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J.Z.: *How do we do that? How are we going to keep the next generation of young women engaged in politics and running for office?*

B.R.: I think women like myself, who have worked to help other women run before, who have worked with the Women's Resource Center at Portland State (University) to train women, to teach women, to get young women to think of themselves as serving and being elected – we have to continue that. We have to step forward and continue to be the mentors and be the role models. If I just threw up my hands and said this is so awful I can't contend with it, then that wouldn't be very useful. But if I say to those young women, we've lost before, we can come back. This is a huge loss for women in this country and for women's history, but this is not the ultimate loss, so our job is to make sure we can move forward to the next opportunity and we'll be ready. And I think young people are ready for that. We've got to engage them. We've got to give them places they can make a difference, where they can contribute, where they can spend their time and passion and energy, and I think we can do that.

J.Z.: *And the environment among the voters is probably 180 degrees from even when you were running for office as secretary of state. That today a woman, like the governor did in this election, could receive support that is so overwhelming.*

B.R.: Kate Brown and Ellen Rosenblum won by over 50 percent in races where one of them had five opponents. To get even 50 percent in a race with five or six candidates is very difficult to do. You have to be really accepted by the electorate, and obviously those two were.

We've seen a woman win another seat on the Portland City Council.

The Multnomah County Commission has five women on it. We've had that before, but it's been a long time. And three of those women – the majority – are women of color. That's never happened before. I think we in Oregon have a lot to feel very good about.

The people stepped up for election financing reform in Portland, for funding housing for low-income and homeless people, for funding programs for the veterans of this area. So I think we can feel pretty good about Oregon voters right now.

I think it just means you have to work harder and step up, and not give in and not give up.

J.Z.: *Given the changes in politics for women, do you ever wish you were governor today? Do you think the times would be easier?*

B.R.: I look back when I took the governorship in 1991; Measure 5 had just passed, which from that day forward really underfunded schools. It was just devastating statewide. And the spotted owl crisis was going on, which was a massive economic and social change in Oregon and particularly in the rural areas, it was very, very devastating. So it was a really tough time to serve. But I never regretted being there in the tough times. Somebody had to do it, and I wasn't afraid of the tough stuff, and Kate Brown is the same kind of governor. She will step forward and she will do what needs to be done. I'm feeling very confident.

J.Z.: *What does it mean to you to have this kind of celebration for your 80th birthday?*

B.R.: At 80, I'm looking at a different time in my life in a lot of ways, and I wanted to do a benefit for something that I really care about, something that I thought was socially important and culturally important, and is something I really believe in. And Compassion and Choices, the Death with Dignity law, filled that completely. So it was an ideal match for me to say at 80 years old, this is something I really care about. End of life is not too far away when you get to 80, and you start thinking about it in different ways. But it wasn't a negative approach to this, it was just how much I love the work the organization does and how critical I think it is for our state and for our nation.

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that, you may be alive, but you're not living.

B.C.L.: It's not like control for control's sake. I think some people, when they talk about this, they think they're control freaks. These people are not control freaks. They're planners. They're careful people who have looked adversity in the face many times in their lives, and they're looking at this adversity in the face, and they do not want to be in a state they consider unbearable to them, unbearable to their family, and so they're planning ahead.

A third of these people who have this insurance policy, if you will – their parachute, their safety blanket, or whatever – they don't use it. It's "I want this if I need it, if I'm stuck in a place worse than death."

J.Z.: *It seems it would be considered a brave choice, but I also wonder if I could make that choice myself. I think many people are still afraid of it, in some way.*

B.R.: Nobody is absolutely certain, and that's the reason a number of people get the prescription – they've gone through all the hoops, if you will. The prescription is in their home, and they can choose to use it or not to use it, and a number of people don't use it. It's there, so if they can't bear either the pain or the disability or what's happening to them as a human being, or when they're ready to go, the medicine is there and they can take that prescription. It is a choice for the patient right to the very end, and I think that's the thing that's most amazing. In our lifetime, seldom do we get a final choice like that, and this is the place we get it in Oregon, and in Colorado now.

J.Z.: *It's a question you've been asked many times, I suppose, but you would consider this option yourself should the time arise?*

B.R.: Absolutely. I have been around. I had a nephew who died four or five years ago of ALS, Lou Gehrig's Disease, one of the most debilitating, painful things to watch. If I knew that was my disease, I wouldn't even hesitate about taking the prescription. It is brave, but it's also practical. We like to maintain some control over our life. I watched my nephew die; I watched my husband die; I watched my mother die. I have a lot of desire not to watch that in myself. Nobody knows till they're there and they're making that choice, but I wouldn't hesitate myself.

J.Z.: *How did Brittany Maynard, contribute to this discussion around Death with Dignity? (Maynard, who suffered from terminal brain cancer, was an advocate for death-with-dignity policies in California. She ended her*



PHOTO BY OWEN CAREY, COURTESY OF COMPASSION AND CHOICES

Barbara Roberts, left and Barbara Coombs Lee.

own life in Oregon in 2014 at age 29.)

B.R.: That was the brave woman. She is and was remarkable. As young as she was, to enter the end of her life with the kind of bravery she did, the openness and the commitment she had about how she used the time she had left and how she exited when that time was over. I have just never witnessed anything quite like her. Her husband and her mother have been magnificent. I don't think there's any question in California that had it not been for her and her husband that I doubt it would have passed in California.

B.C.L.: She definitely was the catalyst in the California campaign, and she'll be a catalyst in all our future campaigns. We ran three ads in Colorado; the first one featured her. She orients people in a way that people relate to her. She's so charismatic.

J.Z.: *What you're describing sounds to me how you've written about Barbara Roberts. Barbara Coombs Lee, I'd like to get your thoughts on having a politician of a governor's caliber spearheading the effort.*

B.C.L.: Just any politician wouldn't do, but Barbara Roberts is a very special political personality. It's because she leads with her heart and she's honest about what's in her heart that makes her so incredibly compelling, so incredibly heartwarming and persuasive about the things she believes in, and this is one of the things she believes in: having lived through it with Frank and how that could have been different. And she also has a position of authority, that this is responsible public policy.

J.Z.: *You wrote that end-of-life care has become kinder, and it's not just because people are talking about it.*

B.R.: People talking about it did make it kinder. Now we have hospice in every county in the state. We have many more physicians who are recommending hospice to families and patients much earlier instead of waiting until it's a week before their death and it's a little late. So we have a much different medical community. The medical community

that's being trained in Oregon is getting end-of-life medical care understanding in a way that they were not trained in before. To face up that death is end of life; it is not failure. I think our medical schools in Oregon are doing a better job of preparing our physicians. I think the work that hospice has done with Compassion and Choices, and the Death with Dignity law, the working relationships, that has made a huge difference. The state stepping forward and examining how pain control is being used, or underused in some cases, that made death kinder for many people in our state. So the state has really examined end of life through the lens of a much more open culture than we had every experienced before, so I don't have much question about how different it is, how much better it is, how many more options there are for people, and I think those are the things that we hope for at the end of our own lives and for those we love. Many people have stepped forward and made legal papers for what they want with end-of-life care. They have medical powers of attorney. It's all of those things available in Oregon. Many states don't have those options.

J.Z.: *So with the victory in Colorado, where do we go from here?*

B.C.L.: The next state will be New Jersey. A bill is working its way through the New Jersey Legislature. We expect there to be progress next year in Massachusetts, Maryland, Minnesota, New York – there will probably be bills introduced in about half the states, but we expect there to be significant progress in about seven.

You expect that a bill is not going to pass on the first time, so now we have a number of states that are lining up with a second introduction. It takes a few years for people to get comfortable and to get educated about it. It's a complicated issue.

J.Z.: *Does the grief ever get too close to you? You are around people who are grieving often – on a productive level – but some days there must be a wave of emotion that hits you.*

B.R.: When I do book readings from this book ("Death Without Denial, Grief Without Apology"), and I read chapters about Frank's moment of death, and I read about going through the hospice process, and I tell people it's OK to weep – it's OK to cry – I do it, and I'm the author! Yeah, it gets close; it gets very close sometimes. I get to choose what to read, and there may be a day when I'm doing a reading that night, and I think I cannot read that hospice piece tonight. And I don't do it. It's OK to be emotional.

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