Everybody In!

WWW.HEALTHCARE-NOW.ORG

The Mythical Love Affair With Private Health Insurance: An Interview with Mark Dudzic

Mark Dudzic is the National Coordinator of the Labor Campaign for Single Payer Healthcare, and has been a labor activist for over 40 years. The



Labor Campaign's mission is to ensure that the voice of the grassroots labor movement is heard in the debates over the future of healthcare, and to advocate for a single-payer, Medicare-for-All healthcare system.

Healthcare-NOW: Presidential candidates Joe Biden and Pete Buttigieg have both opposed Medicare for All because, they say, workers who have good private health insurance should be able to keep it if they want to. They point in particular to union health plans, which workers have given up wages to keep over the years. What's your one-sentence reply to this argument?

MD: I would challenge any candidate who claims to want to preserve "good union plans" to come up with a single example of a union-negotiated health plan that can match the comprehensive benefits, seamless coverage, ability to choose providers and lack of copays, deductibles, out of pockets and other "cost sharing" outlined in both the current House and Senate versions of Medicare for All legislation.

Additionally, Medicare for All would allow us to stop giving up future wage increases to maintain our dysfunctional private insurance system and would provide a pathway to recover our sunken wages from earlier negotiations.

HCN: What role does private health insurance actually play in American workers' lives today?

MD: Private insurance adds no value to workers' healthcare. Private insurance gives us the co-pays, deductibles, coinsurance and all of the other expenses that workers in the rest of the industrialized world never have to worry about. Private insurance drowns us in complexity and paperwork. Private insurance confronts us with the constant fear of going "out of network" and requires us to get approval for many types of treatment from faceless insurance company bureaucrats who clearly don't have our interests at heart. Private insurance gives our employers way too much power to determine what type of coverage we have, who is eligible and how much we must pay for it.

HCN: Do workers really want to keep their private health insurance?

MD: We like to say that the only thing workers hate worse than their insurance company is the fear of going without

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Single Payer Strategy Conference Focuses on Greatest Opportunities, Challenges for our Movement

Benjamin Day, Healthcare-NOW

This October over 350 of the country's leading Medicare for All activists convened in Portland, Oregon for the 2019 Single Payer Strategy Conference, organized by Healthcare-NOW and the Labor Campaign for Single Payer Healthcare.

At the beginning of the conference, I spoke to attendees about the four key challenges and opportunities for the Medicare for All movement going into 2020, and I'll share them with you here!

1. We need to focus on scaling up our grassroots capacity and

power. With growing momentum for Medicare for All across the country, it's tempting to keep mobilizing the same group of activists and the same coalition of organizations: having them birddog legislators, organize office visits, rallies, phone banks, etc. However, to win a vote on Medicare for All will require much greater grassroots power than we currently have, and this

A Look Back at the 2019 Single Payer Strategy Conference

Below are three campaigns that presented at the 2019 Single Payer Strategy Conference, and how you can get involved. To watch video of every plenary speaker, along with slideshows, handouts, and more from workshops, visit the Conference wiki: http://bit.ly/conferencewiki19

Reimagining a Just Transition

Katherine Isaac, Debs-Jones-Douglass Institute

In this workshop at the Single Payer Strategy Conference we explored the impact on the estimated 1.8 million workers in healthcare administration and the insurance industry who could lose their jobs under Medicare for All. Panelists Katherine Isaac (Debs-Jones-Douglass Institute), Jed Dodd (Brotherhood of Maintenance of Way Employes Division-IBT); Gordon Lafer (University of Oregon); and Michael Lighty (National Union of Healthcare Workers) discussed why most workers don't trust the promise of a just transition, historical precedents, and how our movement could help set the terms of the broader debate about workers' interests in economic transitions driven by social policy changes. For more information: Katherine Isaac, kisaac@djdinstitute.org

Partnering with Businesses in Support of Medicare for All

Daniel Barlow, Business for Medicare for All

Business for Medicare for All, a national organization dedicated to organizing the business community in support of reform, held two workshops at the Single Payer Strategy Conference on how advocates can engage and organize business leaders in

their communities. Making the economic case for Medicare for All - lower costs, a level playing field for benefits, and encouraging new business development - are some of the talking points and strategies discussed. Business for Medicare for All has 2,000 business members and is looking to expand across all 50 states. Joining the organization is free and open to business

Single Payer Conference attendees give Sarah Nelson, President of the Association of Flight Attendants-CWA, a standing ovation during her address on Friday night.



owners, CEOs, entrepreneurs, sole proprietors. www.businessformedicareforall.org

Winning Municipal Resolutions in Support of Medicare for All



Melinda St. Louis and Brittany Shannahan, Public Citizen

Winning a local resolution in your town or county is a powerful step that you can take to build the movement for Medicare for All. In this workshop, Multnomah County Commissioner Sharon Meieran, who is an Emergency Room physician and local government official, shared her perspective on how local governments can help shape the national narrative on Medicare for All. Organizers from Public Citizen, Physicians for a National Health Program and Health Care for All Oregon discussed the exciting coalition effort to pass local resolutions in blue, red, and purple districts from coast to coast, sharing success stories of the 200+ local resolutions already underway and providing participants with step-by-step tools and resources to begin a resolution effort in their own communities. Learn more how to get involved in your community at www.medicare4allresolutions.org HCN!



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insurance. Our opponents capitalize on this fear. We can't let them get away with it. It is our responsibility to engage our members in "kitchen table" discussions about the current healthcare system and the benefits of Medicare for All so that they will be able to see through the fear mongering and the lies of the medical industrial complex and stand up for healthcare justice. Unions do this kind of deep organizing all the time when we organize workers. We call it "inoculation."

HCN: Where does the labor movement stand on Medicare for All?

MD: Last winter, for the first time since the early 1990s, unions representing a majority of organized workers in America endorsed the Medicare for All Bill submitted by Representative Jayapal. This is a huge shift and reflects the broader paradigm shift that has taken place throughout the country over the past few years. We find that support for Medicare for All is greatest among the union leaders and activists who are in the "trenches" on the frontlines of the labor movement. They're the ones who negotiate the contracts. They're the ones who see their members struggle with the insanity and depravity of the current system. And they are the ones driving change throughout the labor movement. We are distressed when we hear national union leaders repeat the talking points of insurance industry lobbyists about the superiority of private insurance over social insurance. These statements do not reflect the views of those who do the real work of the labor movement and are often not consistent with the policy resolutions in support of Medicare for All that have been democratically passed at a number of union conventions, including the last two national conventions of the AFL-CIO. We are actively working to remind these leaders that their statements do not reflect the policies and views of their unions and we are confident that we will succeed. **HCN**!

Opportunities, Challenges... from page 1

means spending more time doing outreach, coalition-building, and leadership development. National Nurses United's distributed organizing campaigns have been particularly important for bringing this dimension to our movement!

2. To survive "divide and conquer" tactics, we have to build much deeper relationships and solidarity across

affected communities. The real attacks on Medicare for All will not target the policy as a whole, but will be crafted to scare away certain communities: lying to seniors about their Medicare coverage; create uncertainty among workers with private health insurance; raising the question of covering abortion services; or covering undocumented residents. To survive these attacks, we have to inoculate communities against the coming lies, but also make sure that we don't leave any of our allies out.

3. As our movement grows, do a better job of fewer things. Long-time activists in the M4A movement are used to doing everything: organizing, leadership development, messaging, press work, lobbying, etc. As our movement grows, each of us should focus on what we do best, and stick to the geographic areas where we're strongest, and start taking leadership from new activists and organiza-



tions who are bringing new capacities to the movement.

4. Start developing campaigns to weaken and divide our opponents. If the healthcare industry is allowed to mobilize their full resources and power against Medicare for All, victory will be very difficult. We need to start developing campaigns to weaken our opponents. Physicians for a National Health Plan recently succeeded in getting the American Medical Association to withdraw from the coalition that is opposing Medicare for All. Can we also run pressure campaigns to get Chambers of Commerce to withdraw? The American Hospital Association? Our opposition is ultimately using our own money taken from our premiums - to attack our right to healthcare. We can start using this power to weaken our opponents. HCN!

We Need To Speak Up About Abortion

Stephanie Nakajima, Healthcare-NOW

At the conference, I spoke about the importance of explicitly including the word "abortion" in our legislation.

Medicare for All would be a game changer for reproductive justice: it would guarantee every person in the country access to abortion, an essential healthcare service that is currently inaccessible to many.

But we in the single payer movement need to be loud and proud about that benefit. Rather than shy away from this conversation, we must fight the stigma of publicly-funded abortion just as hard as we fight the stigma of public health insurance.

Passing a single payer bill that doesn't include abortion access would actually be going backwards; 50% of women have abortion coverage right now through private insurance. It's not politically smart, and - more importantly - it's not justice.

Let's fight with solidarity and courage for a system that is truly Everybody In, Nobody Out!

Take Action for Single-Payer Healthcare!

Legislation by Rep. Pramila Jayapal and Sen. Bernie Sanders would create single-payer systems, "expanded and improved Medicare for all"

If you don't see both your Senators or your Representative listed as co-sponsors below, make sure to call the Capitol Switchboard at (202) 224-3121 to be connected to your legislators and ask them to co-sponsor S. 1129 and H.R.1384!

14 Current Co-Sponsors of S. 1129 (by state):

Sen. Harris, Kamala D. [D-CA] Sen. Blumenthal, Richard [D-CT] Sen. Hirono, Mazie K. [D-HI] Sen. Schatz, Brian [D-HI] Sen. Markey, Edward J. [D-MA] Sen. Warren, Elizabeth [D-MA] Sen. Booker, Cory A. [D-NJ] Sen. Heinrich, Martin [D-NM] Sen. Udall, Tom [D-NM] Sen. Udall, Tom [D-NM] Sen. Gillibrand, Kirsten E. [D-NY] Sen. Merkley, Jeff [D-OR] Sen. Whitehouse, Sheldon [D-RI] Sen. Leahy, Patrick J. [D-VT] Sen. Baldwin, Tammy [D-WI]

117 Current Co-Sponsors of H.R. 1384 (by last name):

Rep. Adams, Alma S. [D-NC-12] Rep. Barragan, Nanette Diaz [D-CA-44] Rep. Bass, Karen [D-CA-37] Rep. Beatty, Joyce [D-OH-3] Rep. Beyer, Donald S., Jr. [D-VA-8] Rep. Blumenauer, Earl [D-OR-3] Rep. Bonamici, Suzanne [D-OR-1] Rep. Boyle, Brendan F. [D-PA-2] Rep. Brown, Anthony G. [D-MD-4] Rep. Carbajal, Salud O. [D-CA-24] Rep. Carson, Andre [D-IN-7] Rep. Cartwright, Matt [D-PA-8] Rep. Chu, Judy [D-CA-27] Rep. Cicilline, David N. [D-RI-1] Rep. Clark, Katherine M. [D-MA-5] Rep. Clarke, Yvette D. [D-NY-9] Rep. Clay, Wm. Lacy [D-MO-1] Rep. Cleaver, Emanuel [D-MO-5] Rep. Cohen, Steve [D-TN-9] Rep. Cummings, Elijah E. [D-MD-7] Rep. Davis, Danny K. [D-IL-7] Rep. DeFazio, Peter A. [D-OR-4] Rep. DeGette, Diana [D-CO-1] Rep. DeSaulnier, Mark [D-CA-11] Rep. Dingell, Debbie [D-MI-12] Rep. Doggett, Lloyd [D-TX-35] Rep. Doyle, Michael F. [D-PA-18] Rep. Engel, Eliot L. [D-NY-16] Rep. Escobar, Veronica [D-TX-16] Rep. Espaillat, Adriano [D-NY-13] Rep. Frankel, Lois [D-FL-21] Rep. Fudge, Marcia L. [D-OH-11] Rep. Gabbard, Tulsi [D-HI-2] Rep. Gallego, Ruben [D-AZ-7] Rep. Garcia, Jesus G. [D-IL-4] Rep. Golden, Jared F. [D-ME-2] Rep. Gomez, Jimmy [D-CA-34] Rep. Gonzalez, Vicente [D-TX-15] Rep. Green, AI [D-TX-9] Rep. Grijalva, Raul M. [D-AZ-3] Rep. Haaland, Debra A. [D-NM-1] Rep. Harder, Josh [D-CA-10] Rep. Hastings, Alcee L. [D-FL-20] Rep. Hayes, Jahana [D-CT-5] Rep. Higgins, Brian [D-NY-26] Rep. Hill, Katie [D-CA-25] Rep. Huffman, Jared [D-CA-2] Rep. Jackson Lee, Sheila [D-TX-18] Rep. Javapal, Pramila [D-WA-07] Rep. Jeffries, Hakeem S. [D-NY-8] Rep. Johnson, Henry C. "Hank," Jr. [D-GA-4] Rep. Keating, William R. [D-MA-9] Rep. Kelly, Robin L. [D-IL-2] Rep. Kennedy, Joseph P., III [D-MA-4] Rep. Khanna, Ro [D-CA-17] Rep. Kildee, Daniel T. [D-MI-5] Rep. Kirkpatrick, Ann [D-AZ-2] Rep. Langevin, James R. [D-RI-2] Rep. Lawrence, Brenda L. [D-MI-14] Rep. Lee, Barbara [D-CA-13] Rep. Levin, Andv [D-MI-9] Rep. Levin, Mike [D-CA-49] Rep. Lewis, John [D-GA-5] Rep. Lieu. Ted [D-CA-33] Rep. Lofgren, Zoe [D-CA-19]

Rep. Lowenthal, Alan S. [D-CA-47] Rep. Lowey, Nita M. [D-NY-17] Rep. Lujan, Ben Ray [D-NM-3] Rep. Maloney, Carolyn B. [D-NY-12] Rep. McGovern, James P. [D-MA-2] Rep. McNerney, Jerry [D-CA-9] Rep. Meeks, Gregory W. [D-NY-5] Rep. Meng, Grace [D-NY-6] Rep. Nadler, Jerrold [D-NY-10] Rep. Napolitano, Grace F. [D-CA-32] Rep. Neguse, Joe [D-CO-2] Rep. Norton, Eleanor Holmes [D-DC-At Large] Rep. Ocasio-Cortez, Alexandria [D-NY-14] Rep. Omar, Ilhan [D-MN-5] Rep. Panetta, Jimmy [D-CA-20] Rep. Payne, Donald M., Jr. [D-NJ-10] Rep. Perlmutter, Ed [D-CO-7] Rep. Pingree, Chellie [D-ME-1] Rep. Pocan, Mark [D-WI-2] Rep. Porter, Katie [D-CA-45] Rep. Price, David E. [D-NC-4] Rep. Pressley, Ayanna [D-MA-7] Rep. Raskin, Jamie [D-MD-8] Rep. Roybal-Allard, Lucille [D-CA-40] Rep. Rush, Bobby L. [D-IL-1] Rep. Ryan, Tim [D-OH-13] Rep. Sablan, Gregorio Kilili Camacho [D-MP-At Large] Rep. Sanchez, Linda T. [D-CA-38] Rep. Sarbanes, John P. [D-MD-3] Rep. Schakowsky, Janice D. [D-IL-9] Rep. Schiff, Adam B. [D-CA-28] Rep. Scott, Robert C. "Bobby" [D-VA-3] Rep. Serrano, Jose E. [D-NY-15] Rep. Sherman, Brad [D-CA-30] Rep. Smith, Adam [D-WA-9] Rep. Speier, Jackie [D-CA-14] Rep. Swalwell, Eric [D-CA-15] Rep. Takano, Mark [D-CA-41] Rep. Thompson, Bennie G. [D-MS-2] Rep. Thompson, Mike [D-CA-5] Rep. Titus, Dina [D-NV-1] Rep. Tlaib, Rashida [D-MI-13] Rep. Trahan, Lori [D-MA-3] Rep. Tonko, Paul [D-NY-20] Rep. Vargas, Juan [D-CA-51] Rep. Veasey, Marc A. [D-TX-33] Rep. Velazquez, Nydia M. [D-NY-7] Rep. Visclosky, Peter J. [D-IN-1] Rep. Waters, Maxine [D-CA-43] Rep. Watson Coleman, Bonnie Rep. Welch, Peter [D-VT-At Large] Rep. Wild, Susan [D-PA-7] Rep. Wilson, Frederica S. [D-FL-24] Rep. Yarmuth, John A. [D-KY-3]