

Everybody In!

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Medicare for All a Winner in 2020 Elections, Outlook in Congress Mixed

By Benjamin Day, Healthcare-NOW

Even before the election outcomes were finalized this year, blame pie was being divided up within the Democratic Party for **dramatically underperforming expectations** across the country. In a leaked Democratic Caucus call from Nov. 5, House Majority Whip Jim Clyburn of South Carolina claimed that “if we are going to run on Medicare for All, defund the police, socialized medicine, we’re not going to win.”

Medicare for All leaders in Congress were quick to set the record straight. Rep. Alexandria Ocasio-Cortez of NY noted on Twitter that **“Every single swing-seat House Democrat who endorsed #MedicareForAll won re-election or is on track to win re-election. Every. Single. One.”**

Rep. Rashida Tlaib of MI said bluntly on the Caucus call: **“To be real, it sounds like you are saying stop pushing for what Black folks want.”** A Fox News national exit poll from the elections found that **72% of voters supported “Changing to a Government run health care plan”** - using about the most biased language you can to describe Medicare for All, and only polling in-person voters, who are more conservative than those who voted by mail.

Despite this, the Medicare for All movement gained some incredible new leaders in the House - including **Jamaal Bowman** in NY and **Cori Bush** in MO, who both unseated long-time, powerful Democrats in the primaries. **Marie Newman**, running on Medicare for All in Illinois, also unseated Rep. Dan Lipinski, who had refused to

co-sponsor the Medicare for All bill. Rep. **Katie Porter**, who won by a razor-thin margin in 2018 to become the first Democrat ever elected in California’s 45th district, expanded her margin of victory this year to almost 10% by doubling-down on her support for Medicare for All.

At the time of writing this article, the outcome of several Senate races is still unclear. But it appears unlikely that Democrats will take the Senate, which would close the window on major health reform legislation, and make Medicare for All hearings in Committees of Jurisdiction a long shot for organizers.

In many ways, the task of the Medicare for All movement is the same for 2021

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New HCN Board Members Weigh in on 2021 Strategy

Healthcare-NOW decided to ask four of our eight new Board members to weigh in on our strategy for winning in 2021, given what we know now about the election outcomes.

Healthcare-NOW: “The results of the 2020 elections have been mixed. Given the new political landscape, what do you feel are the greatest opportunities - and imperatives - starting next year for

the Medicare for All movement to grow and put ourselves in a position to win?”

Jenni Chang is a mom, an organizer with the California Alliance for Retired Americans and Healthy California Now, a state and county Democratic delegate, and a true believer of Single Payer

JC: “In California we have a governor who campaigned on single payer, plus Bernie Sanders won this state in the

primary. We have assembly members and city councils writing letters to Gavin Newsom. If there is any state that can lead the way, I believe this is it. There is so much potential here to push the narrative of healthcare justice, to really normalize the issue with the legislature. It’s necessary to make space for new organizations and leaders, those who have not traditionally been with the movement, to lead the way.”



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Frances Gill is a medical student in New Orleans and Co-Chair of the Democratic Socialists of America's Medicare for All Campaign Steering Committee.



FG: The results of the 2020 election have left the M4A movement in a strange place. We are facing a Democrat in office who has pledged to veto M4A if it crosses his desk and a split Congress that will hamstring any attempts at serious health care reform. But at the same time, our grassroots movement for M4A is stronger than ever. We've trained hundreds of M4A organizers to agitate for M4A in their communities, and the poll support for a government run health

care system is higher than ever before. As we've seen time and time again, that support is bipartisan - even conservative voters want a new health care system. So we have this tremendous split between our communities and our politicians, and we need to highlight that split and widen it until it is no longer sustainable, until our politicians have to make concessions to our demands. We are moving that direction -- in this cycle, most Members of Congress who supported M4A won their elections, while those who didn't lost. We can't just rely on our movement to push reluctant Democrats left; we have to make it impossible for them to say no to us.

Connie Huynh is a feminist, mother, and the Health Care for All Campaign Director at People's Action.

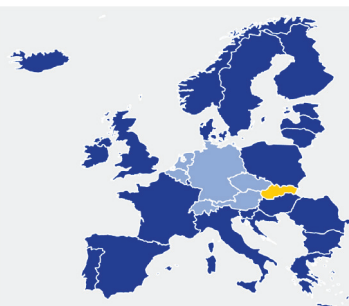
CH: "One of our greatest strengths and opportunities is our multiracial movement of Medicare for All supporters growing across class and gender. While we were navigating the pandemic, organizing to elect Medicare for All champions, and ballot initiatives to reduce harm in our commu-



nities, the health industry continued to spend millions of dollars attacking the ordinary people behind this movement. Despite it all, poll after poll demonstrates that the majority of voters support Medicare for All. Health corporations--that continue to profit during the pandemic--have picked a fight with tens of millions of people, and 2021 is the year we ought to give them a fight."

Vinay Krishnan is the National Field Organizer for the Center for Popular Democracy, where he works to achieve Medicare for All and combat the overdose crisis in America. As a writer, he works to combat mental health stigma and advocate for free, comprehensive mental health care in America.

VK: "I'm encouraged that President-Elect Biden has shown that he can be moved on critical issues. Activists convinced him to embrace more progressive policy on climate, and we must do the same on healthcare. First, we must work to provide free COVID testing and treatment for everyone, as well as ready, free access to a vaccine when it is created. Beyond that, we must bring constituents to their Representatives through office visits, email and phone campaigns, and protests to convince Congress to sever the connection between employment and health insurance and to create a system that leaves no one behind." **HCN!**



27 countries run single payer systems

6 other countries, including Switzerland and Germany, allow sickness funds or quasi-public entities to provide primary health coverage

1 country allows for-profit insurers to provide primary coverage: Slovakia

Learning from European Single-Payer Systems

By Stephanie Nakajima, Healthcare-NOW

Establishment pundits and media claim we can "build on the current healthcare system" to achieve universal coverage, and that there are "multiple pathways" which don't require eliminating for-profit, employer-based insurance. Proponents of

this view often cite European countries like Switzerland, Germany and the Netherlands as examples of countries that have achieved universal coverage without single payer.

The truth is that none of our peer countries have achieved universal healthcare through a private, for-profit insur-

ance system. The European Healthcare Project looks more closely at those healthcare systems and shows how progressive, public financing is standard through the continent.

Check out the project online: <https://bit.ly/EUM4A>

regardless of the election outcomes, although the political environment will be different. **To win a majority in Congress, we need to add about 100 new co-sponsors in the House, and 36 new co-sponsors in the Senate.** For a vote to survive intense lobbying and opposition from the healthcare industry, we will likely need a much larger majority than that, and our co-sponsors cannot be fair-weather supporters, they must be champions like the newly elected leaders above who understand how vital Medicare for All is to human decency and a functioning economy in this country.

We do not need a M4A champion as President to make leaps and bounds towards our goals, although it would help. We also don't need a Democratic majority in the Senate to make leaps and bounds towards our goals. We will only get there due to organizing in our communities - it won't be handed to us by any election outcome, although election outcomes are without question impacted by the organizing we do.

The task may feel daunting, but **consider that social movements go through different phases, and good organizing looks different during different phases:**

During quiet periods when Medicare for All may not be in the news every day, or at the top of any legislative agenda, our task is to do steady, behind-the-scenes outreach to new potential activists, leadership development to help supporters become effective leaders, and coalition building to unions and grassroots organiza-

tions to activate them more and more on Medicare for All. During these periods we should be building our organizations, measurably building our power, and also building the infrastructure to quickly activate large numbers of new activists when we hit a period of surging, public attention to Medicare for All.

Good organizing looks different during a surge of national attention to healthcare reform. This happened during the 2017 GOP attempt to "repeal and replace" the Affordable Care Act, when **instead co-sponsors of Medicare for All (in the House and Senate combined) leaped from 63 to 142 in just a few months.** During these "take-off" moments when our issue is in the national spotlight, and people who are deeply affected by healthcare decide to get involved politically for the first time, our task is different: we need to go on the offense, and switch gears towards leveraging our power with politicians and institutions that might oppose us (like hospitals, or physicians organizations). We also need to find effective roles for new activists to step into, so that they can feel and BE effective within a broader strategy designed to win.

The election outcomes and a split Congress will likely mean that we spend more time during 2021 doing "quiet period" organizing, whereas a Democratic sweep in the elections could have meant an intense national debate over health reform. The continued and growing threat of the coronavirus pandemic could change this at any moment, but we should prepare to be effective, and make measurable progress in building our power, if we face a quiet year on healthcare legislation as well. **HCM!**



For the first time ever, Healthcare-NOW and the Labor Campaign for Single Payer Healthcare will be hosting our annual **Medicare for All Strategy Conference 100% online, the weekend of January 23-24, from 1-5PM eastern time both days.** There are some incredible advantages to hosting the conference online:

1. **The registration fee will be dramatically lower this year:** \$35 for early bird registration prior to December 11, and \$50 registration after that. We will continue our tradition of fundraising to cover scholarships for everyone who wants to attend.
2. Without having to pay for travel or hotel costs, **the conference this year will be accessible to thousands of activists who have wanted to participate,** but haven't been able to.
3. In order to prevent torture-by-zoom, **we'll be moving all plenary presentations — where you are being "talked at" — into pre-recorded videos you can watch prior to the conference. All of your time "at the conference" will be focused on structured, interactive discussions of how we can win Medicare for All.** We will even replicate some of the open, unstructured networking opportunities that you would have at an in-person conference!

Register today: <https://bit.ly/M4ASC2021>

Podcast Now Streaming on Facebook and YouTube!

Preview of our last 3 episodes:

- **Where Do We Go From Here?** Medicare for All incumbents *all* win re-election! We take a look back at the Trump era and then forward at the incoming Biden administration. Watch here: <https://bit.ly/PodNov20>
- **Should We Support the Individual Mandate?** The conservative ideology behind the individual mandate, why it disproportionately punishes low-income people, and how progressive taxation under a single payer plan would be much more equitable than our current flat premium system. Watch here: <https://bit.ly/IndManYT>
- **U.S. Mail Not For Sale** The surprising connections between the postal service and our healthcare system, the political and financial obstacles that the USPS has faced under the Trump administration, and also how you can fight to protect this vital public service. **HCM!**

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"

2021 marks the beginning of a new, two year Congressional calendar, so both of the Medicare for All bills - S. 1129 in the Senate and H.R. 1384 in the House - will be re-filed and likely receive new bill numbers. This means that every single Representative and Senator will have to be asked to sign on as co-sponsors again, regardless of whether they were co-sponsors in 2020 or not!

Below is a list of co-sponsors as we close out 2020. If your Rep or Senator was re-elected, you can reach them by calling the Capitol Switchboard at (202) 224-3121 and asking them to become co-sponsors. If your Rep or Senator is newly elected, you will have to contact them through their campaign website until they are sworn in the first week of January, when they will receive an office and phone # that can be reached through the Switchboard. Onward to 2021!

15 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. Gillibrand, Kirsten E. [D-NY]
Sen. Merkley, Jeff [D-OR]
Sen. Whitehouse, Sheldon [D-RI]
Sen. Leahy, Patrick J. [D-VT]
Sen. Sanders, Bernard [I-VT]
Sen. Baldwin, Tammy [D-WI]

118 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. 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. Espallat, 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, Al [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. Jayapal, 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. Kildeer, 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, Andy [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 [D-VT-At Large]
Rep. Welch, Peter [D-PA-7]
Rep. Wild, Susan [D-PA-7]
Rep. Wilson, Frederica S. [D-FL-24]
Rep. Yarmuth, John A. [D-KY-3]



New HCN Office!

We are excited to announce that we have moved to our new office space in Boston, which we will share with the Mission Hill Health Movement. Please update your records with our new mailing address: **Healthcare-NOW, 1534 Tremont Street, Boston, MA 02120**. Our phone number and email address will remain the same, as well as our website address and social media accounts. Feel free to contact us with any questions at 215-732-2131 or info@healthcare-now.org **HCN!**