

# 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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## Single-Payer Activists Gather in Nashville for Healthcare-NOW! National Strategy Conference

Healthcare-NOW! held its annual Strategy Conference this year on October 5 and 6 in Nashville, Tennessee at the beautiful Scarritt-Bennett Center near Vanderbilt University. Over 110 activists converged from more than 23 states to discuss organizing strategy, network, and share skill-building. The conference featured four plenary panels, fourteen workshops, and a keynote speech by Frances Fox Piven, the renowned sociologist and historian of social movements in the U.S.

The Conference kicked off with a workshop on "Southern States Strategy: Growing Together." Margaret ("Peg") Nosek, PhD of Healthcare for All Texas kicked this off with a presentation on the unique political history facing single-payer activists in the South, the importance to our movement of succeeding in southern states, and the demographic and political changes that are creating hope and new opportunities to succeed there.

This was followed by a plenary of Tennessee organizers introducing attendees to the fascinating history of health reform in our host state, and looking at the Affordable Care Act through the lens of Tennesseans. Gordon Bonnyman of the Tennessee Justice Center and Tony Garr, formerly of the Tennessee Health Movement, described the rise and fall of TennCare, one of the first attempts by a state to use Medicaid waivers to expand health insurance to everyone in the early 1990s. TennCare was dismantled in 2005, dropping 170,000 residents

from the rolls in one of the most catastrophic losses of access to care in the history of the country. Mary Bufwack, CEO at a series of community health centers in Nashville, reported

continue treating non-paying and low-payment patients. TN is one of many states not planning to expand its Medicaid program, and currently has extremely limited Medicaid eligibility. Dr. Art

Sutherland, the coordinator of Tennessee Physicians for a National Health Program, reported on the inspiring organizing work he has accomplished in the state,

setting up regional PNHP chapters in western, middle, and northeastern TN.

Sunday morning kicked off with a plenary of Physicians for a National Health Program speakers on "The ACA: Challenges and Opportunities for the Single-Payer Movement," including Dr. Jim Powers of Middle Tennessee PNHP, Dr. Art Sutherland of Tennessee PNHP, and Dr. Garrett Adams of Kentucky PNHP, who gave an outline of what the ACA does and does not accomplish, and how to message for single-payer during implementation. Emily Henkels, National Coordinator for PNHP, organized an exercise for attendees to identify the strengths and skills they bring to the single-payer movement, and think about the underutilized resources at our disposal collectively going into the organizing workshops.

Find out more about the conference workshops, along with videos of all the plenaries and Frances Fox Piven's keynote address at [Healthcare-Now.org](http://Healthcare-Now.org).



**Attendees of the Strategy Conference**

that only about 10% of uninsured patients at her health centers were projected to receive coverage under the ACA, leaving the health centers to



**Michael Lighty of National Nurses United presented Tim Carpenter of Progressive Democrats of America with the Marilyn Clement Award for the Pursuit of Healthcare Justice**

# Does the Single-Payer Movement Need a Southern Strategy?

To answer this important question, Healthcare-NOW! interviewed Margaret (Peg) Nosek, PhD, who is President of Health Care for All Texas (HealthCareForAllTexas.org), our affiliate single-payer group in TX. Peg serves as the Executive Director of the Center for Research on Women with Disabilities, and is a Professor at the Department of Physical Medicine and Rehabilitation at Baylor College of Medicine in Houston, Texas. Peg gave a presentation on this topic at Healthcare-NOW!'s annual Strategy Conference in Nashville, TN, which is available at Healthcare-Now.org.

**You made the case at Healthcare-NOW!'s national strategy conference in Nashville that it's important for the single-payer movement to have a unique strategy for organizing the southern states. What's different about the South?**

The South is where the resistance to progressive reform started and now it has spread throughout the country. If we can formulate a strategy that works in the South we will be much more likely to score a victory nationwide.

I've always had the stereotype about how the demographics of the South are so different from the rest of the country, but when I tried to pull out statistics to document that I was surprised to find that those differences are breaking down. In education, the lowest rates are still in the Deep South, but the Southwest is trying hard to catch up. Poverty has spread all across the southern half of the country from coast to coast and also throughout the Rust Belt. Health insurance rates (read: access to healthcare) follows the same pattern. Third World living conditions are no longer exclusively from Texas to South Carolina. I guess one thing you can safely say that distinguishes the South is how miserably it treats labor unions. That attitude is spreading fast, but states with the lowest union membership are still all below the Mason Dixon line.

**Can you tell us a bit more about the unique lived history of the South, and why the politics of health reform appear to be playing out differently in southern states?**

Ken Harris wrote that we are still on the plantation after 320 years. In 1712, a British slave owner from the West Indies named Willie Lynch was invited to the colony of Virginia to teach his methods to slave owners there. He commented that they didn't need to lose valuable "stock" by hangings; all they had to use was fear, distrust, and envy for control purposes. Make a list of differences, he advised, make them bigger, then pitch one against the other. "I shall assure you that distrust is stronger than trust, and envy is stronger than adulation, respect, or admiration."

Isn't that exactly what the Tea Party is doing today? They are using the ancient strategies of fear, distrust, and envy to control our nation and we are slaves to them. Their shameless actions during the recent government shutdown gave us all the evidence we need that they are neo-confederates, not neo-conservatives.

Some other characteristics of this attitude include class distinctions and the perceived legitimacy of extreme inequality in income, opportunity, and privilege. The patriarchal attitude that plantation whites showed toward their

slaves is now being turned on women and immigrants. The new Jim Crow is manifesting in redistricting, discriminatory voter ID laws, and cuts in funding for food stamps. The whole Medicaid system is designed to "keep 'em poor and keep 'em sick." People think Medicaid expansion is a good thing, and it certainly will save lives, but it reinforces poverty and underlies a system of healthcare apartheid.



**Peg Nosek (right) celebrating Medicare's 48th Anniversary with HCN intern Leeyah Rassu**

Just like in the Civil War, states' rights are being used as a cover for bigotry in the healthcare wars. If people with disabilities, women, people from minority backgrounds, and immigrants truly had equal access to health care that wasn't tied to their employer or their income status they might actually have an equal chance to rise up in this world! Arguments against the Medicaid expansion by the southern states have been framed in terms of states' rights, but it's really thinly veiled bigotry.

**Are the obstacles to single-payer organizing in the South too daunting, or are there reasons for hope?**

Paradoxically, in the midst of this atmosphere of oppression the seed of Gandhi's nonviolent resistance has germinated and borne fruit in the civil rights movement and all the other progressive social movements that have been influenced by it. The single-payer movement now has the chance to work in solidarity with all the other angry people who are working for social justice.

The plantation mentality is unsustainable socially, morally, and economically. The bigots are dying out, and their children who share their attitude will be irrelevant in the 21<sup>st</sup> century. The massive waves of immigrants that brought progressive thinking to the east and west coasts in the early 20<sup>th</sup> century are now coming up through the southern border. Latinos are becoming the most powerful voting bloc. They are the new force of change and hope for the future. As whites become the new minority I expect that class distinction will diminish in importance as well. This will open the way for single-payer as the only reasonable alternative in a democratic society.

**How can single-payer supporters get involved if they want to help?**

My mentor, Justin W. Dart, Jr., the moving force behind the Americans with Disabilities Act, taught me that every social movement needs every single person working every single minute of every single day. He wasn't much for letting anyone off the hook! His point was that the person who makes the phone calls to encourage people to come out for meetings and rallies is just as important as the person who does the TV interviews. That even when we are sleeping we are re-energizing for the next battle or argument or chance to promote our cause. That every one of us is the ambassador of the message, from the elevator pitch to choosing the speaker at the next Kiwanis Club meeting.

We can't all make a \$100 donation to support a campaign, but we all have a circle of influence. We can be very creative in using our power to inform others and influence how they think about single-payer. The opportunities for joining in coalition with others are at our doorstep and at our fingertips through cell phones and social media. All we have to do is talk, type, and show up!

## The Drive for Universal Healthcare Tours the East Coast

On September 3, the first journey of the Drive for Universal Healthcare (DUH, as in "Does America need a new healthcare system? DUH!") began in

Augusta, Maine.

After a very successful press conference, Laurie Simons and Terry Sterrenberg, makers of *The Healthcare Movie*, set up their cameras for "Street Talk," the filming of man-on-the-street

interviews about

healthcare that will form the basis of a new documentary. Filming was done in almost



every city and support for true universal healthcare was overwhelming, with only two people out of over 50 opposing it.

From Maine, DUH proceeded to Vermont, New York, Massachusetts, Pennsylvania, Maryland, Ohio, and ended in Springfield, Illinois on September 12. Along the way, the DUH travelers, including founder Sue Saltmarsh, activist filmmakers Simons and Sterrenberg, healthcare advocacy and social media maven Donna

Ellington from South Carolina, Detroit labor activists Bob Sisler and Doris Wojtala, and

singer/songwriter Bob Wickline and his wife Lynda, met single-payer advocates in each city—members of PNHP, state single-payer organizations, and Healthcare-NOW!—who helped arrange movie screenings, discussions, press coverage, and housing. Their help was invaluable and Saltmarsh says, "One of the goals of DUH is to provide healthcare advocates with a single, unifying event that will bring individuals and organizations together in common purpose, no matter their different approaches or philosophies. The many dedicated people we met on the first trip proved this is possible and encourages us to continue on."

Plans for the next trips to California and points west are in progress. To keep up with the latest news, volunteer to help in your town, or make a much-needed donation, visit [DUH4All.org](http://DUH4All.org).

(Summary provided by Sue Saltmarsh.)

## Building Your Group With the 100 x 100 Campaign

By Healthcare-NOW! New York City -

**The Goal:** A petition drive where 100 volunteers collect 100 signatures each for a combined 10,000 signatures.

**The Process:** We wanted to provide our volunteers with everything they needed right off the bat. So, we put together a packet of materials which included:

- a clipboard
- pens
- 10 pages of petitions (with ten lines each)
- a stack of fliers that had information on the state single-payer bill
- guidelines for petitioning
- a sheet explaining how to do data entry

We asked that each petitioner manually enter in the information on the signatures they gather into an excel spreadsheet. We explained how we wanted the data laid out, and asked them to email the excel sheet and send us the originals. We also had data entry volunteers so that we

could use the information from any petitioners who didn't get around to the data entry. While not everyone did their own data entry, those who did were a big help.

For a little incentive, we also included a Healthcare is a Human Right t-shirt, buttons, bumper sticker, and tote bag to the people who

initially signed up. As new people were recruited, we offered to give them a free t-shirt when they turned in their 100 signatures, which we also found successful.

**Fundraising:** We estimated the costs of the materials to be \$2,500 and set up a page on a crowdsourcing website to raise money. We chose a 2 month Indiegogo campaign. Please Note:

Crowdsourcing websites require making a video, frequent posts to the page, numerous announcements to your list and calls to donors and organizations to donate to reach your goal.

**100 x 100 = 10,000  
NEW YORKERS STRONG  
FOR SINGLE-PAYER  
UNIVERSAL HEALTHCARE**

**Recruiting Volunteers:** We had a 100x100 volunteer signup sheet and created a Google Form so that people could sign up online. The Google Form automatically downloaded the information provided into a Google Doc spreadsheet. Six of us broke up the list to make follow up by phone and email more manageable.

We set up a page on our website dedicated to the campaign, organized a Petitioner Training session, and had point people who petitioned every weekend throughout the summer at multiple locations around the city and at local events – to encourage people to join us and make it easier for people to drop petitions off. We also made frequent announcements to our lists and google groups and enlisted the help of fellow organizations.

**Web:** we made an online petition page on our website, although this was only meant to complement not replace the paper petitions

which were the focus on the campaign. We also wrote and posted an FAQ about the state bill that both volunteers and the general public could reference for a layman's guide to how healthcare would change under the bill.

**Culmination:** After we met our target number of 10,000 signatures, we scheduled a lobby day where we delivered copies of the petition pages (an impressive stack of 1000 pages) to the governor and state legislative leaders.

Find out more at [HCN-NYC.org](http://HCN-NYC.org).



## Healthcare-NOW! 2013 Summer Internship Program

Healthcare-NOW! would like to thank our 2013 summer interns: Michael Broder, Samira Islam, Leeyah Rassu, and Rebecca Suval.

Michael Broder is completing a BA in Health and Societies, with a concentration in Global Health, at the University of Pennsylvania. He conducted his internship in the Boston area, where he's from.

Samira Islam is completing a Masters in Public Health at Drexel University in Philadelphia, PA, with a concentration in Health Management and Policy.

Leeyah Rassu is completing a BA in Sociology and the Study of Women, Gender, and Sexuality at Rice University in Houston, TX.

Rebecca Suval is a Licensed Vocational Nurse (LVN), who is shifting careers towards health policy, and is completing an MS in Health Care Administration at California State University East Bay.

Each one of them helped to bring the *Single-Payer Activist Guide to the Affordable Care Act* to completion, writing early drafts for the project. In addition, they worked with their local affiliates to organize Medicare's Anniversary actions on July 30<sup>th</sup>.

In addition, Rebecca Suval reached out to college student organizations in California to organize appearances of Michael Milligan's *Mercy Killers* play, and Michael Broder co-authored a paper with Director of Organizing Benjamin Day, and PNHP's David Himmelstein and Steffie Woolhandler, on the ACA's lack of impact on medical loss ratios.

## PNHP Annual Meeting

Benjamin Day, HCN's Director of Organizing, spoke at Physicians for a National Health Program's Annual Meeting on November 2 in Boston. He joined an afternoon panel discussing the use of single-payer ballot initiatives by state organizations, pooling activists' experiences from Massachusetts, Colorado, California, and Maine. Ben spoke about his experience with a statewide binding ballot campaign from 2003 to 2006, and the twenty-four non-binding ballot initiatives he coordinate in 2008 and 2010. Donna Smith, Executive Director of Health Care for All Colorado, gave a compelling presentation on the public education and outreach impact of the ballot initiative HCFAC ran this year. Dr. Hank Abrons and Dr. Philip Caper reported on the history of ballot initiatives in California, and a planned ballot initiative in Maine.



## Rebellious Nursing! Conference

Benjamin Day, HCN's Director of Organizing, joined the first annual *Rebellious Nursing!* conference on September 29 in Philadelphia.

The *RN!* conference was devoted to addressing the politics of nursing for advocates of social justice and equity.

Ben gave a workshop titled "A Social Justice Guide to the Affordable Care Act" focused on how the ACA will affect nurses and their patients, engaging in a wide-ranging discussion with almost 100 participants covering the ACA's impacts on immigrants and the safety net, and how we can build the single-payer movement as the ACA is being implemented.

## Affiliate Updates

**Unions for Single Payer Health Care** continues to add labor endorsements for HR 676 including the New York City Labor Council, Northern Illinois Jobs with Justice, Central Illinois Jobs with Justice, and the New Mexico AFL-CIO. Find out more at [UnionsForSinglePayer.org](http://UnionsForSinglePayer.org).

**Single Payer Now** organized dozens of events and outreach for single-payer healthcare including a panel discussion on Medicare, rally at Anthem Blue Cross, and rally at a Nancy Pelosi fundraiser. Find out more at [SinglePayerNow.net](http://SinglePayerNow.net).

**Healthcare-NOW! New York City** joined the Rally and March to Restore and Expand Vital Public Services for the 99% in September and organized a performance of *Mercy Killers* in October.

**Mass-Care**, the Massachusetts Campaign for Single Payer Health Care, organized a powerhouse Fall Benefit on October 30th. The event featured Noam Chomsky as a keynote speaker, who was joined by Massachusetts AFL-CIO President Steve Tolman, recent Commissioner of Public Health John Auerbach, and former editor-in-chief of the New England Journal of Medicine Arnold Relman, MD. The Benefit came just one week after Mass-Care organized over five panels of testimony on behalf of the state single-payer bill.

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

## Healthcare is a Human Right Rally in Maryland Shows Movement is Growing

By Healthcare is a Human Right Maryland -

On October 26, 2013, residents from across the state of Maryland marched for the human right to healthcare (see photo above). It was the first state-wide action of the Healthcare Is a Human Right - Maryland campaign. It was a huge success and it was a powerful testament to the grassroots movement that is growing across the state to demand universal healthcare. Find out more about this action at [HealthcareIsAHumanRightMaryland.org](http://HealthcareIsAHumanRightMaryland.org).

## 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], 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], 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].

## Single Payer the Cure for What Ails Obamacare

"While partisan bickering has shut down the government, the populace of the United States is still straitjacketed into a system of expensive, for-profit health insurance. We pay twice as much per capita as other industrialized countries, and have poorer health and lower life expectancy. The economic logic of single-payer is inescapable. Whether Obamacare is a pathway to get there is uncertain. As Dr. Woolhandler summed up, 'It's only a road to single-payer if we fight for single-payer.'" - Amy Goodman