

Everybody In!

WWW.HEALTHCARE-NOW.ORG

ISSUE NO. 9 - FALL 2015

Hundreds attend 2015 Single Payer Strategy Conference

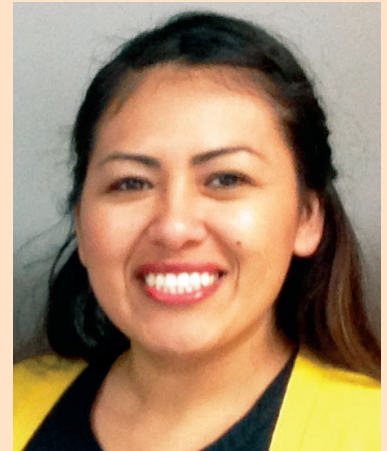
On the weekend of October 30 – November 1 we hosted our most successful Single Payer Strategy Conference ever! More than 300 attendees converged on Chicago from Healthcare-NOW, the Labor Campaign for Single Payer Healthcare, and One Payer States. We joined with Physicians for a National Health Program in rallying against Blue Cross Blue Shield, pooled our organizing experiences, learned new skills, and focused on the fights ahead in 2016. The conference was the first national convergence of every national group organizing for single-payer healthcare: labor, patient activists, and healthcare providers — all of the core constituencies that this movement needs to win.

Some key themes rose to the top at this year's Single Payer Strategy Conference:

For state movements approaching victory, different tactics and new resource are needed to cross the finish line. Some of the most important organizing stories in our movement recently have revolved around states knocking on the door of implementing public, universal healthcare - some through ballot initiatives, others through

... continued page 4

Health For All: A conversation with Betzabel Estudillo



Betzabel Estudillo is the California Immigrant Policy Center's Health Policy Coordinator based in Los Angeles. Her work focuses on healthcare access and quality of care for immigrants and their families and advocating for Health for All, a county and statewide campaign to expand healthcare to all Californians.

Healthcare-NOW: Can you tell us about California's decision to open up the state's Medicaid program to all income-eligible children - regardless of immigration status- and what this will do for undocumented children and their families?

Betzabel Estudillo: On June 24, 2015 Governor Brown signed a 115.4 million General Fund Bud-

... continued page 2



Hundreds of single payer activists — from both the Physicians for a National Health Program (PNHP) and Single Payer Strategy conferences — marched to and protested outside of Blue Cross Blue Shield of Illinois on October 30. More photos can be found using the #spsc15 hashtag. (Photos: Vermont Workers' Center; HCN!)

Betzabel Estudillo... from page 1

get which includes \$40 million to expand full-scope comprehensive Medi-Cal to all children, regardless of immigration status. This expansion is expected to begin May 1, 2016. This funding will guarantee comprehensive, full-scope Medi-Cal coverage to 170,000 undocumented children until they turn 19. This investment means that California will take a key first step toward expanding healthcare for all by ensuring that all children have access to healthcare. Low-income immigrant families will have the security to know that their children will not be denied care because of their immigration status. Undocumented children will have access to a range of medical services, including doctor visits, hospital care, tests, medicines, and emergency care.

HCN: Why, personally, has the issue of providing health coverage to all been so important and urgent for you?

BE: I'm passionate about immigrant rights and health justice because of my experience growing up as an undocumented youth. I was born in Mexico and came to this country when I was four years old. I always knew I was undocumented but never realized how it would impact my life until High School. I started organizing when I was in High School advocating for legislative bills that would provide educational opportunities and a path to legalization for undocumented youth, like AB 540 and the federal DREAM Act. It was also in High School when my mother was

diagnosed at a young age with Parkinson's Disease. My mother was undocumented and was not able to receive the proper care she needed. This affected our family financially and emotionally. My parents had to pay specialty care and medication out of pocket. I know first hand what it is like to be have loved ones who are undocumented and uninsured and the detrimental consequences the lack of access to healthcare can have on families.

HCN: What did it take to pass this legislation in a state where voters overwhelmingly decided - twenty-one years ago - to deny any public services for undocumented immigrants (including education for children)?

BE: The Health for All Coalition was key in ensuring undocumented children have access to full-scope comprehensive Medi-Cal. The Health for All Coalition is a diverse coalition of over 80 organizations including immigrant rights, health advocates, labor and faith based groups. The Coalition's priority has been to engage the immigrant community by putting those directly affected at the forefront of the issue and at the table when discussing strategy. As community members have courageously "come out" and told their stories of being 'undocumented and uninsured,' we have seen a big shift in public opinion when it comes to expanding health programs to undocumented Californians. A new poll finds that 58% of registered voters support expanding the

state's healthcare program to low-income undocumented immigrants. California has definitely come a long way from the time of Proposition 187.

HCN: What are the next steps in terms of organizing and coalition building between single payer and immigrants' rights activists to win the fight for a single payer health system in California?

BE: The work for Health for All is far from over. Advocacy efforts will continue to expand health coverage to all who call California home. In 2016, legislative efforts will begin to expand full-scope Medi-Cal to all adults and allow undocumented immigrants to purchase a health plan through the state's marketplace. At the same time Coalition advocates will continue to fight at the county level to expand local safety-net health programs to undocumented county residents. The partnership between the immigrant rights and the single payer activists will be important as we organize and advocate at the state and county level. Expanding our existing health programs and opportunities to undocumented Californians are key steps to fighting for a single payer system that includes everyone and does not excluded someone because they were not born in this country.

HCN: In the context of a presidential election cycle characterized by negative commentary on immigrants, what advice would you give to activists who are building the movements for single payer

"Socialized medicine" in U.S. eliminates racial inequities in mortality

by Ibrahima Sankare

Large racial inequities characterize most measures of access to healthcare and health outcomes in the United States - differences attributed to socioeconomic factors, access to healthcare and discrimination by doctors and hospitals. However, a new study published in the journal *Circulation* is proving what is possible for achieving racial equity... under a publicly financed and publicly delivered healthcare system, which we often call "socialized medicine." Conducted over a nine-year period, the study analyzed health outcomes of nearly 3.1 million patients

in the Veterans Affairs system, and found that the adjusted mortality rate of African Americans was 24% lower than that of whites. African American men and women were also 37% less likely than white men to develop heart disease, the leading cause of death in the U.S. The researchers found no racial difference in the rate of strokes. For comparison, the researchers conducted a similar analysis using six years of data from the National Health and Nutrition Examination Survey, a government study of about 5,000 people each year who are selected as a representative sample of the U.S. population - who rely on a mix of private health insurance, public safety net plans, and a mixed delivery system. For that group, the adjusted death rate was 42% higher for blacks than for whites.

The study demonstrates that a single payer healthcare system in which everyone receives the same coverage - paired with public delivery of care - is the most effective way to solve longstanding health inequities. **HCN!**

and healthcare for all residents including immigrants?

BE: As we move into an election cycle next year, it is important to continue to uplift the voices and needs of the immigrant community. It will be important to build strong partnerships with immigrant rights organizations and community members as we fight for single payer. Those directly impacted must be at the forefront of the issue and must also be engaged at every step of the fight for health for all. It will also be important to make sure that as we advocate for the health care needs of undocumented immigrants that we also link and address other issues that impact immigrant families such as detention and deportation, worker abuse, and lack of access to legal and educational services. We must also continue to voice that increasing access to health care is the right thing to do and undocumented immigrants are a fundamental part of our nation as they are our family members, friends, and neighbors.

Betzabel Estudillo also provides analyses, technical assistance, and trainings for service providers, advocates, organizers, and community members. Her advocacy and passion for social and health justice stems from her experience as a former undocumented immigrant and a community organizer in multiple immigrant youth groups. Betzabel obtained her M.S.W from the University of California Los Angeles, Luskin School of Public Affairs and a B.A. in Political Science from the University of California Los Angeles. HCN!

New Healthcare Is a Human Right Collaborative

The Healthcare Is a Human Right Collaborative launched on September 1. The collaborative is a grassroots coalition building a people's movement to win universal, publicly financed healthcare as a major step toward building an economy and society that put people ahead of profits. Its campaign model is built around six key ingredients: building permanent organization among people most impacted by human rights crises; developing leaders and conducting political education; using a human rights framework grounded in the principles of universality, equity, accountability, transparency and participation; changing the political debate by telling people's own stories; holding powerholders accountable; and growing an intersectional human rights movement across issues and traditional lines of divisions. The Collaborative's founding members are Healthcare Is a Human Right-Maryland, the National Economic and Social Rights Initiative, Put People First! Pennsylvania, the Southern Maine Workers' Center and the Vermont Workers' Center. **To find out more about the Healthcare Is a Human Right Collaborative, go to: <http://healthcareisahumanright.org>.**

Building the movement during the 2016 elections

by Stephanie Nakajima, Healthcare-NOW!

When a Fox News host questioned Donald Trump about his past support for single payer at the first Republican debate in October, Google searches of single payer spiked to a level not seen since late 2013. The "Trump bump" even exceeded single payer trends in late December 2014, when Governor Shumlin asked the Vermont legislature to call off Green Mountain Care.

Interest rapidly cooled after the debate, but "single payer" is still trending at about two to three times the rate of earlier this year, indicating that the 2016 elections are moving the profile of the single payer movement into the mainstream. Democratic candidate Bernie Sanders has not yet drawn the same attention in the media, but has turned out unprecedented crowds of tens of thousands at campaign rallies across the country, calling for a single-payer healthcare system such as he has proposed in the "American Health Security Act," the single-payer bill he introduced in the U.S. Senate. With candidates from both parties making news for their support of government-run healthcare, this is a game-changer for single-payer's national profile.

A closer look at the content being published on single-payer shows a backlash

from economic powerholders, attempting to discredit single-payer with common myths.

Take the *Wall Street Journal's* economic analysis of the Bernie Sanders platform, which claimed that his Medicare for All plan would cost the U.S. \$15 trillion. Ironically, the piece relied on an economic analysis of HR676 published by Professor Gerald Freidman — a Healthcare-NOW! Board member — that showed single-payer would save \$5 trillion on healthcare spending over the next 10 years, but neglected to mention that the \$15 trillion price tag was less than the \$20 trillion we pay by maintaining a private health insurance system. Nonetheless, the piece got so much attention that Robert Reich said he had to post a rebuttal on his blog to address all the people contacting him about it, and Bernie himself was forced to debunk the claim.

While some conservative voices have been active in the press, supposedly "liberal" and centrist publications have continued a long-standing media blackout on single payer, which has made it more likely that you'll come across a conservative attack piece on "socialized medicine" than even a letter to the editor extolling single payer. This bias exists despite the fact that the majority of Americans would favor government-run insurance over market-driven healthcare.

With several more Democratic and Republican debates coming up and the primaries heating up, single payer is bound to see an uptick in attention, both positive and negative. Even attack pieces like the *Journal's* are an opportunity to take on misleading claims based on "fuzzy math," and provide us with a large public platform for offering an education on single-payer. With a wave of populism reinvigorating jaded voters on both sides, there is real reason to expect that readers may just demand the sort of attention to single-payer that the media has always refused to give. **HCN!**

legislation. Workshops on “New York: Beyond the Breakthrough” and “Progress Report on State Single Payer Campaigns,” as well as a plenary on “Getting Past the Finish Line: The Single-Payer Movements in Vermont and New York” analyzed what our movement will have to do - at the state level and nationally - so withstand serious pushback from the health insurance industry and others invested in the status quo. We’ll need to prepare ourselves for divisions in our movement when real proposals are on the table, and have an escalation plan in place for mobilizing greater resources when we face a heavily-funded opposition campaign.

National single-payer reform is unlikely to pass in isolation from broader movements for social and economic justice, just as Medicare and Medicaid passed in the wake of the Civil Rights movement. A range of workshops and a central plenary focused on outreach and coalition-building strategies at the intersection of healthcare justice and related social movements, including “The ACA at 5 Years: Medicaid Expansion and Immigrant Inclusion”, “Organizing Students and Youth for Healthcare Justice”, and “LGBT Access to Healthcare: An Issue for All Single Payer Activists,” and the plenary “Single-Payer and the Movements for Racial Equity and Immigrant Justice.”



A conference wiki — similar to Wikipedia — has video, photos, presentation slide-shows, handouts, and participant notes for every plenary and workshop here:

<http://singlepayer2015.wikidot.com/>

The release of a new documentary, FixIt: Healthcare at the Breaking Point, is lighting a fire under efforts to reach out to the business community. The documentary project was launched by Richard Master, CEO of a frame company, who was running up against the difficulties of providing adequate healthcare to his workforce while remaining competitive in the frame industry, and decided to do something about it. The film debuted for the first time at our conference, and the documentary team hosted a workshop on using the film as a tool for reaching out to business people in your community. See the film website for more information: fixithealthcare.com

Finally, the election cycle will structure much of our movement-building work in 2016, and this upcoming election offers particularly important challenges and opportunities for our movement. The Bernie Sanders campaign is putting single-payer on the table within the Democratic base in a way rarely seen before, and even the early success of the Donald Trump campaign is elevating the issue of single-payer (see article on page 3 for details). But activists must find ways to translate mass involvement with the candidates’ campaigns into movement-building for single-payer, or enthusiasm for our issue will die as quickly as it started. 2016 offers us a tremendous opportunity, but only if we organize effectively! **HCN**

Take Action for HR676!

Representative Conyers’ bill would create single-payer system, “expand and improve Medicare for all.”

Rep. John Conyers is the lead sponsor of HR676, the Expanded & Improved Medicare For All Act, which currently has 53 co-sponsors. HR676 is the flagship legislation for the single-payer movement, which would establish healthcare as a right for all residents and save billions for fam-

ilies and employers. If you don’t see your Representative listed as a co-sponsor below, make sure to call the Capitol Switchboard at (202) 224-3121 to be connected to your Representative and ask them to co-sponsor HR676!

- Rep. Adams, Alma S. [D-NC-12]
- Rep. Bass, Karen [D-CA-37]
- Rep. Beatty, Joyce [D-OH-3]
- Rep. Brady, Robert A. [D-PA-1]
- Rep. Cartwright, Matt [D-PA-17]
- Rep. Chu, Judy [D-CA-27]
- Rep. Clark, Katherine M. [D-MA-5]
- Rep. Clarke, Yvette D. [D-NY-9]
- Rep. Clay, Wm. Lacy [D-MO-1]
- Rep. Clyburn, James E. [D-SC-6]
- Rep. Cohen, Steve [D-TN-9]
- Rep. Cummings, Elijah E. [D-MD-7]
- Rep. DeSaulnier, Mark [D-CA-11]
- Rep. Doyle, Michael F. [D-PA-14]

- Rep. Edwards, Donna F. [D-MD-4]
- Rep. Ellison, Keith [D-MN-5]
- Rep. Engel, Eliot L. [D-NY-16]
- Rep. Farr, Sam [D-CA-20]
- Rep. Fattah, Chaka [D-PA-2]
- Rep. Green, Al [D-TX-9]
- Rep. Grijalva, Raul M. [D-AZ-3]
- Rep. Gutierrez, Luis V. [D-IL-4]
- Rep. Hastings, Alcee L. [D-FL-20]
- Rep. Honda, Michael M. [D-CA-17]
- Rep. Huffman, Jared [D-CA-2]
- Rep. Jackson Lee, Sheila [D-TX-18]
- Rep. Jeffries, Hakeem S. [D-NY-8]
- Rep. Johnson, Henry C. “Hank,” Jr. [D-GA-4]
- Rep. Kaptur, Marcy [D-OH-9]
- Rep. Lawrence, Brenda L. [D-MI-14]
- Rep. Lee, Barbara [D-CA-13]
- Rep. Lewis, John [D-GA-5]
- Rep. Lieu, Ted [D-CA-33]
- Rep. Lofgren, Zoe [D-CA-19]

- Rep. McDermott, Jim [D-WA-7]
- Rep. McGovern, James P. [D-MA-2]
- Rep. Moore, Gwen [D-WI-4]
- Rep. Nadler, Jerrold [D-NY-10]
- Rep. Nolan, Richard M. [D-MN-8]
- Rep. Norton, Eleanor Holmes [D-DC-At Large]
- Rep. Pingree, Chellie [D-ME-1]
- Rep. Pocan, Mark [D-WI-2]
- Rep. Rangel, Charles B. [D-NY-13]
- Rep. Roybal-Allard, Lucille [D-CA-40]
- Rep. Rush, Bobby L. [D-IL-1]
- Rep. Schakowsky, Janice D. [D-IL-9]
- Rep. Scott, Robert C. “Bobby” [D-VA-3]
- Rep. Serrano, Jose E. [D-NY-15]
- Rep. Takano, Mark [D-CA-41]
- Rep. Tonko, Paul [D-NY-20]
- Rep. Welch, Peter [D-VT-At Large]
- Rep. Wilson, Frederica S. [D-FL-24]
- Rep. Yarmuth, John A. [D-KY-3]