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to start talking about death. None of us are getting out alive. And if we talk about it, we make the journey easier for everyone, for people who face death themselves, and families that experience the grief. Silence is not our friend on this subject!

For me, it just meant that I had to find a way to hopefully change my culture's view on the way they were approaching death. We didn't want to see grieving; we didn't want to see weeping; we tried to find ways to cover it up. In other countries they have things like wailing walls and recognitions of the end of life, and here in this country, we were pretty hidden about how we handle it.

Barbara Coombs Lee: Because of the taboo, there is this pent-up demand, this pent-up yearning for people who do want to talk about it. So when you become known – as Barbara has become known – as a safe person to whom you can talk about death and dying, people flock to you. You go to a party and everyone has a story and they want to tell their story. And if they feel they can't tell it to anyone else, they will tell it to the first safe person they meet, and I'm sure Barbara has had lots of experience with that.

J.Z.: *I'm curious about those early conversations with your husband, Frank. Before he was sick, he was looking to pass a Death with Dignity Act in the State Legislature. What were those discussions like? How have your thoughts evolved since then?*

B.R.: By the time Frank was declared terminally ill, he had already introduced the Death with Dignity bill three times into the Oregon Legislature, so it wasn't new subject matter to us. I thought he was a little crazy the first time he did it because it was so controversial, and for a lot of his legislative colleagues, it was too scary of a subject to discuss even: the kind of thing you don't want to talk about. Frank had been willing to talk about it and introduce legislation, and even though he was a senior member of the Senate and president pro tem of our party at that time, he could not move his colleagues on this issue, but he kept introducing it. By the time we got the terminal diagnosis, we'd had lots of discussions on the topic. He had had cancer for several years. One kind of cancer would go away and it would metastasize somewhere else. So we were accustomed to dealing with the threat of cancer for him. But this time it was pretty definite what was going to happen. So we felt comfortable talking about it.

We redid his will; we planned his memorial service; we took a trip to Hawaii just so the two of us could spend some time adjusting to the new diagnosis and preparing for the end of his life. So for us, it was an open discussion for all of the months that remained. We got the diagnosis that said you've got a year at most to live, and he lived it without any more treatment, without any more interference with his body physically. He just lived it.

J.Z.: *No regrets.*

B.R.: No. And he knew he had made the right decision. The Death with Dignity bill was circulating when he was dying, and he

Election Day 2016**"We can't just stand back and whine"**

BY JOANNE ZUHL
STAFF WRITER

In her autobiography, "Up the Capital Steps: A Woman's March to the Governorship," Barbara Roberts writes of a dynamic time in Oregon's history.

And if you are lucky, she notes, "you get to make a little history as well."

For Roberts, whose career is pressed into countless books on Oregon politics, luck had little to do with it.

In 1990, Roberts was elected the first woman governor of Oregon, becoming at the time one of only 10 women to achieve the title nationwide. She took office on the heels of a national recession, when Oregon's timber industry was in revolt over the Northern spotted owl, and when the notion of physician-assisted suicide was considered a topic unsuitable for public debate.

Before she left office in 1994, she had raised the bar on human rights and environmental preservation, as well as changing how government gets done in Salem – the latter earning her accolades from Financial World Magazine. She fought for gay rights and responsible land-use policies, and against Measure 5, the controversial property tax cap that remains in effect today. And we speak today of the Oregon Housing Trust and the Oregon Health Plan because of Roberts' work to establish a lasting safety net for the most vulnerable Oregonians.

She did so while raising a child with autism and tending to her husband in the final years of his life. Oregon's landmark Death with Dignity Act was borne from her husband Frank Robert's struggle as a state legislator to give terminally ill

would ask me every few days, "How's our bill going? How's the signing going?" He knew it wouldn't serve him, that he wouldn't live long enough for that to be useful for him. But he wanted it so much for others, and the more he endured at the end of life, the more he wanted this for others.

J.Z.: *The opposition spent \$2.5 million against the Colorado initiative, although it passed by 65 percent of the vote. Who is the opposition against Death with Dignity?*

B.C.L.: Pretty much all of the money came from the Catholic dioceses. I think \$1.6 million came from the Diocese of Denver, and there are two other dioceses in Colorado that rounded it out. There was about \$50,000 from Colorado Christian University, but the vast majority came from Catholic dioceses.

B.R.: They say Death with Dignity is a suicide and it's a sin, and they will continue



PHOTO BY JOE GLODE

Oregonian's the power to choose to end their life on their own terms. He died of cancer in 1993, before the Death with Dignity Act was passed by Oregon voters in November 1994.

After leaving the governor's office, Roberts served as the director of the state and local government executive programs at Harvard University's Kennedy School of Government, and as a senior fellow at the Harvard Women and Public Policy Program. She later served as the associate director of leadership with the Portland State University's Hatfield School of Government, before retiring in 2005.

On Dec. 7, Roberts will celebrate her 80th birthday in a benefit for Compassion and Choices, the nation's largest nonprofit focusing on end-of-life consultation and education. Tickets are available through Eventbrite.com.

"I have never been intimidated by adversity and I have never backed away from a challenge," she said on the night

she was elected governor in 1990. The words hold true a quarter of a century later, as Roberts' continues to travel and speak as a senior statesman on issues of progressive politics, end-of-life choices and empowering women in government, an issue particularly important to the former governor as we discuss the results of the presidential election.

Barbara Roberts: It's very disappointing to me. I know what it means to be the first woman holding a major office as the first woman governor of this state. I'm very excited about our second woman governor being elected by such great numbers on Tuesday, and then to watch the surprising and disappointing outcome on the presidents' race – it will take a while to recover from that.

But the truth is we can't just stand back and whine. It doesn't solve anything. We have to move forward, we have to work together, and there are millions of young women – and thousands in this state – who worked on this campaign and got so involved. What we need to do is take that energy and intelligence and that passion and put it in to some other useful ways that those women can contribute. And that's one of my aims, is to see how many of those young women we can get involved.

It's not just young women, it's young men, too. We want to encourage those young people who care that much and find a way to involve them in our culture in useful ways and productive ways and positive ways. We don't want them to be just turned off and go away.

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to oppose it. They've opposed it in every state where it's been actively supported. They prevented it from getting through the Vermont Legislature for about 10 years. They were the chief opponent every place

it's on the ballot, and certainly we found that in California for a number of years. We know that's where the major opposition is coming.

It is also that church that has raised the question about the Death with Dignity law harming people with disabilities.

They raise it as if we're going to try to exterminate everyone who has a disability. Well, I have a son who is autistic who, believe me, I would not support anything that did that. It is a fallacy. No one in Oregon with a pre-existing disability has used the law in all the years we've had it. It is not accurate, it is not honest, and it is a

very cruel way to raise their opposition, but every time it comes up, that follows.

J.Z.: *I read that the top reason people choose that is the loss of autonomy.*

B.C.L.: People want to retain autonomy, but that desire is not in a vacuum. Why do they want to retain autonomy in this situation? Because they don't want to endure unbearable suffering. I think people understand, maybe those people who have watched other people die, that pain can be controlled when they make a request; they're not in pain. They might anticipate enormous pain. But they also understand what it might take to control pain; it might take medication that is so strong, that it makes you delirious. Or that is so strong that you have to be essentially sedated to unconsciousness. So when we say autonomy, I think that's what they're anticipating. They're anticipating losing their entire self for an unknown period of time, because what it would take to manage their symptoms would reduce them to total unconsciousness or delirium or stupor.

B.R.: When you're knocked out that like

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