health Care for the 99 %". While the effectiveness of this mobilization effort is yet to be determined, it is an illustration of the ways in which single-payer activists continue to act on the opportunities present in their environment.

The Supreme Court decision regarding the constitutionality of the individual mandate, which is due in June of 2012, could once again shift the environment that the single-payer movement faces. Dominant single-payer groups have been constructing this as an opportunity to insert the single-payer option back into the debate.

With the Supreme Court hearings on the individual mandate happening this week, **healthcare reform is back in the news**. It's time to send letters to the editor all over the country saying, "**Individual mandate or not, we still need Medicare-for-all.**"

The Supreme Court hearings on the constitutionality of the Affordable Care Act's individual mandate provision to purchase health insurance is generating plenty of debate. Republicans (though they invented the mandate idea) [1] claim the mandate is an overextension of the federal government's power, and Democrats (though they previously opposed the mandate) [2] are leery of anything that could tarnish their reputation during a presidential election year.

What's missing from this debate (in the media and the halls of Congress), however, is that regardless of the Supreme Court's decision, we will still be left with an inadequate healthcare reform law that leaves at least 20 million people uninsured, fails to reduce healthcare costs, and keeps for-profit, private insurance companies up and running.³²⁰

Some, outside of the single-payer movement, are also arguing that if the Supreme Court does strike down the individual mandate, single-payer will become inevitable (Robinson 2012). For single-payer activists this is both a validation of their efforts and a warning that these efforts may not be accounted for if single-payer is finally achieved.

You may have seen **dozens of articles and news clips claiming that if the Supreme Court strikes down the Affordable Care Act** in June, Democrats will have **no choice but to turn to single-payer** as the necessary alternative to healthcare reform. **"It's inevitable,"** they say. It thrills us to see single-payer in the limelight, **but claiming that single-payer is inevitable should the ACA go down misses a central component: you.** Your hard work lifted single-payer, improved Medicare-for-all, to the widespread consciousness we're now seeing. With your support we can push improved Medicare-for-all beyond talk and make it a reality. No matter how the Supreme Court rules in June, **we need to make sure single-payer healthcare remains a visible option for reform.** If the ACA is dismantled, the Democrats could, after all, decide to do nothing. Let's not let that happen. Health Care NOW! **continue marching, educating, and protesting for a single-payer system.** Political pundits are talking about single-payer because we have never stopped filling their inboxes and waiting rooms with the voices of the under- and uninsured. Help us remind Congress and the President that there's an alternative to the private health insurance companies that create so much waste and

³²⁰ HCN email March 27, 2012.

suffering. That Medicare-for-all is getting so much attention in the wake of the Supreme Court hearings on the ACA is a sign that **our efforts so far are working.**³²¹

While single-payer activists would be elated if this debate resulted in increased focus on and support for single-payer, their critique of the use of the term “inevitable” in the narratives surrounding this debate is valid. To jump from “politically infeasible” to “inevitable” ignores the role that single-payer activism has played in making single-payer a term that is not only known by a wider audience, but also supported by an increasingly diverse population. This rewriting of efforts for progressive social change would be business as usual in a political and cultural context that has in the past ignored the role that grassroots mobilization has played in progressive social changes. By continually and consistently supporting single-payer even when the environment of opportunity has convinced many would be single-payer supporters to focus on more incremental measures, single-payer activists have changed the context in which they operated. By constructing narratives that facilitated the practice of liberation, single-payer activists have been able to use increasingly diverse tactics in order to pragmatically liberate a wider constituency in support of single-payer.

In the future, I would like to further unpack the intersection of systems of inequality with the narrative practice of the Single Payer Movement. Future research should make more connections between the micro and mezzo level issues discussed here and the macro level issues dealing with the actual material effect of these practices

³²¹<http://www.healthcare-now.org/index.php?s=Inevitable>

and activities on the environment of opportunity. Three possibilities, out of many, for this sort of analysis are

- 1 – Conduct a longitudinal media analysis of the discussion of single-payer in major print, visual, and internet media sources.
- 2 – Conduct a discourse driven narrative analysis of the discussion of single-payer in the congressional record.
- 3 – Conduct a more in depth analysis of state and local governments in which single-payer legislation has been passed (most notably in Vermont and California).

These possible directions for future research would result in an even more in depth understanding of the relationship between opportunity, grassroots mobilization, and social change.

In the meantime, I will continue to support the single-payer movement through my deliberate intention of sharing their story with a wider audience. Although recent accounts of the Obama era of health care reform give more attention to the role of single-payer activism, they do not seem to share my deep respect for single-payer activists or the importance that I place on their voices being heard and their experiences being shared. Single-payer activists continue to find ways in which to challenge the dominant narratives that have pushed others down and for that they have my continued respect and gratitude as a scholar activist who is also committed to health justice.

Appendix A:

Sample Interview Schedules

Health Care NOW (2005 – 2006)

How did Health Care Now come to be an active organization?

What are some of the activities that Health Care Now is a part of? How are these activities conceived and enacted?

How many members does Health Care Now have? How many of these members are actively involved with the organization? What are some of the common characteristics of these members?

What is the strategy of Health Care Now? Do you feel that this strategy will be effective? How do you participate?

What sort of alliances has Health Care Now formed? With politicians? With other grassroots organizations (MoSP)? With professional organizations (PNHP)? Do you feel that these alliances are beneficial for the organizations and how so?

Do you think that the current political environment is open for health care reform, particularly single payer? In what ways? How do you think that Health Care Now can work in this environment?

Do you think that there is significant popular support for health care reform? How do you think that Health Care Now can best mobilize this support? How will it help Health Care Now reach its goals?

What were the activities of Health Care Now during the 2004 election season? How effective were these activities?

Interview Guide: Quinton Young (2007)

I. Basics of involvement.

What role/s do you play in the movement for single payer?

In the PNHP?

In Health Care NOW?

Center for Health Policy Research?

How did become involved? How did you come to play these roles?

II. Health Care NOW

What is your assessment of the activities of Health Care NOW?

Citizen Congressional Hearings
How was this decision made?

What are some other strategies that may be productive?

Is there a consensus on what strategies are more productive? What do other leaders say (Conyers, Winkler, etc)?

(make sure discussion includes ENVIRONMENT –pol, cultural, etc)

III. PNHP

What is your assessment of the activities of PNHP? What are the major activities?

What were the activities of the PNHP during the Clinton attempt for Health Security?
What was your perception of this?

What were the activities of the PNHP during the 2004 and 2006 elections? Were priorities recalculated after or during? Perceptions?

IV. General

How do you think the movement can be successful?
What is the likelihood of success in the current environment?
What concerns you about the current environment?

Questions for interview with Julia Lamborn (President of MoSP) (2005)

Questions specifically regarding interaction with the PNHP

When did the relationship/interaction between the MoSP and the PNHP begin and why?

Has the interaction between the MoSP and the PNHP been consistent over time, or have there been peaks or troughs? If so when and in what type of situation did the peaks/troughs occur?

Peaks –	Troughs--
--	--
--	--

What types of activities do your organization (MoSP) and the PNHP participate in together?

How often does the MoSP work with the PNHP?

What types of activities do members of the MoSP perform that may be beneficial to the PNHP? And vice versa?

What are your perceptions of the PNHP regarding their style and ways of doing things?

What are three important decisions that have been made in the last five years regarding the MoSP? Did the PNHP (or members of the PNHP) influence the outcome of these decisions in any way?

What do you think would be different about the MoSP if it did not work with or interact with the PNHP?

The strategy of the MoSP differs from that of the PNHP in that you are working for Universal Health Care through state governments and the PNHP is working at the National level. Has this affected the relationship between the organizations and their interaction? If so how?

The PNHP is working for a system of National Health *Insurance*, as opposed to a system of National Health *Care*. Your organization seems to place emphasis on the importance of Universal Health *Care* over universal insurance. Does this difference affect how your organizations work together?

Members of the PNHP are health care professionals who are producers of health care whereas members of the MoSP are consumers of health care, how has this difference in perspective affected their interaction? How has it affected your organization?

Has the interaction between the PNHP and the MoSP increased in the last five years? If so, how and why do you think that it has increased?

Questions specifically regarding political opportunity / countermovements

Why did you join the MoSP?

When you joined the MoSP in 1999, did you feel that the progressive reform of the health care system that the MoSP was working for was likely?

If so why? If not, why not?

Were leaders of the MoSP positive in their assessments of the opportunity for reform?

Leader ---	Assessment ---
---	---
---	---

What were the organization's activities at this time?

How did organizational activities change after the 2000 elections?

After the Events of 9/11?

After the start of the War on Iraq?

Why did they change?

Do you feel that currently there is much opportunity for health care reform? Why?

Do you feel that the recent reform of Medicare (the prescription drug benefit) will affect the opportunity for reform?

What do you feel may be some of the obstacles to health care reform? Are there any specific groups or people that you feel are working against you?

Appendix B:

Post 2008 Election Survey (Open – ended / Online)

Lindy Hern is a PhD Candidate in the Department of Sociology at the University of Missouri – Columbia. She has been working with and studying the movement for single-payer health care – specifically Missourians for Single Payer and Health Care NOW – for over 4 years. She began working with Missourians for Single Payer in the spring of 2004 and with Health Care NOW in the fall of 2005. For her dissertation, she is developing a framework and knowledge base which will hopefully help the movement achieve its goal of the passage of H.R. 676 and the implementation of Universal Single Payer Health Care. She is a scholar activist who wants quality health care for ALL.

This survey is an important piece of Lindy's dissertation research as well as a possible source of helpful information for Health Care NOW.

- 1. How does an Obama Presidency change or affect the best course of action for Health Care NOW?**
- 2. What can we learn about the mood of different demographic groups from the recent election results?**
- 3. How do the recent election results in your state affect the best course of action for Health Care NOW? For your local organization?**
- 4. What can the Single Payer Movement learn from the Obama campaign?**
- 5. How will/does the economic turmoil /crisis affect the strategy of Health Care NOW? Of your local organization?**
- 6. How do other groups working for health care reform, such as Health Care for America NOW, affect Health Care NOW? Your local organization?**
- 7. What ideas and trends that will help carry your message are now present in popular culture? (Civil Rights?, Youth Culture?, etc.)**
- 8. What do you envision the movement for Single Payer doing in one year? In three? In five?**

9. In what state or local organizations are you an active member? What role do you play in these organizations?

10. Demographic Data

Gender	<input type="text"/>
Race	<input type="text"/>
Age	<input type="text"/>
Region of Residency	<input type="text"/>
Occupation	<input type="text"/>
Income Level	<input type="text"/>
Other	<input type="text"/>
OPTIONAL -- NAME	<input type="text"/>
OPTIONAL -- Contact Information	<input type="text"/>

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VITA

Lindy Hern was born and raised in the Kansas City Missouri area. As the daughter of a United Methodist Pastor, she was taught early on to value and strive for social justice in her life and in her community. In the formative years of her higher education experience she decided to pursue the development of just social systems by attaining a graduate degree in sociology.

Lindy became concerned about issues of health justice through her concerns dealing with inequality and social justice. She was encouraged to develop her research dealing with the movement for health care reform by her academic advisor – Clarence Lo – and the culmination of this research is presented here. Lindy plans to continue her work as a sociologist and as an activist for social justice by conducting research, instructing students, and working with groups oriented towards promoting social justice.