Organizing in abeyance: examining the single-payer healthcare movement in the Era of Affordable Care Act implementation

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Abstract

This research examines the U.S. single-payer social movement in the era of implementation of the Affordable Care Act (ACA), a sweeping federal healthcare reform. The ACA presents a significant narrowing in political opportunity structure for the movement. The policy fortifies the place of private healthcare insurance in the U.S. health system, which the single-payer movement aims to abolish in favor of a unified health system under one, federal government, payer. Through interviews with leading movement activists, we observe that the movement has entered a period of abeyance, with heightened tensions over interpretations of the new opportunity structure, and over the appropriate organizing strategy. This research examines the complications of organizing for a federal platform in a federalist political system, and scrutinizes how progressive movements navigate obstacles championed by fellow progressive advocates. Ultimately, we consider the tenuous border between abeyance and demobilization and examine the features of this movement that may allow it to persevere despite new constraints and struggles.

Keywords: healthcare, single-payer, abeyance, demobilization, political opportunity structure, federalism

Introduction

On March 23, 2010, U.S. President Barack Obama signed into law the Patient Protection and Affordable Care Act (ACA). This was the most significant reform of the U.S. health system since 1965, when Medicare and Medicaid were enacted to provide healthcare for elders and people of low income. For many U.S. health reform advocates on the left, it was a day of jubilation as the new law would expand coverage to tens of millions of Americans and would initiate new regulation of the health insurance industry. *The New York Times* reported that the festive crowd that surrounded Obama that day was cheering campaign slogans, marking the bill as "one of the high points of his presidency" (Stolberg and Pear 2010). In a political moment rich with symbolism and ceremony, Obama gave a "10-minute speech that was interrupted more than 20 times by ovations" (Wilson 2010). However, for some health reform advocates on the left– particularly those advocating for single-payer healthcare – the ACA's passage presented a shift that complicated their struggle. From their perspective, while the new law did expand health insurance coverage, it also

created a tiered system of access that left many out. In their eyes, it fortified private industry's hold in U.S. healthcare, and represented a missed opportunity to create a more efficient health system. Single-payer activists, after all, have spent decades building the case for creating a centralized healthcare system in the U.S., with government serving as the sole payer. This would, they argued, eliminate the existing, fragmented, public-private system of financing and administration and pave the road for higher quality care and universal, equitable access. Where the ACA expands the predominance of the private health insurance industry, at its roots, it presented a deep conflict for a social movement aiming to eliminate the role of private insurers in the U.S. altogether.

This paper examines how the single-payer social movement across the U.S. has been impacted by the passage and implementation of the ACA. We present the results of interviews with 36 key informants, primarily high-level strategic leaders in the national and/or state-based single-payer movements, completed between October 2013 and June 2014, during implementation of the ACA's major systems. Through analyzing the single payer movement against the social movement theoretical concept of abeyance, we consider the broader question of how social movements navigate the tenuous border between abeyance and demobilization. We examine how this social movement is responding, adapting, and perhaps recovering from the ACA, which has been interpreted as a major setback by many movement leaders. Our interviews reveal complex movement dynamics as this shift in the political opportunity structure affects this movement. Because this movement had been championed by a Democratic President with the support of left and progressive politicians and organizations, it faced internal strife over whether and how to raise potentially divisive opposition. Also, as many movement actors shifted attention to state-level targets following the narrowing in political opportunity structure, this research raises interesting questions about the strategies for policy wins in a federalist political system. We consider lessons from social movement theory, and from transnational comparisons, as we articulate potential next steps for movements, such as the U.S. single-payer movement, grappling with a period of abeyance.

The single-payer platform and social movement

For single-payer activists in the U.S., the passage and implementation of the ACA shifted the landscape. Analysis of political opportunity structure involves determining the relative openness or closure of the political system, which may either facilitate or threaten collective action to challenge the status quo (della Porta & Diana 2006, Kitschelt 1986). To understand why the ACA's passage challenges single-payer organizing, it is important to understand the movement's unique platform for reform. Single-payer advocacy is distinguished from other health reform movements by its focus on methods of financing. It calls for a unified national health plan that is financed by one payer, the national government, to eliminate inefficiencies of fragmented public-private systems. Under a single-payer system, private insurance is unnecessary, though healthcare may still be delivered by public or private

healthcare facilities and providers. Based on these features, single-payer is sometimes framed as 'Medicare for All' in the United States, referring to the core publicly-financed elements of Medicare, a federal program for elders and individuals with disabilities originally passed in 1965 (Healthcare-NOW! n.d.; PNHP-a n.d.). Table 1 outlines the major distinctions between the ACA and a single-payer system, which are discussed further below (PNHP-b n.d.; Kaiser Family Foundation n.d.).

Table 1: Comparing the ACA and Single-Payer

	ACA	**Single-payer system**
Who pays for healthcare?	A mix of *private* insurance companies (that are accessed through employer-based programs or through online health exchanges) and *public* programs such as Medicaid, Medicare and the Veterans Administration (VA).	Payment is entirely *public.* The federal government collects taxes that are utilized to create a fund dedicated to paying for healthcare for all citizens.
Who qualifies for healthcare?	An individual mandate requires citizens to purchase insurance to access care. Insurance plans vary depending on what one can afford, and the government provides subsidies for some based on financial need.	Every legal resident regardless of job status, pre-existing conditions, or financial means.
Who delivers healthcare?	Public (i.e. VA) or private healthcare facilities and providers	Public (i.e. VA) or private healthcare facilities and providers
How are costs controlled?	Primarily through restructuring of payment approaches, and the creation of an Independent Advisory Board, for Medicare; and through incentives for cost saving innovation across public programs.	Through the elimination of marketing and administrative costs of private insurers, improved purchasing power of the government payer, and global budgeting.

While the concepts behind single-payer entered historic U.S. efforts advocating national health insurance (NHI), the frame of single-payer seems to have emerged in the 1970s (Quadagno 2005, Public Citizen, n.d.). Today, many U.S. national and state organizations[1] work for single-payer, advancing policy principles, organizing strategies and campaigns, and mobilizing constituencies, from healthcare professionals to labor groups to the uninsured. Physicians for a National Health Program (PNHP), the first national organization focused singularly on single-payer, has taken a lead in defining the policy platform through dozens of academic and popular publications. PNHP was founded in 1986 as an organization of health professionals, based on a growing consensus that corporate-led healthcare was problematic and was eroding strained public systems, and based on growing evidence that Canada's single-payer approach presented significant potential to improve access and efficiency (Woolhandler and Himmelstein 2012).

In 1989, PNHP published its initial policy proposal, endorsed by over 400 physicians, in the *New England Journal of Medicine*, since reinforced in many other publications.[2] At risk of over-simplifying, the defining features of the proposed U.S. single-payer system, as outlined in Table 1, include: 1) universal coverage of all Americans, eliminating financial barriers to care, which is linked with improved health outcomes; 2) creation of one unified national health plan, financed by the federal government through taxation, and administered at state and local levels; and 3) elimination of private health insurance to overcome current system fragmentation and recuperate unnecessary administrative costs, the savings which make expanded coverage feasible (Himmelstein et al 1989). A seminal 2003 PNHP publication makes the financial case for single-payer: In 1999, the U.S.'s public-private system resulted in 31% administrative costs (which have since escalated), compared with 16.7% in Canada's single-payer system. Overhead for private U.S. insurers was 11.7%, while it was 3.6% for the U.S. Medicare program, and 1.3% for Canada's public system. The authors conclude that if the U.S. shifted to single-payer, savings on administration could provide comprehensive coverage for all Americans (Woolhandler, Campbell and Himmelstein 2003). Also in 2003, U.S. Representative John Conyers introduced H.R.676, which he has introduced in every congressional session since. The bill – sometimes dubbed 'Medicare for All' – would create a U.S. single-payer system, financed through taxation and significant predicted savings due to elimination of health insurance and billing costs. The bill has had between 38 and 93 co-sponsors each Congressional session (Library of Congress).

[1] Examples include Healthcare-NOW, Physicians for a National Health Program, Labor Campaign for Single Payer, Progressive Democrats of America, the One Payer States coalition, and several state-based organizations.

[2] See summary of PNHP-affiliated publications, detailing policy findings and principles on-line at: http://www.pnhp.org/resources/pnhp-research-the-case-for-a-national-health-program

As Hern (2012) has highlighted, the U.S. single-payer movement has experienced significant shifts in political opportunity structure over time. She points to how activists have used narratives of opportunity, "which define and construct the activist's understanding of the environment of opportunity" in such a way that "relatively powerless groups find strength and empowerment" through their experiences, such that they can even "reconstitute the opportunity for reform" (p. 29). During the health reform debate of President Clinton's tenure as well as the initial Obama-era healthcare debate that lead to the ACA, Hern (2012) suggests that narratives of opportunity advanced by single-payer activists presented counter-frames even as the political opportunity narrowed. Hern also documents increased radicalization in the Obama era that allowed for ongoing mobilization. For instance, physicians engaged in civil disobedience, leading to arrests, when single-payer advocates were not allowed to participate in a Senate Finance Committee roundtable policy discussion held in the lead up to the ACA's passage (Flowers 2009, Hern 2012). Our research examines the next chapter in this story, when the ACA had passed and its most significant components began implementation. As the new program occupied expanded media and public space in the fall of 2013, we were eager to understand how movement leaders were interpreting the ACA itself, the political opportunity structure, and the appropriate movement strategies.

As our interviews highlight, the ACA presented a predicament for many single-payer activists, which is rooted in its deep differences, both in structure and outcome, from single-payer objectives. First, it does not fulfill single-payer's promise of universality. The ACA's anticipated expanded coverage of over 30 million still leaves a similar number of Americans uninsured (Jacobs and Skocpol 2014, PNHP-a n.d.) Complicating this potential, a June 2012 U.S. Supreme Court ruling on the ACA allowed individual U.S. states to opt out of a key provision. This provision would have expanded eligibility standards for Medicaid, a joint federal-state program originally passed in 1965 to provide healthcare coverage to individuals of low income. By March 2015, 22 U.S. states opted out of the expansion, leaving 4 million low-income individuals in a coverage gap (Garfield et al 2015). A more critical issue from the single-payer perspective is that the ACA relies on, and further entrenches, private insurers in the health system (Drake 2015), as the policy mandates that individuals purchase private insurance coverage. Critics highlight that this arrangement fortifies the existing fragmented public-private system, and ensures high profitability for the insurance industry (Pear, Sanger-Katz and Abelson 2015, Shaffer 2013, Lenzner 2013). Given these important differences, single-payer activists worked to influence the health reform debate in the lead-up to the ACA, but were ultimately denied entry (Flowers 2009, Hern 2012).

Theories of abeyance and demobilization

Turning to social movement literature, we searched for insight on how other social movements have endured substantial political opportunity closure. Rupp and Taylor (1987) posit that social movements generally persist over stretches of

time through fluctuation of political opportunity in various stages of mobilization, decline or abeyance. While social movements scholars have generally dedicated more attention to studying mobilization and the emergence of social movements than to the mechanisms of demobilization and abeyance of social movements (Walder 2009), there is still a significant body of literature to draw upon for this study. The concept of abeyance emerged as a major contribution to social movement theory rooted in the political process approach of social movements (Tilly 1985, 1995; Zald and McCarthy 1987), which "focuses attention on the observable and measurable characteristics and routines of social movement organisations (SMOs), considering protest and activism as evidence of movement activity" (Barry et. al 2007:354). Taylor first theorized the notion of a*beyance*, a platform that creates "linkages between one upsurge in activism and another…through promoting the survival of *activist networks*, sustaining a repertoire of *goals and tactics*, and promoting a *collective identity* that offers participants a sense of mission and moral purpose." (Taylor 1989, 762). Much of abeyance theory has been illuminated through studies of women's movements, both in the U.S. and internationally (Staggenborg and Taylor 2005, Bagguley 2002, Greg and Sawyer 2008, Valiente 2015). In her study of women's rights activism, Taylor (1989) theorized that the American women's movement did not die between the suffrage victory of 1920 and the 1960s, but rather went into a period of abeyance that served as a 'holding pattern' until it strengthened thereafter.

On the positive side, a period of abeyance can provide a movement with space and time for reformation for the future. Bagguley (2002), who argues that the women's movement in the UK was in abeyance in the early 2000s, contends that while "referring to a social movement as being in a state of abeyance carries with it connotations of social movement decline, failure, and demobilization," abeyance is really about hibernation and movement reorganization for future mobilization rather than disappearance (p. 170). Movements can also continue to make gains, often through a shift in strategy. In Britain, abeyance spurred a shift in the form of feminist contention, from more radical protest, to a strategy of greater collaboration with the male establishment (Bagguley 2002). Such forms of 'unobtrusive mobilization' (Katzenstein 1990) for social movements in abeyance may include lobbying, negotiation, service provision, or support for individuals (Bagguley 2002). Movements in abeyance can also persist, even when there is an absence of long-time activists from previous eras of mobilization, as Staggenborg (1996) found of a local women's movement in Indiana where there was high population turnover and a lack of durable social movement organizations.

During a period of abeyance, movements do at times experience division and internal conflict. Sawyers and Martin (1999) note that, "while social movement abeyance may indeed contribute to movement continuity, this continuity comes at a price" (p. 201). They contend that the U.S. women's movement, while in abeyance in the 1980s, "was less effective in achieving its political aims at least partly because its supporting coalition fragmented, as radical and institutionally-oriented wings polarized" (p. 201). Similarly, Taylor (1989)

noted that for the women's movement in 1920, after securing the vote, "the major social movement organizations of the suffrage movement evolved in two opposing directions" as there was no unifying goal and an array of tactical and ideological differences among activists (p. 763). Indeed, an "inward-looking orientation" for movements to discern "their own cultural purity, or becoming preoccupied with their own internal differences and divisions" is resonant with many social movements in abeyance (Bagguley 2002, 174). In this research, we have taken a special interest in these dynamics of fragmentation as we observe deepening tensions over whether and how the single-payer movement should manage state-focused strategies during this period of decreased federal opportunity. We are also struck by a tension that may be common for progressive movements that present a critique of policies that also are celebrated as a triumph by other progressive allies. Both of these points are further elaborated in our discussion of findings below.

Ultimately, abeyance theory illustrates that periods of downturn can be either constructive, allowing for reorganization, or destructive, leading to demobilization, depending on how they are managed. As Sawyer and Meyer (1999) argue "*movement decline is an interactive process with activists making choices in response to changes in political opportunity*, and those choices affecting political opportunity. Even in an unfavorable political environment, however, political opportunities may remain" (p. 193-194, emphasis original). Their research suggests that if activists are not thoughtful and strategic, abeyance can lead to divisive fragmentation within the movement and missed opportunities for realizing movement goals.

A movement in abeyance is distinct from a movement that has demobilized as a movement in abeyance maintains collective energy and a spirit of re-strategizing. Over the years, scholars have posited that demobilization is a function of institutionalization (Piven and Cloward 1979; Meyer 1993); that it was related to elite support and a dearth of indigenous resources (McAdam 1982); and that it, at times, correlated with co-optation by authorities (Gamson 1975). More recently, Lapegna (2013) argues that "demobilization is less the outcome of straightforward 'co-optation' than the result of multiple pressures created by the relationships between national authorities, provincial authorities, national social movements, provincial social movement leaders, and local constituents"(p.857). Similarly, Runciman (2015) contends that "elite divisions do not uniformly facilitate demobilization" (p.974). In his study of the South African Privatisation Forum (APF), he argues that the movement collapsed because of several factors including elite divisions within the opponent political party, a 'fragmented collective identity' (Gamson 1995) and weaknesses in the ADF's capacity to attend to the "cosmological, technical and organizational" tasks of movement leadership (Eyerman and Jamison 1991). Drawing on a U.S. historical case study of a black nationalist-secessionist social movement organization, Davenport (2015) casts demobilization as a function of a 'coevolutionary dynamic' between challengers and their opponents. Finally, drawing on a recent U.S case, Heaney and Rojas (2011) examine the demobilization of the antiwar movement from 2007 to 2009, positing that

changes in perceived threats by activists, partisan identification with the Democratic Party and President Obama, and coalition brokerage were three mechanisms that explicate the decline of the movement. While no over-arching theory of demobilization exists, scholars converge on their recognition that social movements generally demobilize, rather than go into abeyance, when an opponent offers an attractive option for activists or when movement leadership fails to maintain cohesive momentum and identity (Lapegna 2013; Runciman 2015; Davenport 2015; Heaney and Rojas 2011)

Drawing from these various literatures, it is evident that both abeyance and demobilization are best explained in hindsight. Since these theories are most illuminating after the fact, there is currently no clear method for differentiating abeyance (continuity) from demobilization (dissolution) of social movements during their real-time entry into periods of fragmentation. Nonetheless, we theorize the single-payer movement as entering a period of abeyance, not demobilization, based on the ongoing narratives of opportunity (Hern 2012), forward-looking strategizing, and continuity of organizational infrastructure that we observed, all of which maintain cohesion and identity. As we discuss in this paper, while social movement actors discussed fragmentation and deflation, we also observed hopeful visions, renewed strategies, and clear problem-solving processes underway. In presenting our results, we consider the factors influencing abeyance and continuity.

In particular, we explore how movement leaders are interpreting the current context, and the extent to which they agree or disagree on how the ACA has affected the opportunities for mobilization. We are particularly cognizant of the challenges of this shift in political opportunity structure, given that the ACA has been understood as a major win by many progressives. We also consider whether the movement is unified in its overarching strategy in moving forward, and explore a longer-term point of tension around organizing in a federalist system, a debate that has been sharpened by the ACA's narrowing of opportunities at the federal level. We ultimately consider what can be learned and gained from this period of reorganization for single-payer organizers, lessons which may hold for other social movements experiencing similar shifts and debates around opportunity structure.

Methodological approach

This research involved thirty-six in-depth interviews with high-level strategic leaders, at national and state levels, in the U.S. movement for single-payer healthcare. We completed these interviews between October 2013 and June 2014, during implementation of the ACA's most significant provisions. We asked participants to discuss their organizing strategies, including engagement on state and national levels; how the ACA has impacted the movement, including whether it represents an overall opportunity or constraint for organizing; their experiences with collaboration and general observations about the movement, its strategies, framing approaches, and engagement of various

constituencies; and finally, how our research could best be in service to the movement, including any input on next steps in the research. The latter items stemmed from our intentional engagement with a public sociology methodology (Burroway 2005), which approaches knowledge production through researcher-subject partnership and collaboration. Each semi-structured interview lasted approximately one hour, and was conducted over the phone, audio-recorded and transcribed. In our analysis, we used an inductive grounded theory approach to identify major themes emerging across the interviews (Glaser and Strauss, 1967). We then used HyperResearch qualitative coding software to further interrogate and sub-code to understand the wide variety of viewpoints presented.

We used a snowball method to identify and recruit interviewees, building on the close-knit nature of this relatively small activist community. We began with two high-level national leaders we knew through our own activist-scholar engagement. As we expanded, we aimed to maximize variance, recruiting for broad geographic representation, state and/or national strategies, and a diversity of organizing strategies and constituency engagement. The majority of our interviewees, except a handful from multi-issue entities, stemmed from organizations focused primarily on health. Most organizations were explicitly focused on grassroots mobilization. Interviewees with whom we spoke were generally educated professionals with approximately half of them working on single-payer as a livelihood. In terms of years of involvement in health reform advocacy, seven (19%) had under 5 years of experience, sixteen (44%) had 5 to 9 years, five (14%) had 10-19 years, six (17%) had 20-29 years, and two (6%) had over 30 years of experience. Half of our interviewees were primarily affiliated with national organizations, and half were with state organizations.

Findings and interpretation

Social movement impacts: entry into abeyance

There is scant social movements research on the single-payer movement in the U.S. However, Hern's (2012, 2016) work provides a deep historical analysis of this social movement, highlighting its response to various obstacles and opportunities over time. In examining the lead-up to the ACA's passage, Hern contends that the single-payer movement was not in abeyance as it developed a radical flank and advanced narratives of opportunity to contend with its marginalization during the reform dialogues. Our research, taking place just a few years later, during the ACA's implementation, tells a different story, as it appears that the movement was quiet and fragmented, yet still operative with organizational infrastructure and activists that were discerning and seeking novel opportunities.

One of the primary themes that emerged from our interviews was that the ACA diffused long-time support within the movement. Twenty-five interviewees (69%) discussed stark realities of how the ACA diverted energies and deflated the movement. Anthony, a non-profit executive working for state single-payer,

shared, "The ACA has kind of sucked the oxygen out of the room and it has denied us a huge swath of activists who I think would otherwise be engaged in the fight for single-payer." Others spoke of tangible declines in their ranks. Kostas, a nurse and state-based organizer shared, "We were really knocked down by the ACA. Before the ACA passed our meetings were very heavily attended; we had lots of people coming in. After the ACA passed, that dwindled." Adam, a labor organizer, said "When the bill was finally passed it really kind of stopped everyone dead for a while."

Others spoke of a 'fragmenting' of the movement, emerging tensions, and a sense of 'demoralization'. State-based labor organizer Jacob shared, "Yeah, I mean I think it certainly shifted a lot of energy and focus for a time period and created lots of internal tension and divides especially in the initial phase in the effort to pass the legislation." Mariana, a national organizer, discussed multiple impacts, stating "It sucks up all this energy, all the media attention and all the money went to ACA and it severely divided the advocacy community." Ultimately, it was clear from the interviews that the movement is in a moment of relative malleability and is struggling with how to reorganize, and toward which specific aims. Anthony, a non-profit executive, shared keen insight into the importance of this moment. He shared,

> This is a movement that is diverse, but there's not a whole lot of room for that diversity at certain points in time. I think the movement perceives itself at a crisis point and this is how folks act in a moment of crisis. And it has a lot to do with resources, with staying relative, with keeping the camp moving together. I get that, but I also think there's a dangerous downside and I think that it can undermine the longer term integrity and credibility of the movement.

These statements reflect the internal tensions often arising in periods of abeyance.

Interviewees offered various explanations for these movement impacts. In particular, we explore two important tension points below, which centered around interpretations of the ACA, and debates on best strategies moving forward. It is important to highlight, as well, that despite this perception of disjuncture, many in the movement shared optimism and evidence of a forthcoming recovery, discussed in our final section of findings. This sense of optimism, ongoing strategizing, and sustained infrastructure evidences a period of abeyance for the movement, rather than a decline into demobilization.

ACA interpretations and impacts

A major component of our interviews focused on participants' interpretations of the ACA and how it altered the climate for single-payer organizing. We asked whether they saw the ACA as an overall constraint or opportunity for movement organizing. Interviewees shared decisive interpretations, and there was a

somewhat clear division in understandings of current and future impacts on the single-payer movement. When asked directly, 15 (42%) said that the ACA is a constraint to single-payer organizing, while 14 (39%) said it is an opportunity. The remaining seven (19%) took a middle-of-the-road stance, saying that it serves as both constraint and opportunity. However, while this appears as a relatively even divide, those discussing potential opportunities more often qualified their responses, while those discussing constraints spoke with greater conviction. It was also apparent that organizers seeing opportunity were making the best of the situation, perhaps in the vein of the narratives of opportunity presented by Hern (2012). For instance, John, a state-based organizer, stated "Ultimately, I've come down to saying we might as well see it as an opportunity." His comment was echoed by Sapna, also a state organizer, who stated, "and that's part of our job – to turn those constraints into opportunities."

Differences in perspective on the ACA did serve as a source of divisiveness in the movement as Betsy, an organizer active at state and national levels, noted, "So even within the movement itself you've got this tension between those who believe that the ACA is something good and those who believe that it's the worst evil ever in the healthcare system." Below, we explore the primary themes developed around ACA's negative and positive impacts, and consider the strain this has created in the movement.

ACA's negative and constraining impacts

The most common cross-cutting theme interviewees discussed regarding the negative impacts of the ACA, was that it created a diversion on multiple levels: in the public's view, within the single-payer movement , and within the U.S. political process. Respondents also highlighted how the policy creates substantial, structural barriers to realizing single-payer.

Related to public impacts, seventeen (47%) participants discussed a sense of confusion. Many lamented that the policy has created illusions, or a false sense of security that the ACA has resolved our health system problems. Angela, a state-based organizer, explained:

> What happened was, after the ACA was passed in 2010, a lot of people were like, oh great, we won healthcare for all, not realizing that there's still going to be a lot of people uninsured, under-insured and it is going to be a huge problem, that the cost effectiveness is not as great as it could be and that insurance companies are still mainly in charge.

Others discussed how the public confuses the ACA with single-payer. Linked to this, some discussed how the ACA thwarted public confidence that government can efficiently and effectively run healthcare programs, particularly following

the bumpy launch of enrollment exchange websites.[3] Carl, a physician working toward state single-payer, referenced these problems:

> It's kind of mess for the single-payer people. Now I have to go to great pains to make it clear that the ACA is not single-payer, it's not even a stalking horse for single-payer – it's an insurance industry bail out. Please don't tar us with this dreadful policy... The conservatives are already making that link that the ACA is an indication of how single-payer would work.

Likewise, Sapna, a national organizer, shared, "people are sick and tired of all this healthcare reform stuff…and it's getting harder for us to build back credibility that the government can do anything." Related to this sense of confusion and waning confidence, ten interviewees (28%) described fatigue, both among the public and the media. Robert, a national policy advisor explained, "And the difficulty here of course is that so much political capital and so much media air was used up in this healthcare fight that it's gonna be hard for the American people to be ready to stomach another fight like this."

Interviewees also highlighted how the ACA has constrained the movement internally. Some discussed how centrist activists became satisfied with the expanded coverage of the ACA, shifting their support to implementation and enrollment. Marnie, a physician and state activist, shared, "So for those folks [who believe] it's only about coverage, there's more people covered. So you're going to lose those people in terms of supporting any kind of more systematic reform. They're pretty much seeing it as, 'okay, we fixed that, now let's go on to another issue'. So it's actually affected a lot of organizing." Others discussed how single-payer activists became swept up with state battles around the technicalities of Medicaid expansion, after the Supreme Court allowed states to opt out in 2012. Samantha, a nurse and union organizer, stated, "In a sense they've abandoned the movement because they feel that the ACA is what they need to be implementing, particularly around the expansion of Medicaid." This sense of abandonment and internal division was echoed by many, displaying the inner dynamics of contention of a social movement in abeyance, discussed by Bagguley (2002), Taylor (1989) and Sawyers and Martin (1999). However, others might argue that this evidences the co-optation seen in demobilization (Gamson 1975), and it will not be certain until after the ACA is fully implemented whether activists move back to single-payer efforts.

Related to our political process, interviewees referenced a 'chilling effect', whereby politicians, and even organizers, are reluctant to undermine the ACA, or President Obama, by questioning the ACA or organizing toward a different

[3] Exchange websites, such as the federal healthcare.gov, are online portals where citizens can sign up for health insurance coverage under the ACA. When healthcare.gov launched in October 2013, months of technical troubles ensued, raising sharp public critique and frustration.

policy outcome. In total, twenty-two (61%) described this sense of reluctance. Frank, a policy analyst, stated,

> It's been a curse in the sense that the United States Congress and the Senate… have a fair number of members who are supporters of the ACA because they have to be - they're Democrats, they're running for public office. They are intensely reluctant to be seen advocating anything beyond the ACA if it would look like they are criticizing the ACA. So they simply don't want to do it. A number of Congressmen have said to me in private, what you guys want to do [single-payer] is the right thing, but I can't say so in public.

Several echoed this statement, highlighting how Democratic politicians had put their political careers on the line for the ACA. Some discussed a similar reluctance among activists, whom feel caught in the politics, wanting to advance a better policy, but also reluctant to undermine the President or jeopardize Congressional seats. Martin, a nurse and state organizer explained, "We're kind of betwixt and between [because] you fall into the repeal trap and you're a Tea Partyer,[4] but if you don't defend the ACA then you're anti-Obama."

This dynamic of progressive activists struggling to advance critical opposition within their party and the left, in general, is not a novel challenge. It is an ongoing struggle, which has transpired in other social movements. In the 1990s, Democratic President Bill Clinton and several Democratic allies advanced and eventually passed U.S. welfare reform. Many progressive activists and politicians contested the bill and the associated frame that disparaged welfare recipients as "undeserving" while "focus[ing] far more commonly on constituencies than on government or societal problems." (Ryan and Alexander 2006, 572). Yet, these progressives were unable to successfully critique Clinton's effort and promote their welfare justice frame. To this end, Peter Edelman, (1997), former member of the Clinton administration, reflected "The story has never been fully told, because so many of those who would have shouted their opposition from the rooftops if a Republican President had done this were boxed in by their desire to see the President [Clinton] re-elected." In the end, rigorous evidence regarding the structural determinants of poverty was ignored, constructive dialogue on the roots of poverty shut down, and reform activists who advanced such critiques found themselves unable to present their creative ideas for welfare reform. (Ryan 1996). Similar to the case of single-payer activists, progressives were unable to successfully critique others on the left, partly for fear that the Right would gain momentum and power in their attacks.

This tension has also been noted within the Treatment Action Campaign (TAC)'s fight for public provision of HIV/AIDS treatment in South Africa, following the

[4] The Tea Party is a contemporary conservative American political movement known especially for its platform to reduce taxation, lower government spending, and oppose the ACA.

democratic transition from the apartheid regime in 1994. In this struggle, the social movement organization, TAC, found itself in an oppositional relationship to members of the ANC government, many of whom had been former comrades in the anti-apartheid struggle. Zackie Achmat, the former chairman of TAC, reflected how difficult it was to launch a civil disobedience campaign targeting the ANC in 2003: "The difficult decision for me was not to take off my suit and go to the streets to fight for treatment. That was easy. The emotionally torturous thing for me to do was to recognize that we had to take on the ANC. *Our* ANC." (Achmat in Power 2003). Another member of TAC recalls, "civil disobedience was a difficult decision because it is historically a tool that was used against the government – but not a government most people support. There was some internal debate as to how it would work for us. There were fears that it would make us politically vulnerable if we seemed anti-government" (Mthathi in Friedman and Mottiar 2004, 19). In the end, TAC launched a civil disobedience campaign to pressure the ANC government to provide the life-saving medications named in their national HIV/AIDS policy. They went to great ends to ensure that the campaign was "conducted in a manner which would show that TAC behaved nonviolently and that its activists were prepared to accept the consequences of defying a legitimate legal order" (Friedman and Mottiar 2004, 20).

Perhaps, then, the insight to be gleaned from the TAC example is the need for movements to undergo thoughtful analysis, which appreciates coherence where it exists but still critically and publically opposes specific policies. Berlet (n.d.) has also addressed this type of tension in his distinction between 'strategic coalitions' and 'tactical alliances' in which he advises that progressives ought to, at times, decide to work together in a 'tactical alliance' with other groups over a short period of time, even when they "do not share certain fundamental ideological assumptions." The capacity to make this distinction and still advance claims through tactical alliances enables progressives to continue movement-building with unlikely allies. In this spirit, Berlet (n.d.) encourages activists to "state differences clearly and publicly" to continue the conversation. In the case of activists working towards a single-payer platform in the current era, this guideline could be gainfully employed to work with others who are striving to effectively implement the ACA.

Beyond these impacts on perception noted above, interviewees also discussed how the ACA policy itself created or enhanced barriers to single-payer. Fifteen (42%) discussed how the ACA further entrenches or concentrates industry's power. Carl, a physician working on state reform, discussed the funds the ACA makes available to the insurance industry, which is "the number one opponent of single-payer, and I liken giving money to the insurance industry to nourishing a cancer. You just can't expect the cancer to go away if you're deliberately nourishing the tumor. It's just even harder now to un-feed the insurance industry with all that tax money going into their coffers." Other activists similarly described the ACA as conservative or neoliberal by nature, and expressed disgust at this market-based reform. Alfonso, a state-based organizer differentiated the accountability structure of single-payer, stating:

> This is what happens when you let the medical industry – [which] is making a whole lot of money off of us getting sick – basically writes their own legislation. They're not going to get something that's going to reflect the will of the people or the needs of the people. They're going to get something that will guarantee them profits while pissing everyone off. That's why we need to move a universal healthcare system that's publicly owned as much as possible and accountable to people, not the stockholders.

This political economic analysis reveals the tensions of a movement pitted against the powerful corporate target of private health insurance, which has deep political linkages in the U.S. Building from this analysis, several interviewees lamented that single-payer now seemed less achievable post-ACA.

Several interviewees offered a conclusion that the movement would have been better off had the ACA not passed or otherwise failed. Despite any positive impacts, they discussed how it 'soured the policy environment', and represented a lost opportunity. Greg, a physician and organizer, explained, "It might have been better if nothing had been passed and we were in a deeper crisis in order to get people's attention." Moreover, some shared a dim lesson from history, learning from the failed Clinton healthcare reform. John, a physician and organizer, shared, "It's going to be just like after the Clinton plan failed and nobody is going to seriously have any energy to pursue single-payer for ten years." Carl, a state-based organizer echoed this, sharing that after the Clinton failure, "legislators at the state and federal level just didn't want to touch a full blown healthcare reform for ten to fifteen years. I think we're looking at the same thing right now but I don't think it's going to last as long because the crisis is worse." Thus, they described an unfortunate historical ebb and flow within national health reform social movements, one that suggested entry into a period of abeyance, and which also suggested an eventual re-emergence.

ACA's positive impacts and opportunities

Interviewees shared several points regarding the ACA's positive features, or pathways to opportunity. In terms of positive features, thirteen (36%) discussed consumer benefits, particularly expanded coverage. Betsy, an organizer at national and state levels explained, "more people will be safe, more lives will be saved because more people will be able to access care." Samantha, a nurse and state organizer discussed the importance of acknowledging these benefits, stating, "Where we've had some success is not by degrading the ACA, because it helps people. If we don't say… poor people, working poor are finally going to have a chance to go to the doctor, and recognize that that is going to help them, we're doing a disservice and we're not going to get people to listen to us." Samantha's comments approximate the ethic of collaborative 'tactical alliances' advanced by Berlet (n.d.). She also acknowledged that this viewpoint was not a popular one in the movement, which Betsy spoke to more directly, sharing, "Because I'm one of the people who has benefitted a little bit from the ACA and I have said so and I have taken heat from other single-payer people for saying

that." Others highlighted consumer protections, including curbs on some insurance industry practices. Within this discussion, however, benefits were often balanced with concerns. Ellie, a national organizer for single-payer, shared,

> It was difficult to come from the position of, we know this is significant, but also we can already see all the limitations of the law. Of course there were particularly wonderful things, the expansion of insurance, the expansion of Medicaid, more funding for community health centers, some of the worst private insurance practices [would be] illegal, they would now allow [discrimination on the basis of] pre-existing conditions, but a huge number of people were still likely to be left out.

Interviewees also discussed the ACA's challenges in a different light. That is, rather than presenting these in balance of the policy's positive aspects, a full twenty-five (69%) focused on how the ACA's flaws actually create opportunities for single-payer. Interestingly, these nuances around the narratives of opportunity bring the opposing viewpoints of the ACA across the movement into closer alignment, offering real possibilities for cohesion moving forward. These perspectives suggest that movement actors have not been co-opted, and are, in fact, still focused on the big picture and goal of single-payer. Here, again, interviewees discussed problems with the exchange websites, but perceived a positive twist. Tyler, a lawyer involved in state single-payer work, said, "Right now we have a delay in the roll out…caused by the malfunctioning of the exchange website and oddly, we have the heightened awareness of the lack of affordability of this exchange, which is heightening the support for a move to universal healthcare." Bruce, a national leader, stated, "The most important thing is simply getting folk's attention…I think 'computergate,' or whatever you're calling it, is getting people's attention." Moreover, there was a broader sense held by many that the ACA's inherent weaknesses would be revealed, if not immediately, in the long-run, thereby creating opportunity for progressive activists seeking a single-payer platform. Bruce shared,

> The reality is that if it comes through the way it is proposed, even if they implement it one hundred percent, which we doubt they'll be able to… twenty seven million Americans will be without healthcare or any health coverage. So people are beginning to understand that and people are looking for a long-term solution and single-payer –Medicare for All – provides the answer, and I'm encouraged. I think people are beginning to understand that.

He went on to discuss how the ACA, and its problems, have actually energized the single-payer movement, such that "since 2008 we probably have never been stronger on the grassroots level in fighting for single-payer because the ACA has been left there for what it is." Liz also felt that the ACA's flaws would create opportunity, supporting the concept of movement building during abeyance,

stating, "Once we get enough people in the mix, in the insurance mix and it becomes that much more unwieldy and untenable, single-payer's got to come back and we will be poised to leap right back into the fray and have a good history and foundation for our own advocacy."

In discussing opportunities associated with the ACA, interviewees were often quick to frame the ACA as a first step only, discussing the need to 'get the job done' or otherwise use the ACA's momentum to move people toward understanding that 'we can do better.' Again, these viewpoints are more in agreement, than disagreement, with those advanced by individuals seeing the ACA's constraints. Robert, a national policy advisor, explained:

> My preferred way to talk about it is to say, we are enmeshed in an unsustainable healthcare system. The ACA provided badly needed relief for millions of people who are getting squashed by it, who are getting killed because of lack of coverage or poor coverage, who are being driven into bankruptcy because they thought they had coverage but they really didn't. And that relief was essential. We have that relief. Now it's time to get the job done.

In this discussion, interviewees highlighted a related potential benefit of the ACA for the single-payer movement, which is how it opened a window for discussion about healthcare. Greg, a physician for single-payer, shared,

> People are more aware, more willing to talk about healthcare and ask us to come talk about it, because they're curious about what the ACA actually does. So that's a door that's ajar for us that says, they may not want us to come talk about single-payer but they want to learn more about ACA and what's good about it and what isn't. It's a natural segue to answer those questions and go on to explain what we really need…it's an opportunity, often, to gain an audience.

This perspective, echoed by a handful of others, countered the notion, discussed above, that public and media fatigue has limited ongoing engagement on health policy. These statements also evidence ongoing commitment to moving toward single-payer.

State Versus national organizing

A second point of vibrant debate, and source of tension, we discovered in our interviews focused on whether activists should direct their energies toward realizing single-payer at the national or state level, and whether the latter is even technically possible. This ties to the movement's move into abeyance as actors continue to make important decisions about how to keep the movement vibrant and tenable in the new political landscape, a theme described by Staggenborg (1996). As we discuss in this section, these tensions emerge as the movement navigates the complicated landscape of a federalist policy structure

and undertakes a scale shift in response to the narrowed federal opportunity structure. We discovered that this longer-term tension within the movement has ebbed and flowed with shifting opportunity structures at the federal level, with actors focusing on state wins during periods of abeyance. Fourteen interviewees (39%) discussed these tensions as rather significant, having been heightened by a shift toward state-level organizing post-ACA. Bruce, a national organizer, stated, "You'll find in your interviews that there's a lot of tension in the movement. There are those who believe we have to do this on the national level…They believe ultimately that we're going to bring about a sweeping change… There are others who have adopted that strategy that while we can't do it on the national level why don't we work on the state level?"

Several state-focused activists, in particular, discussed how national organizers seem to discredit the importance of their work. Anthony, a non-profit director, shared, "At the end of the day the folks who are supporting [U.S. Representative John Conyer's federal bill] HR676 only can have little regard for state based single-payer campaigns; there's no credit thrown our direction, there are no people from the HR676-only crowd in support of what we're doing here at the state so it's not a two way street." Indeed some national organizers talked about state efforts as wasteful and even harmful to the national movement. On the flip side, some interviewees poked holes in the national strategy. Robert, a national policy advisor, discussed national bills as "educational pieces that are not gonna pass any time soon. HR676 is like a 40-page bill. You're not gonna reform the healthcare system with 40 pages of legislative text." Martin, a state organizer described HR676 as 'wholly inadequate', explaining, "There's an element in the movement that says 676 is single-payer and nothing else is. If that's what the movement is, it's not feasible… you have virtually every state federation of labor in the country endorsing 676. Okay, now what?" These tensions points were strong, and seem to have been intensified by the ACA having prompted a shift in strategy for the movement.

These tensions in the movement echo broader tensions around federalism and healthcare in the U.S. The U.S. health system has often been characterized as a 'non-system', given fragmentation created by many federal and state policies, thus allowing for a relatively vibrant role for states (Mossley 2008). As the national healthcare debate escalated during both Clinton's and Obama's presidency, the problems of federalism surged (Aaron 2007). For instance, Gray (1994) pointed to a number of state initiatives around healthcare that developed absent a centralized federal role historically, illustrating that "states are definitely not waiting around to see what the feds will do" (p.217). At the same time, she described limitations on state innovation in organizing a healthcare system, based not only on state capacity to organize purchasing, regulate payers, oversee delivery of care, etc.; but also based on existing federal policies that limit state authority.

Given the dynamics of federalist systems, social movement actors make strategic decisions about whether, when, and to what extent they will direct efforts toward federal or state wins. Kolins, Roberts and Soule (2010) describe

this process as scale shift, where movements center their targets on "higher or lower levels of the polity – in order to seek coordination at a level more favorable to them" (p.214). Some movements successfully undertake upward scale shift, as happened with the U.S. marriage equality movement, which strategically moved from local to state to federal targets in their efforts to gain recognition and advance gay rights (Cain 2000, Rimmerman and Wilcox 2007, Eskridge 2002, Bernstein and Reimann 2001). In contrast, the single-payer movement underwent a downward scale shift toward state targets in response to the narrowed federal opportunity structure, mirroring its strategy following the Clinton health reform attempts.

Celis and colleagues (2012) examined how women's social movement organizations in Belgium and Scotland strategized within federalist opportunities. They illustrate that while federalist structures pose challenges they offer multiple entry points for social movement actors, and minimize veto policy players. They found that the most successful social movement organizations took advantage of the multiple levels of government, noting "If they meet a block at one level, they will adapt their agendas to pursue other more accessible policy goals" (p.57), which could hold lessons for single-payer activists in the U.S. On the other hand, Walker's (2014) examination of the U.S. labor movement shows how federalist structures left public sector employees fighting for legal protection in every state, ultimately winning protections that were highly variable, leaving workers vulnerable. Thus, federalist systems can pose a unique set of opportunities or constraints for social movements, and while social movement organizations might desire a cleaner federal win, actors make decisions about what is feasible given the political opportunity structure.

In the U.S. single-payer movement, these tensions arising from federalism apply, and seem to have an added layer of complication presented by the technicalities of the single-payer platform. Indeed, many of the points of strategic disagreement highlighted in our interviews stem from a relativity of purism around the single-payer platform. Like other social movements (Endres et al 2009), there is tension over whether to demand radical, sweeping reform (in this movement, associated with the enactment of a federal single-payer system) or incremental, accomodational wins (in this movement, associated with enactment of state universal health systems that approximate single-payer). Federal-focused advocates understand that true single-payer, technically speaking, can only be realized at the national level as states are not empowered to merge existing federal payers (Medicare, Medicaid, VA, and others), or overcome legislative barriers like the Employee Retirement Income Security Act (ERISA) of 1974 ((National Academy for State Health Policy 2009). Thus, even if states create the experience of single-payer for healthcare consumers, through a universal health coverage card or the like, efficiencies would be lost with the ongoing multiplicity of payers, thereby diluting the cost rationale for single-payer. Based on these understandings, federal-focused actors have a sense of purism, or a radical, all-or-nothing, goal guiding their advocacy. On the flip side, state-focused advocates seem to be guided by a sense of pragmatism; particularly as the federal opportunity structure constrained

(and for some, even in the absence of this constraint), they view state-level single-payer (even if not technically pure single-payer) as more winnable, and as an important stepping stone to eventual national reform. Their position can be considered more accomodational, or incremental, in nature.

Abeyance theory addresses these tensions between purism and pragmatism, or radical and accommodational movement strategies. On one hand, lessons from the U.S. women's movement in the 1980s caution that polarization between the radical wing and the 'institutionally-oriented' wing can deepen abeyance and lead to policy defeats (Sawyers and Martin 1999). On the other hand, Bagguley (2002) speaks about abeyance as a period for movements to discern their 'cultural purity' and this post-ACA era may provide an opportunity for movement leaders to revisit and move to resolution around this internal tension. As the findings below illustrate, while there is some division over whether to mobilize toward state or national wins, there are also bridges of understanding across both strategic viewpoints.

Organizing for state single-payer

As we highlighted above, half of our interviewees were affiliated with state-based organizations. However, when discussing their current activities, twenty-six of our interviewees (72%), focused primarily on state-level objectives, which many attributed to the shifted political opportunity structure following the ACA's passage. Wayne, a national labor organizer, explained, "As the ACA became the law of the land, and after 2010, when the right wing became resurgent and assumed control of the US Congress, a lot of the focus began to shift to state initiatives." Cameron, a prominent national leader, discussed how the shift actually created a division of strategy between states where single-payer may be feasible and more conservative states. Marnie, a physician working on the state level agreed, "If we were a state that had no chance of getting anything done, it would really pay to work on the national level. But if you're in a state where things are happening it doesn't make sense to defuse your energy. I think it's a big mistake that people make. It's the concentrated energy that actually does something." These statements reflect a clear pragmatism in the strategic calculations activists were making, which contributed to their ongoing adaptation post-ACA.

Fourteen, or about half of these state-focused activists, referenced their past or continued support of national objectives, sometimes as a two-track approach. State activist Brad discussed this dynamic oscillation, stating,

> So we knew it was a dual approach. So for two years we suspended state work … and we worked on national. And then after we got the ACA and realized we didn't have single-payer and a lot of people were still going to be inadequately covered, we once again revived our state bill.…So I think to most of the public it looks like we work seamlessly together on national and local level but under the surface it's clear that we do our calculations based on when it's time to work on

> Congress and when it's time to get something done in [the state]…Right now we, the signals we get is that Congress is going to do nothing for several years to come. So now everyone's energized to work back on the state level.

Others echoed this sentiment of pragmatism, emphasizing that with limited energies and capacity, they make a strategic calculation. This experience aligns with the trajectory of the U.S. marriage equality movement, in which activists first advanced employer and municipal level campaigns before moving to state-based campaigns for the right to marry and then eventually experienced a major federal win in 2015 when the U.S. Supreme Court ruled in favor of marriage equality (Davidson 2015). In the case of the single-payer movement, we view this dynamic shift in effort toward state goals as an adaptation that is allowing for movement continuity and entry into abeyance, rather than demobilization.

Within this discussion, activists referenced the promise of the ACA's 1332 State Innovation Waiver, a provision of the federal reform package which allows states, if approved, to introduce alternative health systems beginning in 2017. Thirteen (36%) pointed to ways in which the waiver would facilitate states moving to single-payer, by providing this policy 'roadmap'.

Indeed, it seemed that the waiver influenced the conversation activists are having with their audiences. Brad, another state activist, shared his group's framing, stating, "We are what comes after the ACA. We don't talk about incrementalism, we don't talk about how we're better. We are what comes after the ACA. We are what you want in 2017 when Innovation Waivers can kick in. We are what everybody's been waiting for. We try to do that approach." In general, these interviewees shared how waiver possibilities are invigorating the movement.

Interviewees working on state-level wins did not see a conflict between state and national organizing. In fact, there was a common understanding expressed by seventeen interviewees (47%) that state-level success would build toward national reform. They discussed a 'domino effect' and took inspiration from other social movements. Samantha, a state organizer, explained, "We call it a state checkerboard organizing strategy where if you look at marriage equity or even environmental organizing, environmental justice movements that are taking place right now, it's mostly focused on state-based organizing. If you look at the history of women's suffrage or workers protection before the New Deal all of those happened in the states first and then moved the country in that direction." Frank, involved in national policy work, shared, "Clearly having a successful state or two or three as a demonstration project will make it easier for those sixty or seventy members of Congress who are inclined in that direction to be bolder about their own advocacy of some form of universal healthcare." Ten (28%) interviewees made reference to, and took inspiration from Canada's history in this discussion. As Angela, a state organizer, explained, "States like Vermont, California or Minnesota have a real opportunity to move state based single-payer which hopefully will direct the country to a national single-payer. That's the way it actually happened in Canada; it went province by province."

Interestingly, as we highlight elsewhere, Vermont's passage of a universal healthcare bill in 2011 raised questions about whether its system would truly serve as an effective model to push toward national single-payer (Authors 2016).

Some interviewees expressed that even without a state-level win, state-based activism benefits the national movement, particularly by educating about single-payer. Sally, a national leader, explained, "There is strong disagreement over whether to focus on state or national. In my view, it doesn't matter; Once you learn about single-payer, you never forget the story that our system has enough money to pay for everybody, but we waste it on insurance companies and administrative costs. Whether you learn that on the state or national level, you get the story."

Organizing for national single-payer

Of our interviewees, ten (28%) focused primarily on achieving national single-payer. Some discussed why this was ideologically necessary. Adam, organizing at the state level toward national single-payer, said, "It's a national problem and it should be solved on that level." He later explained, "My fear is that…[state-level wins] will let Vermont [a progressive state] have single-payer and let Texas [a conservative state] do away with healthcare. It's opening up the gate for all this experimentation and you can never assume that experimentation is only going to be in the positive direction." In their most common critique, seven of the national organizers (19% of all interviewees) discussed how state-level single-payer is not technically feasible, as explained above. Ultimately, some expressed that, given the need for federal legislation to allow states to innovate, organizers should conserve energy and focus on national single-payer.

Within these conversations, the 1332 Waiver was also discussed, but in deep contrast to those viewing it as a roadmap to single-payer. Seven interviewees (19%), including some who saw promise in the waiver, discussed how it may complicate realization of single-payer. For instance, some perceived that there is a narrow likelihood of states getting and sustaining waivers. Carl, a physician activist, explained,

> [The ACA] essentially gives the White House veto power over anything the state passes. It's Section 1332 and in my personal opinion I think single-payer advocates are whistling pass the graveyard if they think it's going to be a lot easier… Assuming that the Secretary of Health and Human Services and the Secretary of Treasury approve of your bill, then it can go into effect. It can only last five years and then you got to go back, hat in hand, to whoever is running the country five years later and get another waiver.

Interestingly, the idea that state single-payer would be fraught with implementation problems absent national-level reform was equally expressed by state-oriented organizers, where seven (19%) agreed. Alfonso shared, "We're

fighting for state-wide universal healthcare… but at the same time there are serious challenges to implementing that that folks who are more nationally focused have pointed out correctly… And unless we address this stuff on the national level it will be challenging for a good chunk of this to continue." However, Anthony, another state organizer pushed back, referring to historical policy initiatives and federalist realities, stating,

> I think a lot of folks are ideologically hamstrung about thinking that the only way forward is national single-payer…It's a denial, at the same time, of our constitutional system in the United States. We have a federal constitution with power shared between the national and the state governments and most of the reforms in this country have occurred at the state level. But to broad brush state efforts as somehow a betrayal of the movement is a denial of understanding our constitutional system as well as our history.

Thus, while many acknowledged the technical difficulties of state-focused organizing, some held out hope for states. Even Kostas, a national-focused organizer, conceded, "There are a lot of limits on the states and it's not going to be a true single-payer system in any state. Hopefully, though, it can move the ball forward." Ultimately, these debates and points of tension over strategy evidence the ways movements discern their 'cultural purity' during abeyance (Bagguley 2002), and ultimately represents vibrancy and reorganization in the movement. Despite both internal and external pressures, movement actors are deeply engaged in assessing feasible openings, and even if they disagree over where best to target energies, are moving tactics forward accordingly.

Organizing in abeyance

While we observed relative decline in the single-payer movement, and exacerbation of key tensions, we also observed a certain forward-thinking reflectiveness among activists about this period of abeyance and the importance of strategizing toward next goals. Indeed, 17 interviewees (47%) referenced other social movements, reflecting interest in learning from other movements to understand the path forward. Several interviewees offered advice that addressed the movement itself, sharing perspectives about where the movement needs to go from here in order to emerge from this period of disruption and fragmentation with renewed energy and focus.

Related to both of the points of debate highlighted above (ACA as constraint or opportunity; state versus national strategy), and more generally, interviewees tended to express that the movement needs to reconcile, and in fact, embrace, the fact that there is diversity of viewpoints and strategies needed to realize single-payer healthcare. Marnie, a physician activist, shared, "I just hope we sort of get towards the truth, that people recognize that they better have a multi-faceted strategy and not just focus on one way of doing it." Earlier, she had discussed how a lack of embrace of diverse approaches can poison attempts

toward coalition building. Eric, too, shared that the embrace of diversity would be essential for the movement as it moves forward, stating, "I think there's a difference in tactics between different groups but I think they all want the same thing. What's good about that is that they complement each other. There is a need to keep the base fired up and keep hammering home that this is justice issue if that's what excites them and there's probably a need for more inside strategy and a more middle-of-the-road approach to messaging and I think other groups are fulfilling that." Several interviewees discussed the need to not only embrace a diversity of strategies, but for movement activists to really embrace one another, recognizing the vital importance of the movement's masses.

In our analysis, many activists seemed to be taking a big step back in this moment, recognizing the importance of engaging a long view in movement organizing, and considering the fact that these moments of disruption, abeyance and internal tensions are not unusual for movements. Betsy, an organizer with a long history in single-payer organizing, shared,

> Everybody's got their role to play in this movement and I think, social justice movements are odd. It's not just the single-payer movement – you see it in the environmental movement, the anti-war movement, we tend to have circular firing squads. Folks believing their condition is right and so we forget that the enemy's out there, the enemy is the profit-first motivation in healthcare instead of healthcare first and people first over profit. I suppose I try to be a little bit of a peace maker in trying to make sure people remember what we're really fighting for and not go to an angry place with others in the movement who are doing what they believe is the right thing to do to advance it as much as they possibly can.

Statements like this also target the key points of debate discussed above, where Wayne, for instance, discussed the state-versus-national tension and shared, "We have a broad range of views among our membership but we try to be a big tent and accommodate all of them." Similarly, in discussions about the ACA, Wayne spoke about a need to embrace those individuals who were understood as having abandoned the single-payer movement in favor of ACA implementation, sharing, "I certainly, part of me sometimes wants to gloat about some of these failures because we predicted all of this in 2009. A lot of these folks that supported the ACA to the exclusion of everything else certainly knew better. But that's not a productive organizing strategy. I think what's really important is to think about who we need in the room to move this thing forward and to be inclusive to those groups."

Despite difficulties acknowledged in bridging differences, there seemed to be common sentiment that mutual embrace during this period would be essential to maximizing the outcomes of this period of abeyance, along the lines of Berlet's (n.d.) analysis of 'strategic coalitions' and 'tactical alliances'. These types of statements, expressed by many of the interviewees, clearly illustrated

that they are thinking strategically toward next goals, problem-solving the challenges that have been sparked by the ACA, and redoubling their efforts toward their ultimate shared goal of single-payer healthcare.

Conclusion

As the Affordable Care Act entered its implementation phase in the U.S., the single-payer movement experienced a period of disruption and fragmentation. Turning to social movement theory, an important question arises as to whether the movement was entering demobilization, or a period of abeyance. As highlighted above, among the limitations of abeyance theory (Barry et al 2007), the framework does not offer predictive value. Typically, only after time has elapsed and a movement has successfully reorganized and begun active mobilization do scholars refer to the earlier era as one of abeyance. Thus, there is bound to be a variety of interpretations around the current status of the U.S single-payer movement. While Hern (2012) concluded in the years leading up to the ACA that the movement was active and not entering abeyance, we observed that it was entering abeyance as ACA implementation began. In particular, the broad consensus among interviewees that the movement was deflated, and the sense of tangible decline in ranks evidenced an important disruption. Heightened internal tensions and points of disagreement among movement leaders evidence the fragmentation that could be associated with abeyance or demobilization.

How can we know that a movement is entering abeyance rather than demobilization? Indeed, the movement was experiencing both internal and external pressures seen in demobilization (Lapegna 2013, Davenport 2015; Runciman 2015; Heaney and Rojas 2011), and some might posit that the shift of some activists toward ACA implementation evidences co-optation (Gamson 1975). However, movement actors perceiving some positive outcomes from the ACA were not wholly institutionalized and remained focused on their long-term goal of single-payer (Piven and Cloward 1979). Also, the vibrant debate over state strategies evidenced a moment of reorganization. Taylor (1989) theorized that certain characteristics of social movement organizations can enable structures of abeyance, rather than decline, including temporality ("the length of time that a movement organization is able to hold personnel") and purposive commitment ("the willingness of people to do what must be done, regardless of personal rewards or sacrifices, to maintain a collective challenge") among others (p. 765-766). These were two factors that we did observe in our research. As described in our methods section, our interviewees included many seasoned activists with 10 or more years of experience working toward single-payer. These interviewees did not seem to evidence a desire to move along or give up on their goal, and on the contrary, we heard a general sense of resolve and a redoubling of efforts to strategize for the next phase. Also, while there were points of disagreement among movement leaders, these did not impress us as intractable. In particular, while there was discord over how to interpret the ACA, a careful analysis of narrative reveals that divergent viewpoints were

actually more closely aligned than not. Even those perceiving opportunity in the ACA still framed the ACA as a first step, whose flaws many actually facilitate the agreed-upon end goal of single-payer.

The rich discussions around the ACA and its relative impact on the movement also highlight an important point about understandings of political opportunity structure. In social movement theory, political opportunity structure is understood as "the broad range of external social and political factors that affect the claims, tactics, mobilization, and ultimate impact of protest" (Sawyers & Meyers, 1999, p. 189). However, understanding opportunity structure as external, or as an objective reality that becomes imposed on a movement, particularly with important shifts in a nation's electoral system, political culture, public policy and/or political rhetoric, is problematic (Gamson & Meyer 1996, Sawyers & Meyer 1999, Kowalchuk 2005). Interpretation matters. While the ACA was a sweeping reform that was indeed a well-defined new reality for the single-payer movement, rather than look outward at structure, here, we looked inward at the movement to understand how actors are interpreting and therefore strategizing around, the ACA and the opportunities that may remain despite the overarching disruption it presented. As Gamson and Meyer (1996) point out, "opportunities may shape or constrain movements, but movements can create opportunities as well," so we must view opportunities as being derived both by structure and by agency (p.276). We observed this dynamic in the way that interviewees were making meaning of the ACA, and were particularly interested in how apparent opposing viewpoints of opportunity and constraint were more aligned than we expected, particularly in that both acknowledged the same end goal.

The major tension point around state-versus-national strategy impressed us as a more significant obstacle with which the movement must contend, which may be essential to reemergence from this period of abeyance. This longer-standing tension was exacerbated by the ACA, and does present important divisions over the relative purism within the movement (Bagguley 2002). On one hand, we could offer that single-payer activists should turn to examples of other movements like the U.S. marriage equality movement, as many already have, for inspiration around the strategic ebb-and-flow focus on state versus national wins. On the other hand, we understand that the technicalities of the single-payer platform demand a certain uniformity that can only be accomplished at the national level. And yet, given the narrowed structural opportunity, this is understandably a complicated playing field. Given all the important variables, the typical balance of purism and pragmatism may not apply so neatly. Moreover, in a constantly changing playing field, single-payer may enjoy expanded federal opportunity as two leading candidates in the presidential election, one Democratic and one Republican, have offered support of single-payer (Pipes 2016).

Emerging from these complicated wrinkles are some important wisdoms. The single-payer movement itself is a relatively narrow field within the broader health justice movement in the U.S., and thus really requires a certain

cohesiveness for its survival. The movement has suffered some damage. In considering the state of the movement, several interviewees reflected on this, and called for movement actors to not marginalize one another, but instead to focus energies on the very formidable opponent that lies in corporatized healthcare, which according to most of our interviewees, has only been fortified by the new ACA. The call to embrace the movement's diversity seems perhaps idealistic, but also necessary for a movement that aims to take on a private industry block as powerful as the U.S. health insurance industry. As the movement rebuilds, single-payer activists might aim to broaden their reach through more deeply allying with other health justice actors. This is already underway, though not without tension, in several U.S. states during the ACA era, as in Vermont's campaign for health as a human right (Authors 2016). Whatever the next stage, it is clear that the single-payer movement is in a critical time of transition as it navigates a new political opportunity structure, one that its movement actors will certainly help to construct.

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