

# Everybody In

*Healthcare-NOW!'s Quarterly Newsletter on the Single-Payer Healthcare Justice Movement*

[www.Healthcare-Now.org](http://www.Healthcare-Now.org)

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## First Everybody IN-stitutes a Success!

Healthcare-NOW! successfully co-hosted its first two 'Everybody IN-stitutes' in May 2014, partnering with Health Care for All Texas in Houston, TX and Metro Justice in Rochester, NY. Healthcare-NOW! launched the Everybody IN-stitute initiative as a way of bringing together supporters at a local level to develop skills and strategies for organizing, messaging, outreach, public education, media, and legislative advocacy for single-payer reform. The structure of the IN-stitutes varies depending on the goals of our local affiliates, whether that be advancing legislation, growing the base of supporters in the area, or re-energizing an existing base.

The Houston Everybody IN-stitute brought together 40 participants, representing a wide range of organizations including FeY Justicia, RESULTS, the Living Hope Wheelchair Association, Harris County AFL-CIO, the Houston Women's Group, the Green Party of Texas, Texas Together, and the National Nurses Organizing Committee. The training was translated simultaneously into English and Spanish, with all attendees who are not bilingual wearing ear-pieces, allowing participants to speak in whatever language was most comfortable for them.

The Houston IN-stitute featured an impressive range of educational plenaries, as well as action-oriented workshops. HCFAT board member Khristina Schneider provided an overview of where we're at and where we need to go with our health care system; Healthcare-NOW! Director of Organizing



Health Care for All Texas INstitute



Health Care for All Texas Rally

Benjamin Day spoke about shifting from education to mobilization work; HCFAT Twitter guru Simi Bassett discussed the group's social media strategy and how participants could get involved; and HCFAT President Ken Kenegos reviewed messaging strategy. Every attendee participate in a breakout group designed to identify single-payer organizing opportunities created by

the Affordable Care Act in the coming year, and an impressive range of afternoon workshops focused on developing organizing strategy related to legislative support, immigrants' access to care, the Medicaid expansion fight, the labor movement, women's health, and the mental health field.

The Rochester Everybody IN-stitute drew 25 activists from all over upstate and western New York, including Albany, Buffalo, Ithaca, Allegany, and Rochester. Dr. Deb Richter, a native of Buffalo, NY and currently the President of Vermont Health Care for All, gave a keynote via Skype on the organizing successes and ongoing challenges of winning single payer reform in Vermont. Healthcare-NOW! Director of Organizing Benjamin Day, and incoming Executive Director of Physicians for a National Health Program New York Metro Katie Robbins, led four workshops on developing organizing strategy. The workshops focused on taking advantage of opportunities created by the Affordable Care Act, targeting the health insurance industry, legislative strategy, and working with organized labor. Metro Justice Organizing Director Colin O'Malley and Metro Justice activist Tim Munier led the group in reviewing and narrowing down the organizing ideas raised during the workshops. This discussion focused on the importance of building an active single-payer network in upstate New York, and the group decided on a strategy of planning health care forums and speak outs in key cities and towns across upstate New York to start building that network.

## Steve Early Speaks With Us About Labor and Single Payer Healthcare

*Steve Early worked for 27 years as an organizer and international representative for the Communications Workers of America. He is the author of a new book from Monthly Review Press titled, **Save Our Unions: Dispatches from a Movement in Distress**. He is working on a book about political change and public policy innovation in Richmond, California.*

**Both your new book *Save Our Unions: Dispatches From a Movement in Distress*—and your previous one, *The Civil Wars in U.S. Labor*--draw on your experience as a union negotiator and longtime single payer activist. In 2008, liberal foundations, major unions, and the AFL-CIO created and financed Health Care for American Now! (HCAN). This lobbying coalition had a name similar to ours but it soon distanced itself from the goal of single payer. In retrospect, what impact did HCAN have on labor's quest for a better health care system?**

I think HCAN "settled short" and was too compliant with Obama Administration goals. It also went in the wrong direction by embracing the notion that our system could be substantially improved by mandating and subsidizing the purchase of private insurance, maintaining employer plans where they still exist, and offering a "public option" as a not-for-profit alternative for the millions of new customers now shopping for coverage in our state-based insurance exchanges.

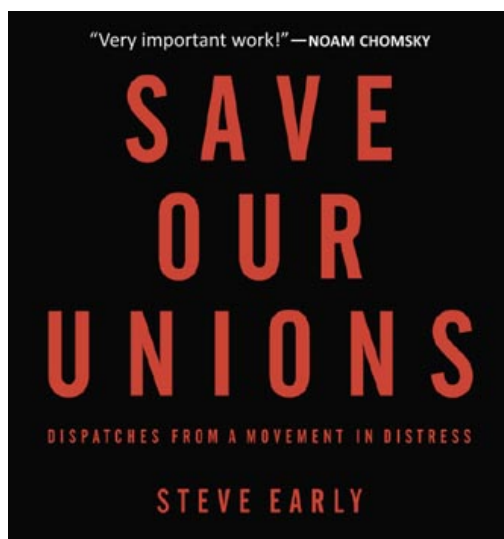
Even after the "public option" was eliminated from that package, HCAN over-sold Obamacare to its labor constituents. In retrospect, we would have been better off if the smaller bloc of pro-single payer unions and the more influential (but always overly pragmatic) organizational players in labor's mainstream had united around the more modest goal of defending and expanding existing forms of publicly-funded healthcare.

Labor's top priority should have been reversing the partial privatization of Medicare--through the costly and inefficient Medicare Advantage program--which Obama criticized as a presidential candidate in 2008. Lowering the eligibility age for Medicare would have been a good incremental next step in the direction of single payer. Unions and their allies could also have tried to insure more of the low-income uninsured through Medicaid expansion—without the option of privatizing it, which the Obama Administration is now permitting in Arkansas, despite the bad track record of Medicare HMOs.

Labor should also have pushed for more federal support for state level experiments with single-payer—which the ACA has now complicated and delayed. Pre-emptive improvements and better funding of the VA system five years ago—instead of the current

emergency intervention—might have strengthened that model of public healthcare delivery, which operates as a kind of British-style national health service for those eligible.

**Many labor leaders seem to have a different perspective on the Affordable Care Act today than when it first passed. What's changed?**



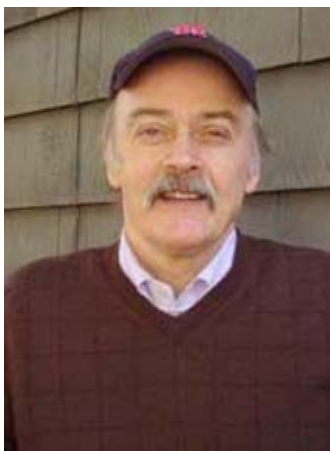
Unionized workers now face more, rather than fewer, health plan problems and cost shifting pressures. In frantic letters to Congressional leaders last year, the national presidents of the Teamsters, Laborers, Hotel Employees, and United Food and Commercial Workers unions warned that the ACA's "unintended consequences" were multiplying to the point where millions of workers, retirees, and their families face "nightmare scenarios."

Union members were told, correctly, that the ACA would expand Medicaid access for millions of lower-income Americans and make some important insurance market reforms. But organized labor also expected that this type of health care reform would aid union bargaining by leveling the playing field

among all employers, much like the minimum wage and other protective labor legislation does.

Union officials believed, mistakenly, that the ACA would restrain medical cost inflation and corporate pressure for health care givebacks. Instead, those trends have continued to be a major cause of strikes and/or contract rejections at AT&T, Verizon, United Parcel Service, Boeing, and other big employers. In industries with multi-employer Taft-Hartley health care trusts, those are being undermined and put at a competitive disadvantage by the ACA.

Some of the worst is yet to come. In both the private and public sector, employers are already citing the ACA's 2018 tax on mis-named "Cadillac coverage" to justify further givebacks from workers who, in reality, only have a healthcare Chevy in their garage. And this is no "unintended consequence" of the law—it's what it was designed to do.



**Steve Early**

According to MIT professor Jonathan Gruber, a top White House consultant, this impending 40 percent excise tax on higher cost plans "is intended to shift compensation away from excessively generous health insurance to wages." Only someone completely disconnected from U.S. labor relations reality would claim that more premium sharing, higher deductibles and bigger co-pays will translate into better pay for workers, who will, instead, continue to suffer from little or no real wage growth because of such cost shifting.

### Does this crisis represent a new opportunity for single-payer activists to work with organized labor?

It's a definitely a great opportunity to revive and strengthen the campaign for Medicare for All, but one fraught with some political dangers. That's because the boomerang effect on labor and the ACA's widely publicized implementation screw-ups may also end up discrediting health care reform in general.

Several hundred labor activists met in Chicago in early 2013 under the auspices of the Labor Campaign for Single-Payer Health Care. More than fifty unions and ten city or state labor councils were represented at this gathering. Everyone saw new openings to woo national and local unions previously more wedded to job-based health coverage and their own multi-employer welfare funds.

Later last year, the Labor Campaign collected hundreds of signatures on an "Open Letter to the AFL-CIO from Concerned Trade Unionists" that was distributed at the federation's convention in Los Angeles. The

letter criticized the ACA as the product of lobbying by a private insurance industry "whose business model relies on a failing employment-based system and whose profits depend on shifting costs onto the backs of workers while reducing choice and quality of care."

However, even after some AFL-CIO convention delegates spent much time venting about President Obama's failure to "fix" the ACA, only a few national unions have actually gone out, educated their members about this problem, and mobilized them accordingly. That job, as always, will have to be done at the grassroots, from the bottom up—every time a public or private sector union contract is up for renegotiation and management is seeking health care give-backs.

**For those who would like to learn more about fighting for health care as a human right within the labor movement or in solidarity with the labor movement, what further reading and resources would you recommend?**

The Labor Campaign for Single Payer has produced invaluable material for union members on how to deal with the ACA, while fighting for something better at the state or national level. See, for example: [www.laborforsinglepayer.org/2013/11/watch-out-the-aca-is-coming-briefing-paper-now-available/](http://www.laborforsinglepayer.org/2013/11/watch-out-the-aca-is-coming-briefing-paper-now-available/)

The Campaign is also convening another national strategy meeting, co-sponsored by Healthcare Now and various unions, in late August in California. To register, see: [www.laborforsinglepayer.org/2014/05/register-now-for-national-strategy-conference-august-22-24-oakland-ca/](http://www.laborforsinglepayer.org/2014/05/register-now-for-national-strategy-conference-august-22-24-oakland-ca/)

Other union critiques of the ACA include a recent UNITE-HERE research report, called The Irony of Obamacare: Making Inequality Worse. (<http://www.unitehere.org/detail.php?ID=3775>)

To keep track of what's happening in Vermont, to make health care a human right there, see [www.workerscenter.org/](http://www.workerscenter.org/)

## National Single-Payer Lobby Day

Healthcare-NOW! joined a broad coalition of allied organizations for National Lobby Day on May 22 to advance single-payer legislation. Almost one hundred advocates descended on Washington, D.C. from eighteen states, representing Healthcare-NOW!, Physicians for a National Health Program, National Nurses United, Public Citizen, Progressive Democrats of America, the Labor Campaign for Single Payer Health Care, Gray Panthers, All Unions Committee for Single Payer H.R. 676, American Medical Students Association, and the National Organization of Women. Additionally, Healthcare-NOW! activists and affiliates in eleven districts organized in-district meetings with their representatives.

Lobby Day was kicked off on May 21 by a panel organized by Senator Bernie Sanders on "Single Payer: Where do we go from here?" The panel, which included Healthcare-NOW! Board members Gerald Friedman and Michael Lighty, drew national press

coverage. Senator Sanders also used the occasion to release a new titled "Universal



### National Lobby Day in Washington, DC

Access, Lower Cost: Why the U.S. Needs a Single Payer Health Care System."

On May 22 activists in D.C. visited more than 40 members of the House of Representatives, urging them to support H.R. 676, Rep. John Conyers' "Expanded and Improved Medicare for All Act" (there was also some advocacy for Rep. Jim McDermott's bill, H.R. 1200), and at least 33

members of the Senate were asked to support S. 1782, Sen. Bernie Sanders' "American Health Security Act."

Healthcare-NOW! delivered over 25,000 petition signatures from constituents asking their legislators to enact single-payer reform, from a joint online petition organized with RootsAction. Public Citizen delivered tens of thousands of more petition signatures from their members across the country, sending a powerful message of support to every member of Congress.

A key congressman, Rep. James Clyburn of South Carolina, the third-ranking House Democrat, signed on as a co-sponsor of H.R. 676 for the first time following Lobby Day and the hard work of local activists. Clyburn's signature brings the current number of H.R. 676 co-sponsors to 57.

(Thanks to PNHP for compiling parts of the above report!)



## In Memory of Tim Carpenter

By Benjamin Day



This past May melanoma finally took Tim Carpenter, who is best known as the founder and long-time Executive Director of Progressive Democrats of America. Tim was a fierce organizer for social justice. You will hear and read many amazing tributes to Tim, because he was one of those rare individuals who swoops into many people's lives and leaves an indelible mark. Most of us open ourselves up to a few people, we change them (and they change us) forever, but to everyone else we are just friendly co-workers, neighbors, or friends.

Tim was different.

We spoke a couple days before he died and he was, of course, organizing. Tim only spoke and acted at 100 miles per hour. Whether he was on TV, at a rally, or asking about your family, he communicated on a sort of verbal autobahn that left friends and correspondents breathless and disoriented. His emails consisted of 90% cheer leading and morale boosting for those around him: "Teamwork!", "Onward!", "Thanks for stepping up!", "Building the team!". Tim always started with thanks, and ended with an exclamation mark.

But what will stay with me forever is how Tim approached organizing as a person. My most vivid memory is meeting with Tim and Russell Freedman a few months ago in downtown Boston, where Tim received specialty care, commuting from Western Mass. We met at Legal Seafoods, and after some brief updates on the campaigns we were working on together, Tim cut work discussion off (as he usually did), and asked how I was really doing. How are my parents? Am I seeing anyone, or am I one of those activists who sacrifices everything for the cause? How am I feeling about my job at Healthcare-NOW? How can he can support me?

Two hours pass, we pay our bill. Tim hugs me, and says "I love you," as he always does. I tell him I love him, too. Only when I'm seated in my car, in the parking lot, do I realize that Tim is receiving end-of-life care for a terminal illness – his physicians gave him only a few months to live initially, over a year ago – and yet he spends most of our time together asking how I'm doing, trying to support me, and letting me know that he loves me. We were old friends but by no means close friends. This was just how Tim lived his life, and it deeply challenged me to become a better person.

I will miss Tim badly, but I have a feeling that he'll continue to sit on many of our shoulders for years to come, shouting out encouragement. Onward!

## Affiliate Updates

**Unions for Single Payer Health Care** continues to add labor endorsements for HR 676 including Local Lodge 1635, IAMAW, Albuquerque, NM. Find out more at [UnionsForSinglePayer.org](http://UnionsForSinglePayer.org).

**Single Payer Now** organized dozens of events and outreach for single-payer healthcare including an action to protect Healthy San Francisco and an action at a Democratic Party fundraiser featuring Rep. Nancy Pelosi and First Lady Michelle Obama. Find out more at [SinglePayerNow.net](http://SinglePayerNow.net).

**Healthcare-NOW! New York City** joined a lobby day and actions supporting New York Health, the New York State single payer bill and a May Day Rally in NYC. Find out more at [HCN-NYC.org](http://HCN-NYC.org).

**Health Care for All Colorado** recently finished up hosting their Annual Meeting in Denver, CO. Find out more at [HealthCareForAllColorado.org](http://HealthCareForAllColorado.org).

**Health Care for All Texas** is organized our first Everybody INstitute in May. They also host a monthly radio program on the 2nd Wednesday of every month at 9:30AM central time on KPFT 90.1 called Open Journal. Listen live, or to archives, at [KPFT.org](http://KPFT.org).

Your state update not included here? Email us at [jeff@healthcare-now.org](mailto:jeff@healthcare-now.org)!



Benjamin Day [back] and HCN Board Members Bill Zoda [tie] and Nijmie Dzurinko [right] at the PASNAP Conference

## Don't See Your Rep. On This List of HR 676 Cosponsors?

**Call Them! 866-220-0044**

Reps Brady [PA-1], Capuno [MA-7], Christensen [VI], Chu [CA-27], Clarke [NY-9], Clay [MO-1], Clyburn [SC-6], Cohen [TN-9], Cummings [MD-7], Doyle [PA-14], Edwards [MD-4], Ellison [MN-5], Engel [NY-16], Farr [CA-20], Fattah [PA-2], Green [TX-9], Grijalva [AZ-3], Gutierrez [IL-4], Holt [NJ-12], Honda [CA-17], Huffman [CA-2], Jackson-Lee [TX-18], Johnson [TX-30], Johnson [GA-4], Lee [CA-13], Lewis [GA-5], Lofgren [CA-19], Lowenthal [CA-47], McDermott [WA-7], McGovern [MA-2], Miller [CA-11], Moore [WI-4], Nadler [NY-10], Nolan [MN-8], Norton [DC], Pingree [ME-1], Pocan [WI-2], Rangel [NY-13], Roybal-Allard [CA-40], Rush [IL-1], Schakowsky [IL-9], Scott [VA-3], Takano [CA-41], Welch [VT], Wilson [FL-24], and Yarmuth [KY-3].

## National Strategy Conference

**Join us in Oakland, CA! August 22nd through 24th, 2014.**

For the first time, three major national organizations for single-payer advocacy will be combining their annual conferences. We anticipate that over 300 attendees will converge on Oakland from Healthcare-NOW!, the Labor Campaign for Single-Payer Health Care, and the One Payer States coalition. This will be a unique opportunity to learn from the most effective single-payer organizing around the country and to strengthen state and national organizing efforts together.

Register at [healthcare-now.org/campaigns/strat-conf](http://healthcare-now.org/campaigns/strat-conf)